

REF NO: 071/2025/EWSS/SAFETY/RFQ

18 November 2025

**ADDENDUM NO.: 01**

Herewith please find ADDENDUM NO.: 01 which forms an integral part of the above-mentioned RFQ.

**PLEASE ACKNOWLEDGE RECEIPT OF THIS ADDENDUM AS FOLLOWS:**

1. Complete the section below and **without delay** email a copy of this page to TCTA email address: [tenders06@tcta.co.za](mailto:tenders06@tcta.co.za) for the attention of the receiving officer to confirm that you have received this addendum.

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**Azwi Nelwamondo**  
**Senior Manager: Supply Chain Management**

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I/WE HEREWITH ACKNOWLEDGE RECEIPT OF ADDENDUM NO.1 FOR RFQ NO:  
**071/2025/EWSS/SAFETY/RFQ**

Bidder's Name: .....

Authorized Representative Names & Surname: .....

SIGNATURE: ..... DATE: .....

## **ADDENDUM NO.: 01**

### **1. AMENDMENT TO COMPANY EXPERIENCE**

- 1.1. Bidders must complete **Appendix 1** for company experience. Bidders who choose to use their own reference letters must ensure that the information requested in **Appendix 1** is reflected in the reference letters, in order to be awarded points for functionality.

### **2. AMENDMENT TO HEALTH AND ADVISORY PERSONNEL EVALUATION ON FUNCTIONALITY**

- 2.1. The individual providing the Advisory Services must possess a minimum of ten (10) years of training experience and hold a qualification at a minimum of **NQF Level 6**, as registered with SAQA.

- Points Allocation for the Advisory Services Provider:
- More than 10 years' experience: 10 points
- Exactly 10 years' experience: 5 points
- Less than 10 years' experience: 0 points

**NB:** No points shall be allocated if Appendix 2 is not fully completed

### **3. PROVISION OF VARIOUS TRAINING SERVICES TO TCTA EMPLOYEES**

- 3.1. Upon completion of all four training services, the service provider shall issue a **Certificate of Competency** to all attendees.

### **4. VIDEO FOR EVACUATION**

- 4.1. Service providers are required to submit a proposal of the video in Word, PDF, or Power Point outlining how the evacuation video will be presented.

Authorised Representative Name.....

SIGNATURE: ..... DATE: .....