

BRIEFING SESSION CERTIFICATE

N. B.: THIS FORM MUST BE COMPLETED AND STAMPED BY AT THE BRIEFING SESSION AND MUST BE ATTACHED TO THE PROPOSAL.

REQUEST FOR PROPOSAL DETAILS

RFP No: GF01/06/2016

Service: Appointment of Sub Recipient/s of The KZN Global Fund Supported HIV and AIDS Programme to Implement High Impact HIV and AIDS interventions that will contribute to prevention of new infections and improved quality of life for Young Women & Girls in Uthungulu District.

THIS IS TO CERTIFY THAT (NAME)

ON BEHALF OF ORGANISATION:.....

ATTENDED THE BRIEFING SESSION ON
.....(DATE)

AND IS THEREFORE FAMILIAR WITH THE CIRCUMSTANCES AND THE SCOPE OF THE SERVICE TO BE RENDERED.

.....

SIGNATURE OF SERVICE PROVIDER OR AUTHORISED REPRESENTATIVE

DATE:

.....

SIGNATURE OF DEPARTMENTAL REPRESENTATIVE

(PRINT NAME)

.....

DEPARTMENTAL STAMP:

DATE: