



Province of the
EASTERN CAPE
PUBLIC WORKS & INFRASTRUCTURE



ERRATUM

DEPARTMENT/ INSTITUTION	BID NUMBER & PROJECT DESCRIPTION	CONTACT PERSON									
Dept of Public Works & Infrastructure	<p>1. SCMU5-22/23-0149 Leasing of office accommodation for Department of Education in Queenstown</p> <p>2. SCMU5-22/23-0150 Leasing of office accommodation for Department of Social Development in Queenstown (within 1km Radius of the Magistrate Court or Home Affairs & SAPS)</p> <p>3. SCMU5-22/23-0151 Leasing of office accommodation for Eastern Cape Provincial Treasury, Department of Health and Department of Community Safety and Liaison in Queenstown</p> <p>4. SCMU5-22/23-0147 Leasing of office accommodation for Department of Social Development in Graaf Reinett (within 1.5km Radius of the Magistrate Court or Home Affairs & SAPS)</p>	<p>SCM SPECIFIC ENQUIRIES Email Address: supply.chain@ecdpw.gov.za</p> <p>TECHNICAL/PROJECT SPECIFIC Ms N Mpeta Tel No: (040) 602 4684 Email Address: leasing_portfolio@ecdpw.gov.za V.2a</p>									
	<table><tr><th>Page No.</th><th>Detail As Per Bid Documents</th><th>Erratum</th></tr><tr><td>No. 29 to 32</td><td>SWORN AFFIDAVIT – B-BBEE EXEMPTED MICRO ENTERPRISE (EME) – GENERAL</td><td>SWORN AFFIDAVIT – B-BBEE EXEMPTED MICRO ENTERPRISE (EME) – AMENDED PROPERTY SECTOR CODE</td></tr><tr><td>No. 38</td><td>Phase One: Prequalification: Only tenders with BBSEE Certificate status Level 1 or 2 in terms of amended Property Sector Code are allowed to submit tender offers for this bid. Bidders that do not meet this Pre-qualification criterion stipulated above will be disqualified for further evaluation.</td><td>Phase One: Prequalification: Only tenders with BBSEE Certificate/Sworn Affidavit with status Level 1 or 2 in terms of amended Property Sector Code are allowed to submit tender offers for this bid. Bidders that do not meet this Pre-qualification criterion stipulated above will be disqualified for further evaluation.</td></tr></table>	Page No.	Detail As Per Bid Documents	Erratum	No. 29 to 32	SWORN AFFIDAVIT – B-BBEE EXEMPTED MICRO ENTERPRISE (EME) – GENERAL	SWORN AFFIDAVIT – B-BBEE EXEMPTED MICRO ENTERPRISE (EME) – AMENDED PROPERTY SECTOR CODE	No. 38	Phase One: Prequalification: Only tenders with BBSEE Certificate status Level 1 or 2 in terms of amended Property Sector Code are allowed to submit tender offers for this bid. Bidders that do not meet this Pre-qualification criterion stipulated above will be disqualified for further evaluation.	Phase One: Prequalification: Only tenders with BBSEE Certificate/Sworn Affidavit with status Level 1 or 2 in terms of amended Property Sector Code are allowed to submit tender offers for this bid. Bidders that do not meet this Pre-qualification criterion stipulated above will be disqualified for further evaluation.	
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Please Note a Spatial Template is attached below for all the above bid documents											

The Department regrets any inconveniences this may/might have caused

Mr M. Hlazo (Director: SCM – Supply Chain Management)

8/12/2022
Date

FOR COMPLAINTS, FRAUD, & TENDER ABUSE:

Call: 0800 701 1701

ANNEXURE D**SWORN AFFIDAVIT – B-BBEE EXEMPTED MICRO ENTERPRISE (EME) – AMENDED PROPERTY SECTOR CODE**

I, the undersigned,

Full name & Surname	
Identity number	

Hereby declare under oath as follows:

1. The contents of this statement are to the best of my knowledge a true reflection of the facts.
2. I am a Member / Director / Owner of the following enterprise and am duly authorised to act on its behalf:

Enterprise Name:	
Trading Name (If Applicable):	
Registration Number:	
Enterprise Physical Address:	
Type of Entity (CC, (Pty) Ltd, Sole Prop etc.):	
Nature of Business:	
Definition of "Black People"	<p>As per the Broad-Based Black Economic Empowerment Act of 2003 as Amended "Black People" is a generic term which means Africans, Coloureds and Indians –</p> <p>(a) Who are citizens of the Republic of South Africa by birth or descent; or</p> <p>(b) Who became citizens of the Republic of South Africa by naturalization-</p> <p>i. Before 27 April 1994; or</p> <p>ii. On or after 27 April 1994 and who would have been entitled to acquire citizenship by naturalization prior to that date.</p>

3. I hereby declare under Oath that:
 - The Enterprise is _____% **Black Owned** as per Amended Property Sector Code issued under section 9 (1) of B-BBEE Act of 2003 as Amended.
 - The Enterprise is _____% **Black Woman Owned** as per Amended Property Sector Code issued under section 9 (1) of B-BBEE Act of 2003 as Amended.
 - The Enterprise is _____% **Black Designated Group Owned** as per Amended Property Sector Code issued under section 9 (1) of B-BBEE Act of 2003 as Amended.
 - Based on the Financial Statements/Management Accounts and other information available on the latest financial year-end of _____ (DD/MM/YYYY), the annual Total Revenue was equal to/or less than R10,000,000.00 (ten Million Rands or less),

- Please confirm on the table below the B-BBEE level contributor, by ticking the applicable box.

100% Black Owned	Level One (135% B-BBEE procurement recognition level)	
At least 51% Black Owned but less than 100% black owned	Level Two (16% B-BBEE procurement recognition level)	
At least 30% Black Owned but less than 51% black owned	Level Four (100% B-BBEE procurement recognition level)	

NB: KEY NOTES FOR EMES (extract from Gazette No. 40910)

- Refer to amended Property Sector Code
- An EME is only required to obtain A Sworn Affidavit or Certificate from the Companies and Intellectual Property Commission (CIPC) on annual basis, in respect of their annual Turnover based on the EME threshold and level of Black Ownership.
 - Property Owners (Bidders) are encouraged to familiarize themselves with the Amended Property Sector Code as issued through Government Gazette No. 40910, Board No. NOTICE 560 OF 2017.

Details are available on: www.thedti.gov.za/economic_empowerment/bee_sector_charters.jsp

- An electronic copy can also be requested through DPWI offices (Supply Chain Offices)
- I know and understand the contents of this affidavit and I have no objection to take the prescribed oath and consider the oath binding on my conscience and on the owners of the enterprise which I represent in this matter.
 - The sworn affidavit will be valid for a period of 12 months from the date signed by commissioner.

Deponent Signature: _____ Date _____

Date _____

Commissioner of Oaths
Signature & stamp

**SWORN AFFIDAVIT – B-BBEE QUALIFYING SMALL ENTERPRISE (QSE) – AMENDED PROPERTY
SECTOR CODE**

I, the undersigned,

Full name & Surname	
Identity number	

Hereby declare under oath as follows:

1. The contents of this statement are to the best of my knowledge a true reflection of the facts.
2. I am a Member / Director / Owner of the following enterprise and am duly authorised to act on its behalf:

Enterprise Name:	
Trading Name (If Applicable):	
Registration	
Enterprise Physical Address:	
Type of Entity (CC, (Pty) Ltd,	
Nature of	
Definition of "Black People"	As per the Broad-Based Black Economic Empowerment Act of 2003 as Amended "Black People" is a generic term which means Africans, Coloureds and Indians – (a) Who are citizens of the Republic of South Africa by birth or descent; or (b) Who became citizens of the Republic of South Africa by naturalization- i. Before 27 April 1994; or ii. On or after 27 April 1994 and who would have

3. I hereby declare under Oath that:

- ☐ The Enterprise is _____% **Black Owned** as per Amended Property Sector Code issued under section 9 (1) of B-BBEE Act of 2003 as amended.
- ☐ The Enterprise is _____% **Black Woman Owned** as per Amended Property Sector Code issued under section 9 (1) of B-BBEE Act of 2003 as amended.
- ☐ The Enterprise is _____% **Black Designated Group Owned** as per Amended Property Sector Code issued under section 9 (1) of B-BBEE Act of 2003 as amended.
- ☐ Based on the Financial Statements/Management Accounts and other information available on the latest financial year-end of _____ (DD/MM/YYYY), the annual Total Revenue was between 10 million (ten Million Rands) and less than R50,000,000.00 (fifty Million Rands).
- ☐ Please confirm on the table below the B-BBEE level contributor, by **ticking the applicable box.**

100% Black Owned	Refer to amended Property Sector code	
At least 51% Black Owned but less than 100% black owned	Refer to amended Property Sector code	

NB: KEY NOTES FOR QSE (extract from Gazette No. 40910)

- Refer to amended property sector code
- a) An QSE is only required to obtain A Sworn Affidavit or Certificate from the Companies and Intellectual Property Commission (CIPC) on annual basis, in respect of their annual Turnover based on the QSE threshold and level of Black Ownership.
- b) Property Owners (Bidders) are encouraged to familiarize themselves with the Amended Property Sector Code as issued through Government Gazette No. 40910, Board No. NOTICE 560 OF 2017.

Details are available on: www.thedti.gov.za/economic_empowerment/bee_sector_charters.jsp

- An electronic copy can also be requested through DPWI offices (Supply Chain Offices)

4. I know and understand the contents of this affidavit and I have no objection to take the prescribed oath and consider the oath binding on my conscience and on the owners of the enterprise which I represent in this matter.

1. The sworn affidavit will be valid for a period of 12 months from the date signed by commissioner.

Deponent Signature: _____ Date _____

Date _____

Commissioner of Oaths
Signature & stamp

SCM45 22/23-0147



Province of the
EASTERN CAPE
ROADS AND PUBLIC WORKS

Spatial Requirements

To be completed for each building

Department: **SOCIAL DEVELOPMENT**
Town: **GRAAFF-REINET SERVICE OFFICE**

District: **SARAH BAARTMAN**
Building: **NEW OFFICE**

AREA PER LEVEL	m ²	Support Areas			Supporting which Component	
		Description	Qty	m ²	Component Name	Area Req
16	28					
15	24	Reception	1	12		12
14	20	Waiting Area	1	20		20
13	16	Store Room	3	16		48
11-12	12	Strong Room	1	16		16
SEC	12	Registry	1	70		70
		Main Boardroom 60m ² with kitchen 12m ²	1	72		72
9-10	9	Sick Bay	1	12		12
ADMIN	6	Consulting & Pause Room	6	12		72
DRIVER / CLEANER	3	Server Room	1	12		12
PLUS CIRCULATION	10.00%	Mini Boardroom	1	20		20

* Please do not alter the table above *

Other Please Specify

Cleaners stores	1	12		12
Child's Play room	1	25		25
Monitoring Rooms	1	10		10
Public Toilets	3	8	MALE, FEMALE, UNISEX	24
Sub Total				425

Office area Requirements		Levels									Area Req:
Component		16	15	14	13	11 12	PA	9 10	Admin	Driver / cleaner	m ²
1	Programme 1-	0	0	0	0	0	0	1	1	2	23.1
2	Programme 2-	0	0	0	0	0	0	1	6	0	49.5
3	Programme 3-	0	0	0	0	0	0	0	8	0	52.8
4	Programme 4	0	0	0	0	0	0	1	4	0	36.3
5	Programme 5	0	0	0	0	0	0	1	3	0	29.7
6	Edit Name	0	0	0	0	0	0	0	0	0	0
7	Edit Name	0	0	0	0	0	0	0	0	0	0
8	Edit Name	0	0	0	0	0	0	0	0	0	0
9	Edit Name	0	0	0	0	0	0	0	0	0	0
10	Edit Name	0	0	0	0	0	0	0	0	0	0
Sub Total											191.4

Complied by: _____
Date: _____
Signature: _____

Verified by: _____
Date: _____
Signature: _____

Approved by: _____

Date: _____
 Signature: _____

Pg. 1 of 3

Spatial Requirements - pg. 2

Office area Requirements		Levels								Area Req:
Component		16	15	14	13	11 12	9 10	Admin	Driver / cleaner	m ²
11	Edit Name	0	0	0	0	0	0	0	0	0
12	Edit Name	0	0	0	0	0	0	0	0	0
13	Edit Name	0	0	0	0	0	0	0	0	0
14	Edit Name	0	0	0	0	0	0	0	0	0
15	Edit Name	0	0	0	0	0	0	0	0	0
16	Edit Name	0	0	0	0	0	0	0	0	0
17	Edit Name	0	0	0	0	0	0	0	0	0
18	Edit Name	0	0	0	0	0	0	0	0	0
19	Edit Name	0	0	0	0	0	0	0	0	0
20	Edit Name	0	0	0	0	0	0	0	0	0
21	Edit Name	0	0	0	0	0	0	0	0	0
22	Edit Name	0	0	0	0	0	0	0	0	0
23	Edit Name	0	0	0	0	0	0	0	0	0
24	Edit Name	0	0	0	0	0	0	0	0	0
25	Edit Name	0	0	0	0	0	0	0	0	0
26	Edit Name	0	0	0	0	0	0	0	0	0
27	Edit Name	0	0	0	0	0	0	0	0	0
28	Edit Name	0	0	0	0	0	0	0	0	0
29	Edit Name	0	0	0	0	0	0	0	0	0
30	Edit Name	0	0	0	0	0	0	0	0	0
Sub Total										0

Complied by: _____
 Date: _____
 Signature: _____

Verified by: _____
 Date: _____
 Signature: _____

Approved by: _____
 Date: _____
 Signature: _____

Pg. 2 of 3

Spatial Requirements - pg. 3

Additional Cellular Offices		Levels						
Component		12	11	10	9	8	7	PA
1	Edit Name	0	0	0	0	0	0	0
2	Edit Name	0	0	0	0	0	0	0
3	Edit Name	0	0	0	0	0	0	0
4	Edit Name	0	0	0	0	0	0	0
5	Edit Name	0	0	0	0	0	0	0
6	Edit Name	0	0	0	0	0	0	0
7	Edit Name	0	0	0	0	0	0	0
8	Edit Name	0	0	0	0	0	0	0
9	Edit Name	0	0	0	0	0	0	0
10	Edit Name	0	0	0	0	0	0	0

Spatial Summary	
Space Type	Area
Office Area	191.4 m ²
Support Area	425 m ²

Total area	616.4 m ²
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plus 5% 3 year growth	30.17
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TOTAL USEABLE AREA	646.57 m²
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Note: Cellular offices only for level 9/10 and above.

Remarks / Comments:

READ TOGETHER WITH MINIMUM TECHNICAL REQUIREMENTS

Complied by: _____	Verified by: _____
Date: _____	Date: _____
Signature: _____	Signature: _____
<p>Approved by: _____</p> <p>Date: _____</p> <p>Signature: _____</p>	
<p>Pg 3 of 3</p>	



Spatial Requirements

To be completed for each building

Department: **SOCIAL DEVELOPMENT**

Town: **GRAAFF-REINET- AREA OFFICE**

District: **SARAH BAARTMAN**

Building: **NEW OFFICE**

AREA PER LEVEL	m ²	Support Areas			Supporting which Component	
		Description	Qty	m ²	Component Name	Area Req
16	28					
15	24	Reception	1	12		0
14	20	Waiting Area	1	25		25
13	16	Store Room	3	16		48
11-12	12	Strong Room	1	16		16
SEC	12	Registry	1	80		80
		Main Boardroom 70m ² with kitchen 12m ²	1	82		82
9-10	9	Sick Bay	1	12		12
ADMIN	6	Consulting & Pause Room	6	12		72
DRIVER / CLEANER	3	Server Room	1	12		12
PLUS CIRCULATION	10.00%	Mini Boardroom	1	20		20

**REFER TO
ANNEXURE A**

* Please do not alter the table above *

Other Please Specify

Cleaners stores	1	12		12
				0
Monitoring Rooms	1	10		10
Public Toilets	3	8	MALE, FEMALE, UNISEX	24
Sub Total				420

Office area Requirements		Levels										Area Req:
Component		16	15	14	13	11	PA	9	Admin	Driver / cleaner	m ²	
1	Programme 1-	0	0	0	0	1	0	1	2	3	46.2	
2	Programme 2-	0	0	0	0	0	0	1	6	0	49.5	
3	Programme 3-	0	0	0	0	0	0	0	8	0	52.8	
4	Programme 4	0	0	0	0	0	0	1	4	0	36.3	
5	Programme 5	0	0	0	0	0	0	1	3	0	29.7	
6	Edit Name	0	0	0	0	0	0	0	0	0	0	
7	Edit Name	0	0	0	0	0	0	0	0	0	0	
8	Edit Name	0	0	0	0	0	0	0	0	0	0	
9	Edit Name	0	0	0	0	0	0	0	0	0	0	
10	Edit Name	0	0	0	0	0	0	0	0	0	0	
Sub Total											214.5	

Complied by: _____

Date: _____

Signature: _____

Verified by: _____

Date: _____

Signature: _____

Approved by: _____

Date: _____
 Signature: _____

Pg. 1 of 3

Spatial Requirements - pg. 2

Office area Requirements		Levels									Area Req:
Component		16	15	14	13	11 12	PA	9 10	Admin	Driver / cleaner	m²
11	Edit Name	0	0	0	0	0	0	0	0	0	0
12	Edit Name	0	0	0	0	0	0	0	0	0	0
13	Edit Name	0	0	0	0	0	0	0	0	0	0
14	Edit Name	0	0	0	0	0	0	0	0	0	0
15	Edit Name	0	0	0	0	0	0	0	0	0	0
16	Edit Name	0	0	0	0	0	0	0	0	0	0
17	Edit Name	0	0	0	0	0	0	0	0	0	0
18	Edit Name	0	0	0	0	0	0	0	0	0	0
19	Edit Name	0	0	0	0	0	0	0	0	0	0
20	Edit Name	0	0	0	0	0	0	0	0	0	0
21	Edit Name	0	0	0	0	0	0	0	0	0	0
22	Edit Name	0	0	0	0	0	0	0	0	0	0
23	Edit Name	0	0	0	0	0	0	0	0	0	0
24	Edit Name	0	0	0	0	0	0	0	0	0	0
25	Edit Name	0	0	0	0	0	0	0	0	0	0
26	Edit Name	0	0	0	0	0	0	0	0	0	0
27	Edit Name	0	0	0	0	0	0	0	0	0	0
28	Edit Name	0	0	0	0	0	0	0	0	0	0
29	Edit Name	0	0	0	0	0	0	0	0	0	0
30	Edit Name	0	0	0	0	0	0	0	0	0	0
Sub Total											0

Complied by: _____
 Date: _____
 Signature: _____

Verified by: _____
 Date: _____
 Signature: _____

Approved by: _____
 Date: _____
 Signature: _____

Pg. 2 of 3

Spatial Requirements - pg. 3

Additional Cellular Offices		Levels						
Component		12	11	10	9	8	7	PA
1	Edit Name	0	0	0	0	0	0	0
2	Edit Name	0	0	0	0	0	0	0
3	Edit Name	0	0	0	0	0	0	0
4	Edit Name	0	0	0	0	0	0	0
5	Edit Name	0	0	0	0	0	0	0
6	Edit Name	0	0	0	0	0	0	0
7	Edit Name	0	0	0	0	0	0	0
8	Edit Name	0	0	0	0	0	0	0
9	Edit Name	0	0	0	0	0	0	0
10	Edit Name	0	0	0	0	0	0	0

Spatial Summary	
Space Type	Area
Office Area	214.5 m ²
Support Area	420 m ²

Total area	614.7 m ²
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plus 5% 3 year growth 33.81

TOTAL USEABLE AREA	645.39 m²
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Note: Cellular offices only for level 9/10 and above.

Remarks / Comments:

READ TOGETHER WITH MINIMUM TECHNICAL REQUIREMENTS

Complied by: _____
 Date: _____
 Signature: _____

Verified by: _____
 Date: _____
 Signature: _____

Approved by: _____
 Date: _____
 Signature: _____

Pg **3** of **3**

SEMUS- 22/23- 0149.



Province of the
EASTERN CAPE
ROADS AND PUBLIC WORKS

Spatial Requirements

To be completed for each building

Department:	EDUCATION CMC UNIT	District	CHRIS HANI
Town:	KOMANI	Building:	NEW OFFICE

AREA PER LEVEL	m²	Support Areas			Supporting which Component									
		Description	Qty	m²	Component Name								Area Req	
16	28	Reception	1	12									12	
15	24	Waiting Area	1	20									20	
14	20	Store Room	4	20									80	
13	16	Strong Room	6	40									240	
11-12	12	Mini Boardroom	2	20									40	
SEC	12	Main Boardroom	1	40									40	
9-10	9	Sick Bay	1	12									12	
ADMIN	6	Consulting & Pause Room	6	12									72	
DRIVER / CLEANER	3	Server Room	1	12									12	
PLUS CIRCULATION	10.00%	Monitoring Rooms	1	10									10	
* Please do not alter the table above *														

* Please do not alter the table above *

Other Please Specify

Cleaners stores	1	10		10
Kitchen	1	12		12
				0
Public Toilets	3	6		18
Sub Total				578

Office area Requirements		Levels									Area Req:
Component		16	15	14	13	11 12	PA	9 10	Admin	Driver / cleaner	m²
1	CES OFFICE	0	0	0	0	1	1	1	0	2	42.9
2	CURRICULUM MANAGEMENT OFFICE	0	0	0	0	0	0	1	6	5	0
3	SUBJECT ADVISORY SERVICES	0	0	0	0	0	0	20	0	0	198
4	PROFESSIONAL SUPPORT SERVICES	0	0	0	0	0	0	3	0	1	33
5	EDUCATION SPECIALIST	0	0	0	0	7	0	0	0	0	92.4
6	Edit Name	0	0	0	0	0	0	0	0	0	0
7	Edit Name	0	0	0	0	0	0	0	0	0	0
8	Edit Name	0	0	0	0	0	0	0	0	0	0
9	Edit Name	0	0	0	0	0	0	0	0	0	0
10	Edit Name	0	0	0	0	0	0	0	0	0	0
Sub Total											366.3

Complied by: _____
Date: _____

Verified by: _____
Date: _____

Signature: _____

Signature: _____

Approved by: _____

Date: _____

Signature: _____

Pg. 1 of 3

Spatial Requirements - pg. 2

Office area Requirements		Levels									Area Req:
Component		16	15	14	13	11 12	PA	9 10	Admin	Driver / cleaner	m²
11	Edit Name	0	0	0	0	0	0	0	0	0	0
12	Edit Name	0	0	0	0	0	0	0	0	0	0
13	Edit Name	0	0	0	0	0	0	0	0	0	0
14	Edit Name	0	0	0	0	0	0	0	0	0	0
15	Edit Name	0	0	0	0	0	0	0	0	0	0
16	Edit Name	0	0	0	0	0	0	0	0	0	0
17	Edit Name	0	0	0	0	0	0	0	0	0	0
18	Edit Name	0	0	0	0	0	0	0	0	0	0
19	Edit Name	0	0	0	0	0	0	0	0	0	0
20	Edit Name	0	0	0	0	0	0	0	0	0	0
21	Edit Name	0	0	0	0	0	0	0	0	0	0
22	Edit Name	0	0	0	0	0	0	0	0	0	0
23	Edit Name	0	0	0	0	0	0	0	0	0	0
24	Edit Name	0	0	0	0	0	0	0	0	0	0
25	Edit Name	0	0	0	0	0	0	0	0	0	0
26	Edit Name	0	0	0	0	0	0	0	0	0	0
27	Edit Name	0	0	0	0	0	0	0	0	0	0
28	Edit Name	0	0	0	0	0	0	0	0	0	0
29	Edit Name	0	0	0	0	0	0	0	0	0	0
30	Edit Name	0	0	0	0	0	0	0	0	0	0
Sub Total											0

Complied by: _____

Date: _____

Signature: _____

Verified by: _____

Date: _____

Signature: _____

Approved by: _____

Date: _____
Signature: _____

Pg. 2 of 3

Spatial Requirements - pg. 3

Additional Cellular Offices		Levels						
Component		12	11	10	9	8	7	PA
1	Edit Name	0	0	0	0	0	0	0
2	Edit Name	0	0	0	0	0	0	0
3	Edit Name	0	0	0	0	0	0	0
4	Edit Name	0	0	0	0	0	0	0
5	Edit Name	0	0	0	0	0	0	0
6	Edit Name	0	0	0	0	0	0	0
7	Edit Name	0	0	0	0	0	0	0
8	Edit Name	0	0	0	0	0	0	0
9	Edit Name	0	0	0	0	0	0	0
10	Edit Name	0	0	0	0	0	0	0

Spatial Summary	
Space Type	Area
Office Area	366.3 m ²
Support Area	578 m ²

Total area	944.3 m ²
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plus 5% 3 year growth 57.74

TOTAL USEABLE AREA	1002.04 m²
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Note: Cellular offices only for level 9/10 and above.

Remarks / Comments:

READ TOGETHER WITH MINIMUM TECHNICAL REQUIREMENTS

ALL STORES AND STRONG ROOMS MUST HAVE BURGULAR BARS INSIDE AND OUTSIDE THE DOORS.

Complied by: _____
Date: _____
Signature: _____

Verified by: _____
Date: _____
Signature: _____

Approved by: _____
Date: _____
Signature: _____

Pg. 3 of 3



Spatial Requirements

To be completed for each building

Department: **EDUCATION EXAMINATION CENTRE**
Town: **KOMANI**

District: **CHRIS HANI**
Building: **NEW OFFICE**

AREA PER LEVEL	m ²	Support Areas			Supporting which Component		
		Description	Qty	m ²	Component Name	Area Req	
16	28						
15	24	Reception	1	12		12	
14	20	Waiting Area	1	20		20	
13	16	Store Room	4	20	MUST HAVE BURGULAR BARS INSIDE & OUT	80	
11-12	12	Strong Room	6	40	MUST HAVE BURGULAR BARS INSIDE & OUT	240	
SEC	12	Mini Boardroom	2	20		40	
9-10	9	Main Boardroom	1	40		40	
ADMIN	6	Sick Bay	1	12		12	
DRIVER / CLEANER	3	Consulting & Pause Room	6	12		72	
PLUS CIRCULATION	10.00%	Server Room	1	12		12	
		Monitoring Rooms	1	10		10	

* Please do not alter the table above *

Other Please Specify

Cleaners stores	1	10		10
Kitchen	1	12		12
				0
Public Toilets	3	6		18
Sub Total				578

Office area Requirements		Levels									Area Req:
Component		16	15	14	13	11 12	PA	9 10	Admin	Driver / cleaner	m ²
1	EXAMINATION CENTRE	0	0	0	0	4	2	4	5	3	161.7
2		0	0	0	0	0	0	0	0	0	0
3		0	0	0	0	0	0	0	0	0	0
4	Programme 4	0	0	0	0	0	0	0	0	0	0
5	Programme 5	0	0	0	0	0	0	0	0	0	0
6	Edit Name	0	0	0	0	0	0	0	0	0	0
7	Edit Name	0	0	0	0	0	0	0	0	0	0
8	Edit Name	0	0	0	0	0	0	0	0	0	0
9	Edit Name	0	0	0	0	0	0	0	0	0	0
10	Edit Name	0	0	0	0	0	0	0	0	0	0
Sub Total										161.7	

Complied by: _____
Date: _____
Signature: _____

Verified by: _____
Date: _____
Signature: _____

Approved by: _____
 Date: _____
 Signature: _____

Pg. 1 of 3

Spatial Requirements - pg. 2

Office area Requirements		Levels									Area Req:
Component		16	15	14	13	11 12	PA	9 10	Admin	Driver / cleaner	m ²
11	Edit Name	0	0	0	0	0	0	0	0	0	0
12	Edit Name	0	0	0	0	0	0	0	0	0	0
13	Edit Name	0	0	0	0	0	0	0	0	0	0
14	Edit Name	0	0	0	0	0	0	0	0	0	0
15	Edit Name	0	0	0	0	0	0	0	0	0	0
16	Edit Name	0	0	0	0	0	0	0	0	0	0
17	Edit Name	0	0	0	0	0	0	0	0	0	0
18	Edit Name	0	0	0	0	0	0	0	0	0	0
19	Edit Name	0	0	0	0	0	0	0	0	0	0
20	Edit Name	0	0	0	0	0	0	0	0	0	0
21	Edit Name	0	0	0	0	0	0	0	0	0	0
22	Edit Name	0	0	0	0	0	0	0	0	0	0
23	Edit Name	0	0	0	0	0	0	0	0	0	0
24	Edit Name	0	0	0	0	0	0	0	0	0	0
25	Edit Name	0	0	0	0	0	0	0	0	0	0
26	Edit Name	0	0	0	0	0	0	0	0	0	0
27	Edit Name	0	0	0	0	0	0	0	0	0	0
28	Edit Name	0	0	0	0	0	0	0	0	0	0
29	Edit Name	0	0	0	0	0	0	0	0	0	0
30	Edit Name	0	0	0	0	0	0	0	0	0	0
Sub Total											0

Complied by: _____
 Date: _____
 Signature: _____

Verified by: _____
 Date: _____
 Signature: _____

Approved by: _____
 Date: _____
 Signature: _____

Pg. 2 of 3

Spatial Requirements - pg. 3

Additional Cellular Offices		Levels						
Component		12	11	10	9	8	7	PA
1	Edit Name	0	0	0	0	0	0	0
2	Edit Name	0	0	0	0	0	0	0
3	Edit Name	0	0	0	0	0	0	0
4	Edit Name	0	0	0	0	0	0	0
5	Edit Name	0	0	0	0	0	0	0
6	Edit Name	0	0	0	0	0	0	0
7	Edit Name	0	0	0	0	0	0	0
8	Edit Name	0	0	0	0	0	0	0
9	Edit Name	0	0	0	0	0	0	0
10	Edit Name	0	0	0	0	0	0	0

Spatial Summary	
Space Type	Area
Office Area	161.7 m ²
Support Area	578 m ²

Total area	739.7 m ²
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plus 5% 3 year growth	25.49
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TOTAL USEABLE AREA	765.19 m²
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Note: Cellular offices only for level 9/10 and above.

Remarks / Comments:

READ TOGETHER WITH MINIMUM TECHNICAL REQUIREMENTS
ALL STORES AND STRONG ROOMS MUST HAVE BURGULAR BARS INSIDE AND OUTSIDE THE DOORS.

Complied by: _____
 Date: _____
 Signature: _____

Verified by: _____
 Date: _____
 Signature: _____

Approved by: _____
 Date: _____
 Signature: _____

Scmus - 22/23 - 0150



Province of the
EASTERN CAPE
ROADS AND PUBLIC WORKS

Spatial Requirements

To be completed for each building

Department:

SOCIAL DEVELOPMENT

District

CHRIS HANI

Town:

QUEENSTOWN SERVICE OFFICE

Building:

TBA

AREA PER LEVEL	m ²	Support Areas			Supporting which	
		Description	Qty	m ²	Component Name	Area Req
16	28					
15	24	Reception	1	12		12
14	20	Waiting Area	1	20		20
13	16	Store Room	3	12		36
11-12	12	Strong Room	1	20		20
SEC	12	Registry	1	50		50
9-10	9	Main Boardroom	2	40	with a wooden consertina door inbetween	80
ADMIN	6	Sick Bay	1	12		12
DRIVER / CLEANER	3	Consulting Room	6	12		72
PLUS CIRCULATION	10.00%	Childs Play room	1	20		20
		Server Room	1	12		12

* Please do not alter the table above *

Other Please Specify

Public toilets	3	6	1x Unisex, 1 Male, 1 Female	18
Cleaners Room	1	12		12
Cleaners Store room	1	6		6
Kitchen	1	12		12
Sub Total				382

Office area Requirements		Levels									Area Req:
Component		16	15	14	13	11-12	PA	9-10	Admin	Driver / cleaner	m ²
1	SERVICE OFFICE	0	0	0	0	1	0	4	27	0	231
2		0	0	0	0	0	0	0	0	0	0
3	Edit Name	0	0	0	0	0	0	0	0	0	0
4	Edit Name	0	0	0	0	0	0	0	0	0	0
5	Edit Name	0	0	0	0	0	0	0	0	0	0
6	Edit Name	0	0	0	0	0	0	0	0	0	0
7	Edit Name	0	0	0	0	0	0	0	0	0	0
8	Edit Name	0	0	0	0	0	0	0	0	0	0
9	Edit Name	0	0	0	0	0	0	0	0	0	0
10	Edit Name	0	0	0	0	0	0	0	0	0	0
Sub Total											231

Complied by:

Date:

Signature:

Verified by:

Date:

Signature:

Approved by:

Date:

Signature: _____

1 of 3

Spatial Requirements - pg. 2

Office area Requirements		Levels								Area Req:	
Component		16	15	14	13	12	PA	8	Admin	Driver / cleaner	m²
11	Edit Name	0	0	0	0	0	0	0	0	0	0
12	Edit Name	0	0	0	0	0	0	0	0	0	0
13	Edit Name	0	0	0	0	0	0	0	0	0	0
14	Edit Name	0	0	0	0	0	0	0	0	0	0
15	Edit Name	0	0	0	0	0	0	0	0	0	0
16	Edit Name	0	0	0	0	0	0	0	0	0	0
17	Edit Name	0	0	0	0	0	0	0	0	0	0
18	Edit Name	0	0	0	0	0	0	0	0	0	0
19	Edit Name	0	0	0	0	0	0	0	0	0	0
20	Edit Name	0	0	0	0	0	0	0	0	0	0
21	Edit Name	0	0	0	0	0	0	0	0	0	0
22	Edit Name	0	0	0	0	0	0	0	0	0	0
23	Edit Name	0	0	0	0	0	0	0	0	0	0
24	Edit Name	0	0	0	0	0	0	0	0	0	0
25	Edit Name	0	0	0	0	0	0	0	0	0	0
26	Edit Name	0	0	0	0	0	0	0	0	0	0
27	Edit Name	0	0	0	0	0	0	0	0	0	0
28	Edit Name	0	0	0	0	0	0	0	0	0	0
29	Edit Name	0	0	0	0	0	0	0	0	0	0
30	Edit Name	0	0	0	0	0	0	0	0	0	0
Sub Total											0

Complied by: _____

Date: _____

Signature: _____

Verified by: _____

Date: _____

Signature: _____

Approved by: _____

Date: _____

Signature: _____

2 of 3

Spatial Requirements - pg. 3

Additional Cellular Offices		Levels						
Component		12	11	10	9	8	7	PA
1	Edit Name	0	0	0	0	0	0	0
2	Edit Name	0	0	0	0	0	0	0
3	Edit Name	0	0	0	0	0	0	0
4	Edit Name	0	0	0	0	0	0	0
5	Edit Name	0	0	0	0	0	0	0
6	Edit Name	0	0	0	0	0	0	0
7	Edit Name	0	0	0	0	0	0	0
8	Edit Name	0	0	0	0	0	0	0
9	Edit Name	0	0	0	0	0	0	0
10	Edit Name	0	0	0	0	0	0	0

Spatial Summary	
Space Type	Area
Office Area	231 m ²
Support Area	382 m ²

Total area	613 m ²
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plus 5% 3 year growth 36.41

TOTAL USEABLE AREA	649.41 m²
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Note: TO BE READ TOGETHER WITH MINIMUM TECHNICAL REQUIREMENTS -BID DOCUMENT

Remarks / Comments:

PARKING TO BE ALLOCATED AS PER BID DOCUMENT (MINIMUM TECHNICAL REQUIREMENTS)

Complied by: _____
 Date: _____
 Signature: _____

Verified by: _____
 Date: _____
 Signature: _____

Approved by: _____
 Date: _____
 Signature: _____