



KZN Public Works

Private Bag x

Department:
Public Works
PROVINCE OF KWAZULU-NATAL

Enquiries:
Tel: ()
Fax: ()
Email:
Ref:
Date :

Name and Postal Address of Tenderer

For Attention: _____

Fax: _____

Sirs

WIMS NO _____ : ZNT _____ W: CITY/TOWN/PLACE: NAME OF INSTITUTION:
DESCRIPTION OF SERVICE: CONFIRMATION OF COLLECTION OF SIGNED COPY OF CONTRACT

Your offer submitted in respect of the above Tender has reference.

This serves to confirm that Mr./Ms. _____ collected from this Office on _____ (insert date) one (1) fully completed copy of the original Contract Document, including the Schedule of Deviations (if applicable).

Yours faithfully

HEAD: PUBLIC WORKS

cc: **Project Manager:**
Projects Programme Manager:
Chief Professional: