PUBLICATION OF AWARD FORM

ANNEXURE B

Name of Institution	**DEPARTMENT OF HEALTH FREE STATE**																			
Contract description	Invitation of proposals from suitably qualified service providers for debt collection of outstanding for H2 and H3 patients for Free State Department of Health.																			
Contract number	DOH(FS)35/2021/2022.																			
Contact Person	**T E Mahlasi**					**Email**		**MahlasiTE@fshealth.gov.za**						**TEL**		**051 408 1160/1457**				
Opening and Closing Dates of the Advertisement	**Opening Date**	1	5	1	0	2	0	2	1	**Closing Date**	1	2	1	1	2	0	2	1		
Contract Period	**Opening Date**	0	5	1	0	2	0	2	2	**Closing Date**	0	4	1	0	2	0	2	5		
Date of Award	**1**	**9**		**0**		**9**		**2**		**0**		**2**		**2**						

Name of successful bidder (s)	Points claimed	Contract price (if applicable)	Directors names
2T Innovation Business Consulting and Projects	**Level 1**	**As per written request**	**Tshepiso Kekuna**