Health Professions Council of South Africa

BID REF NO	
BID DESCRIPTION	
COMPANY NAME:	
DATE:	

COMPANY WORK EXPERIENCE

PROJECT NAME	DATE APPOINTED	CLIENT NAME	CONTACT PERSON (CLIENT)	PRINCIPAL AGENT	CONTACT PERSON (PRINCIPAL AGENT)	PROJECT VALUE	COMPLETION DATE OR EXPECTED
Provision of Internet Services AND Telephone Voice(Attach proof)	01-Jan-22	HPCSA	Ms ABC 012 123 4567	AV SOLUTIONS	Mr ABC 012 123 4567	**R1 000 000,00**	31-Dec-22

Example