



# FRRATUM

	bove bid documents	Please Note a Spatial Template is attached below for all the above bid doc	
	Phase One: Prequalification: Only tenders with BBBEE 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.	No. 38  Phase One: Prequalification: Only tenders with BBBEE 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 Prequalification criterion stipulated above will be disqualified for further evaluation.	
	SWORN AFFIDAVIT - B-BBEE EXEMPTED MICRO ENTERPRISE (EME) - AMENDED PROPERTY SECTOR CODE		
	Erratum	Page Detail As Per Bid Documents	
	Development in Graaf Reinett (within 1.5km Radius of the	<ol> <li>SCMU5-22/23-0147</li> <li>Leasing of office accommodation for Department of Social Development Magistrate Court or Home Affairs &amp; Saps)</li> </ol>	
Tel No: (040) 602 4684 Email Address: leasing_portfolio@ecdpw.go v.za	al Treasury, Department of Health and Department of	<ol> <li>SCMU5-22/23-0151</li> <li>Leasing of office accommodation for Eastern Cape Provincial Treasury,</li> <li>Community Safety and Liaison in Queenstown</li> </ol>	
TECHNICAL/PROJECT SPECIFIC Ms N Mpeta	Development in Queenstown (within 1km Radius of the	<ol> <li>SCMU5-22/23-0150</li> <li>Leasing of office accommodation for Department of Social Development Magistrate Court or Home Affairs &amp; SAPS)</li> </ol>	
SCM SPECIFIC ENQUIRIES Email Address: supply.chain@ecdpw.gov.za	on in Queenstown	<ol> <li>scMU5-22/23-0149</li> <li>Leasing of office accommodation for Department of Education in Queenstown</li> </ol>	Dept of Public Works & nfrastructure
CONTACT PERSON		BID NUMBER & PROJECT DESCRIPTION	DEPARTMENT/ NSITUTION
	ERRATUM		

The Department regrets any inconveniences this may/might have caused

FOR COMPLAINTS, FRAUD, & TENDER ABUSE: Mr M. Hlazo (Director: SCM - Supply Chain Management)

#### **ANNEXURE D**

WORN AFFIDAVIT – B-BBE OD <u>e</u>	E EXEMPTED MICRO ENTERPRISE (EME) – AMENDED PROPERTY SECTOR			
I, the undersigned,				
Full name & Surname				
Identity number				
Hereby declare under oath as follows:				
The contents of this statement are to the best of my knowledge a true reflection of the facts.				
<ol><li>I am a Member / D its behalf:</li></ol>	irector / Owner of the following enterprise and am duly authorised to act on			
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"	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 desce				
(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 been entitled to acquire citizenship by naturalization prior to that date.			
<ul><li>I hereby declare u</li><li>The Enterprise is issued under sect</li></ul>	nder Oath that:% Black Owned as per Amended Property Sector Code tion 9 (1) of B-BBEE Act of 2003 as Amended.			
The Enterprise is Code issued under	% Black Woman Owned as per Amended Property Sector resection 9 (1) of B-BBEE Act of 2003 as Amended.			
The Enterprise is Sector Code issue	% Black Designated Group Owned as per Amended Property ed under section 9 (1) of B-BBEE Act of 2003 as Amended.			
latest financial yea	ancial Statements/Management Accounts and other information available on the ar-end of(DD/MM/YYYY), the annual Total Revenue ss 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 Fou	r (100% B-BBEE procurement recognition level)	

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

- Refer to amended Property Sector Code
- a) 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.
- 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\_empowernment/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.
  - 5. 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	
<b>Enterprise Physical</b>	
Address:	
Type of Entity	
(CC, (Pty) Ltd,	
Nature of	
Definition of "Black	As per the Broad-Based Black Economic Empowerment Act
People"	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

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 operty 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 empowernment/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
Commissioner of Oaths	Date



Signature & stamp

SCM45-22/23-0147



#### **Spatial Requirements**

To be completed for each building

Department	:
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Town:

SOCIAL DEVELOPMENT

GRAAFF-REINET SERVICE OFFICE

District Building:

SARAH BAARTMAN

NEW OFFICE

AREA PER LEVEL	m²
16	28
15	24
14	20
13	16
11-12	12
SEC	12
THE MISSISSIPE TO LAND	IX WELL
9-10	9
ADMIN	6
DRIVER / CLEANER	3
PLUS CIRCULATION	10.00%
* Please do not alter the tab	le above *

	Support Areas		1
	Description	Qty	m²
1	Reception	1	12
1	Waiting Area	1	20
1	Store Room	3	16
1	Strong Room	1	16
	Registry	1	70
	Main Boardroom 60m² with kitchen 12m²	1	72
	Sick Bay	1	12
	Consulting & Pause Room	6	12
	Server Room	1	12
	Mini Boardroom	1	20
	Other Please Specify		

Supporting which Component							
Component Name	Area Req						
	12						
	20						
	48						
	16						
	70						
	72						
	12						
REFER TO	72						
	12						
ANNEXURE A	20						

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Cleaners stores	1	12
Child's Play room	1	25
Monitoring Rooms	1	10
Public Toilets	3	8

2		12
5		25
7		10
	MALE, FEMALE, UNISEX	24
	Sub Total	425

0	ffice area Requirements	Requirements Levels									
Component			15	14	13	11 12	РА	9	Admin	Driver / cleaner	m²
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	U	0	0	0	0	U		0	0	0
										Sub Total	191.4

Complied by:		Verified by:	
Date:		Date:	
Signature:		Signature:	
	Approved by:		

Date:	- 4 ATV-7-1 ATV-7-1		
Signature:		Pg. 1 of	3

0	ffice area Requirements		Area Req:								
Component			15	14	13	11 12	PA	9	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:		Verified by:	
Date:		Date:	
Signature:	- Anna Maria	Signature:	
	Approved by:		
	Date:		
	Signature:		Pg. 2 of 3

A	dditional Cellular Offices		W.	L	.eve	ls		
	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									
Area									
191.4	m²								
425	m²								
616.4	m²								
30.17									
646.57	m²								
	Area 191.4 425 616.4								

Note: Cellular offices only for level 9/10 and above.

П	e	11	ld	rKS	/	CO	m	H	eı	Ш	.5.
-	_	_	-		_			-			-

READ TOGETHER V	VITH MINIMIUM TECHNICAL	REQUIREMENTS	
Complied by:		Verified by:	
Date:		Date:	
Signature:		Signature:	
	Total Control		
	Approved by:		
	Date:		:
	Signature:		Pg 3 of 3



### **Spatial Requirements**

To be completed for each building

Department:	
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Town:

SOCIAL DEVELOPMENT

**GRAAFF-REINET- AREA OFFICE** 

District Building:

SARAH BAARTMAN

**NEW OFFICE** 

AREA PER LEVEL	m²
16	28
15	24
14	20
13	16
11-12	12
SEC	12
9-10	9
ADMIN	6
DRIVER / CLEANER	3
PLUS CIRCULATION	10.00%

*	Please	do	not	alter	the	table	above	
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Support Areas	_	
PROPERTY AND ADDRESS OF THE PARTY OF THE PAR	1	
Description	Qty	m²
Reception	1	12
Waiting Area	1	25
Store Room	3	16
Strong Room	1	16
Registry	1	80
Main Boardroom 70m²		
with kitchen 12m²	1	82
Sick Bay	1	12
Consulting & Pause		
Room	6	12
Server Room	1	12
Mini Boardroom	1	20

Supporting which Component							
Component Name	Area Req						
	0						
	25						
[	48						
	16						
	80						
	82						
	12						
REFER TO	72						
	12						
ANNEXURE A	20						

Other Please Specify

Cleaners stores	1	12	
Monitoring Rooms	1	10	
Public Toilets	3	8	N

_		
		12
		0
ק		10
	MALE, FEMALE, UNISEX	24
_	Sub Total	420

Office area Requirements		9.3	Levels								Area Req:
	Component	16	15	14	13	11 12	PA	9	Admin	Driver / cleaner	m²
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	O	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
9	Edit Name	0	0	0	0	0	0	0	0	0	0
10	Edit Name	0	0	0	0	U	0	P	0	0	0
				_		_				Sub Total	214.5

Complied by:	Verified by:	
Date:	Date:	
Signature:	Signature:	

Approved by:

Date:			
Dutc.	,	<u> </u>	_
Signature:	Pg.	1 of	3

O	fice area Requirements	Levels									Area Req:
	Component	16	15	14	13	11 12	PA	9	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:		Verified by:	
Date:		Date:	
Signature:		Signature:	
	Approved by:		
	Date:	3 Z 1 1 1 2 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Signature:		Pg. 2 of 3

A	dditional Celiular 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 St	ummary	W/L			
Space Type	Area				
Office Area	214.5	m²			
Support Area	420	m²			
Total area	614.7	m²			
plus 5% 3 year growt	33.81				
OTAL USEABLE ARE	645.39	m²			

3 of

Note: Cellular offices only for level 9/10 and above.

Signature:

READ TOGETHER WITH MINIMIUM TECHNICAL REQUIREMENTS

Complied by:

Verified by:

Date:

Signature:

Signature:

Signature:

Date:

Date:

Signature:

# Semus- 22/23-0149



### **Spatial Requirements**

To be completed for each building

Department:	EC	EDUCATION CMC UNIT			CHRIS HANI					
Town:		KOMA	MI	Building:		NEW OFFICE				
ADEA DED	V Best View I	2 "					41			
AREA PER	LEVEL	m²	Support Areas				_		omponent	
16		28	Description	Qty	m²	Compo	onent N	lame	Area Req	
15	Max III	24	Reception	1	12				12	
14	III ye	20	Waiting Area		20				20	
13	EV TER	16	Store Room	4	20				80	
11-12	2	12	Strong Room	Б	40				240	
SEC 12		Mini Boardroom	2	20				40		
9-10	9-10 9		Main Boardroom	1	40				40	
ADMI	N	6	Sick Bay	1	12				12	
DRIVER / CL	EANER	3	Consulting & Paus Room	6 6	12				72	
PLUS CIRCU	JLATION	10.00%	Server Room	1	12				12	
* Please do no	ot alter the tab	le above *	Monitoring Rooms	1	10				10	
			Other Please Speci	ify						
			Cleaners store		10				10	
			Kitchen	1	12				12	
			Public Toilets	3	б				18	
						Sı	ub Tota	1	578	

Of	fice area Requirements	Levels									Area Req:
	Component			14	13	11 12	РА	9	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		O	J	O	0	0	0	0	0
										Sub Total	366.3

Complied by:	Verified by:	
Date:	Date:	

*											
Signa	Approved b Date:	oy:				Sign	ature	4			
	Signature:									Pg.	1 of 3
	Spatial Require	me	nt	s -	p	g.	2				
					milit						
Of	ffice area Requirements		1 200			776	Le	evel	S		Area Req:
7,11	Component	16	15	14	13	11 12	PA	9	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
	plied by:						rified l	oy:	AA.		
Date	e: ature:				_	Dat Sig	te: nature	۵٠			

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gnature:	Signature:	

Date:	A 10000000 000	
Signature:		Pg. 2 of 3

A	dditional Cellular Offices	12000		L	eve	ls		44					
A COLUMN	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 S	ummary				
Space Type	Area				
Office Area	366.3	m²			
Support Area	578	m²			
	_				
Total area	944.3	m²			
plus 5% 3 year growt	57.74				
		-			
OTAL USEABLE ARE	1002.04	m²			

Note: Cellular offices only for level 9/10 and above.

Г	(e)	1	ld	r KS	1	CU	Ш	ш	eı	1172	,
											-

	WITH MINIMIUM TECHNICAL	REQUIREMENTS BURGULAR BARS INSIDE AND OU	TSIDE THE DOORS.
			*
Complied by: Date: Signature:		Verified by: Date: Signature:	
	Approved by: Date:		



Signature:

## **Spatial Requirements**

To be completed for each building

Department:	EDUCAT	ION EXAMIN	NATION CENTRE				Dis	strict	CHRIS HANI				
Town:	<del></del>	KOMA	NI				Buil	ding:			NEW OFFICE		
AREA PER	LEVEL	m²	_	roqu		eas	1 0				orting which Co		
16		28		Description				Qty	m²	Com	ponent Name	Area Req	
15		24		eptio				1	12			12	
14		20	Wai	ling A	Area				20			20	
	11171141	PV-II-											
13	114 0 0	16	Stor	e Ro	om			4	20	MUST HAVE B	URGULAR BARS INSIDE & OUT	80	
11-1:	2	12	Stro	ng R	oom			6	40	MUST HAVE B	URGULAR BARS INSIDE & OUT	240	
SEC		12	Mini	Boar	droo	m		2	20			40	
9-10	RW THE	9	Maii	n Boa	rdroc	om		1	40			40	
ADMI	N	6	Sick	Вау			$\neg$	1	12			12	
The transfer of the second			Con	sultin	ıg & F	aus	e	$\Box$	П				
DRIVER / C	LEANER	3	Roo		•			6	12			72	
PLUS CIRCU	JLATION	10.00%	Sen	er R	oom			1	12			12	
* Please do n	ot alter the tal	ole above *	Mor	itorin	g Ro	oms		1	10			10	
			0	ther P	lease :	Specif	y y				<u> </u>		
			-										
							1	10			10		
				K	itche	n		1	12			12	
												0	
				Publ	ic To	ilets		3	б			18	
											Sub Total	578	
Office are	ea Requii	rements		unaniqu	ánán				evel	S		Area Req:	
C	omponent		16	15	14	13	11 12	PA	10	Admin	Driver / cleaner	m²	
П						Н	П						
1   EXA	MINATION C	ENTRE	0	0	0	0	4	2	4	5	3	161.7	
2			0	0	0	0	6	0	0	0	0	0	
					$\vdash$	$\square$							
3			0	0	0	0	0	0	0	0	0	0	
4	Programm		0	0	0	0	0	0	0	0	0	0	
5	Programm		0	0	0	0	0	0	0	0	0	0	
6	Edit Nam		0	0	0	0	0	0	0	0	0	0	
7	Edit Nam	е	0	00000				0	0	0	0	0	
8	Edit Nam	е	0	0	0	0	0	0	0	0	0	0	
9	Edit Nam		0	0	0	0	0	0	0	0	0	0	
10	Edit Nam	е		0	0	0	0	0	0	0	0	0	
5.1 — — — 196.5 — —				_	_						Sub Total	161.7	
Complied by:							Ver	rified	by:				
Date:													

Signature:

Approved by:			
Date:			
Signature:	Pg.	1 of	3

Of	fice area Requirements	V. Ji	Į, la	a de la	kayas	¥.	Le	evel	S		Area Req:
	Component	16	15	14	13	11 12	PA	9	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:		Verified by:	
Date:		Date:	
Signature:		Signature:	
	Approved by:		
	Date:		
	Signature:		Pg. 2 of 3

A	dditional 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	m²					
Support Area	578	m²					
Total area	739.7	m²					
plus 5% 3 year growt	25.49						
OTAL USEABLE ARE	765.19	m²					

Note: Cellular offices only for level 9/10 and above.

Remarks / Commen			
	TH MINIMIUM TECHNICAL		
ALL STORES AND ST	RONG ROOMS MUST HAVE	BURGULAR BARS INSIDE AND OU	ITSIDE THE DOORS.
			7.9
			İ
Carralia di bun		Maniffer of here.	A CONTRACTOR OF THE CONTRACTOR
Complied by:	m 11 - 302	Verified by:	
Date:		Date:	
Signature:		Signature:	
	Approved by:		
	Date:		
	Signature:		Pg   3 of   3



## **Spatial Requirements**

To be completed for each building

Department:

Town:

SOCIAL DEVELOPMENT

QUEENSTOWN SERVICE OFFICE

District
Building:

CHRIS HANI

TBA?

Comment of the Commen	Production of the Contract of
AREA PER LEVEL	m²
16	28
15	24
14	20
13	16
11-12	12
SEO	12
9-10	9
ADMIN	6
DRIVER / CLEANER	3
PLUS CIRCULATION	10.00%

<sup>\*</sup> Please do not alter the table above \*

Support Areas			Supporting which				
Description	Qty	m²	Component Name	Area Reg			
Reception	體 製頭	12		12			
Waiting Area		20		20			
Stoře Room	3	12		36			
Strong Room		20		20			
Registry	1	50		50			
Main Boardroom	2	40	with a wooden consertina door inbetween	80			
Sick Bay	1	12		12			
Consulting Room	6	12		72			
Childs Play room	1	20		20			
Server Room	1	12		12			

Other Please Specify

Public toilets	3	6	1x Unisex, 1 Male, 1 Female	18
Cleaners Room	1	12		12
Cleaners Store room	1	6	A 2100 2 20	6
Kitchen	1	12		12
	-	To The	Sub Total	382

Offic	ce area Requirements	100	Levels										
	Component	16	15	14	13	11 12	PA	9	Admin	Driver / cleaner	m²		
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	U	0	0	0	0	0	0	0		
2/5/3										Sub Total	231		

Complied by:		Verified by:	
Date:		Date:	
Signature		Signature:	
	Approved by:		
	Date		

Signature:	1945 - 19	1 of 3

Office area Requirements		Levels									Area Req	
	Component	16	15	14	13	11 12	PA	10	Admin	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	
- 20002-										Sub Total	0	

Complied by: Date: Signature:		Verified by: Date: Signature:	
	Approved by: Date: Signature:		2 of 3

Additional Cellular Offices		Levels							
	Component	12	14	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 Sur	nmary	
Space Type	Are	a
Office Area	231	m²
Support Area	382	m²
Total area	613	m²
plus 5% 3 year grow	t 36.4	11
OTAL USEABLE ARE	649.41	Į m²

Note: TO BE READ TOGETHER WITH MINIMUM TECHNICAL REQUIREMENTS -BID DOCUMENT

PARKING TO BE AL	LOCATED AS PER BID DOCU	MENT (MINIMUM TECHNICAL REC	UIREMENTS)
Complied by:		Verified by:	
Date:		Date:	
Signature:		Signature:	
	الأرام المستعدد الم		
	Approved by		
	Approved by:  Date:		