

Date: 30 August 2023  
Enquiries: Reginah Ntshauba  
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E-mail: NtshauMR@eskom.co.za

Dear Sir/Madam

**ENQUIRY: MPARN10802GX**

**DESCRIPTION: THE PROVISION OF COAL PLANT MAINTENANCE AT ARNOT POWER STATION FOR THE PERIOD OF FIVE YEARS**

You are hereby invited to attend a **non-compulsory clarification meeting** for the provision of coal plant maintenance at Arnot Power Station for the period of five years.

**Date: 11 September 2023**  
**Time: 10h30am (South African Standard Time or Central Africa Time)**  
**Venue: Induction Hall (Situated front opposite Arnot Power Station Main Security Gate- outside the station) Arnot Power Station is 50 Km from Middleburg MP on N4, RIETKUIL**

Kindly bring along the following PPE for site view that will be conducted after the sit-in clarification meeting:

1. Overall
2. Hard hat
3. Safety boots
4. Reflector vest
5. Goggles
6. Dust mask
7. Ear protection
8. Gloves (optional)

**NB: SUPPLIERS SHALL BE PUNCTUAL.**

Please note that all relevant documents are published on the Eskom Tender Bulletin website and National Treasury e-tender portal. It will be expected from the interested parties to review the tender documents before the clarification meeting in order to clarify information and ensure that all are familiar with the requirements to submit a responsive tender for the above mentioned scope of work. Suppliers shall bring along tender documentation.

Please confirm receipt of this correspondence and your attendance by signing this letter and fax to **086 539 9597** or e-mail to [NtshauMR@eskom.co.za](mailto:NtshauMR@eskom.co.za).

|                                |  |                     |  |
|--------------------------------|--|---------------------|--|
| <b>Company Name:</b>           |  |                     |  |
| <b>Address:</b>                |  |                     |  |
| <b>Name of Representative:</b> |  | <b>Designation:</b> |  |

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Arnot Power Station  
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Tel +27 13 297 9111 Fax +27 13 297 9142 [www.eskom.co.za](http://www.eskom.co.za)

|                                |  |                     |  |
|--------------------------------|--|---------------------|--|
| <b>Name of Representative:</b> |  | <b>Designation:</b> |  |
| <b>E-mail address:</b>         |  | <b>Tel:</b>         |  |
|                                |  | <b>Fax:</b>         |  |
| <b>Signature</b>               |  | <b>Date</b>         |  |