PUBLICATION OF AWARD FORM

ANNEXURE B

Name of Institution	**DEPARTMENT OF HEALTH FREE STATE**																			
Contract description	Health care risk waste management for the Free State Department of Health																			
Contract number	DOH(FS)02/2022/2023.																			
Contact Person	**N Tsiloane**					**Email**	**TsiloaneN1@fshealth.gov.za**					**TEL**	**051 408 1160/1457**							
Opening and Closing Dates of the Advertisement	**Opening Date**	**0**	**1**	**0**	**7**	**2**	**0**	**2**	**2**	**Closing Date**	**2**	**9**	**0**	**7**	**2**	**0**	**2**	**2**		
Contract Period	**Opening Date**	**0**	**5**	**1**	**0**	**2**	**0**	**2**	**2**	**Closing Date**	**3**	**1**	**1**	**0**	**2**	**0**	**2**	**5**		
Date of Award	**2**	**9**		**0**		**9**		**2**		**0**		**2**		**2**						

Name of successful bidder (s)	Points claimed	Contract price (if applicable)	Directors names
Tshenolo Waste (Pty) Ltd	**Level 1**	**As per attached price list**	**T.D Ramonyadiwa**