***An official, signed letterhead should be send to National Treasury for participation***

NB: State Institution Letterhead

Contact person and details

National Treasury

Chief Director: Transversal Contracting

Private Bag X115

**PRETORIA**

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By Email: transversal.contracting2@treasury.gov.za

By Fax: (012) 315-5058

For attention: Nancy Ravhandalala

**PARTICIPATION IN TRANSVERSAL TERM CONTRACT RT275-2020 FOR SUPPLY AND DELIVERY OF SPEECH THERAPY, ASSISTIVE DEVICES AND ACCESSORIES TO THE STATE FOR THE PERIOD 1 JUNE 2020 TO 31 MAY 2023**

For and on behalf of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(State Institution’s name)*

YES, we hereby consent to participate in the above-mentioned Transversal Term Contract.

The State institution has an estimated budget of R\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
for the procurement of items on RT275-2020 for the period 1 June 2020 to 31 May 2023.

Kind Regards

For and on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(State Institution’s name)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Signature |  |  | Signature |

**Chief Financial Officer Head of Supply Chain Unit**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  |  | Date: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name & Surname: |  |  | Name &Surname |  |
| Tel number: |  |  | Tel number: |  |
| Fax number: |  |  | Fax number: |  |
| Email address: |  |  | Email address: |  |

|  |  |
| --- | --- |
|  | Signature |

**Accounting Officer**

|  |  |  |
| --- | --- | --- |
| Date: |  |  |

|  |  |
| --- | --- |
| Name & Surname |  |
| Tel number: |  |
| Fax number: |  |
| Email address: |  |