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Gazette**

Free State Province



**Provinsiale
Koerant**

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PROVINCIAL NOTICE

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**PUBLICATION OF UNIFORM PATIENT FEE SCHEDULE (UPFS) 2011
TARIFFS IN THE FREE STATE PROVINCE**

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PROVINCIAL NOTICE

[No. 260 of 2011]

PUBLICATION OF UNIFORM PATIENT FEE SCHEDULE (UPFS) 2011 TARIFFS IN THE FREE STATE PROVINCE

By virtue of section 15 of the Interpretation Act, 1957 (Act No. 33 of 1957), I, Ms F Ngubentombi, Member of the Executive Council responsible for Health in the Province, hereby publish the Uniform Patient Fee Schedule 2011 Tariffs, as contained in Annexure A, which comes into operation on 1 April 2011.



Uniform patient Fee Schedule (Revised January 2011)
UPFS TARIFFS 2011

Annexure A

APPROVED UPFS 2011 FEE SCHEDULE FOR FULL PAYING PATIENTS

EFFECTIVE 01ST APRIL 2011

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE							
				LEVEL 1		LEVEL 2		LEVEL 3			
				R	c	R	c	R	c		
01	Anaesthetics										
0111	Anaesthetics Cat A – General medical practitioner	Procedure	152.00								
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	229.00								
0121	Anaesthetics Cat B – General medical practitioner	Procedure	259.00								
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	390.00								
0131	Anaesthetics Cat C – General medical practitioner	Procedure	911.00								
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	1367.00								
02	Confinement										
0210	Natural Birth – Facility Fee	Incident		2811.00		2811.00		3272.00			
0211	Natural Birth – General medical practitioner	Incident	1525.00								
0212	Natural Birth – Specialist medical practitioner	Incident	1969.00								
0213	Natural Birth – Nursing practitioner	Incident	1844.00								
0220	Caesarean Section – Facility Fee	Incident		4425.00		4425.00		5151.00			
0221	Caesarean Section – General medical practitioner	Incident	1525.00								
0222	Caesarean Section – Specialist medical practitioner	Incident	1969.00								
03	Dialysis										
0310	Haemo – Facility Fee	Day		1009.00		1009.00		1155.00			
0311	Haemo-dialysis – General medical practitioner	Day	192.00								
0312	Haemo-dialysis – Specialist medical practitioner	Day	240.00								
0313	Haemo-dialysis- Nursing Practitioner	Day	154.00								
0320	Peritoneal Dialysis – Facility Fee	Session		155.00		155.00		177.00			
0321	Peritoneal Dialysis – General medical practitioner	Session	31.00								
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	37.00								
0323	Peritoneal Dialysis – Nursing practitioner	Session	21.00								
0330	Plasmapheresis - Facility Fee	Session		1009.00		1009.00		1155.00			
0331	Plasmapheresis - General medical practitioner	Session	192.00								
0332	Plasmapheresis - Specialist medical practitioner	Session	240.00								
04	Medical Reports										
0410	Medical Report – Facility Fee	Report		97.00		97.00		119.00			
0411	Medical Report – General medical practitioner	Report	182.00								
0412	Medical Report – Specialist medical practitioner	Report	281.00								
0421	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - General medical practitioner	Copy	91.00								

Uniform patient Fee Schedule (Revised January 2011)
UPFS TARIFFS 2011 Final

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
0422	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - Specialist medical practitioner	Copy	140.00							
0425	Copies of X-rays films, ultrasounds etc.	Copy	91.00							
05	Imaging									
0510	Radiology, Cat A – Facility Fee	Procedure		51.00		51.00				57.00
0511	Radiology, Cat A – General medical practitioner	Procedure	50.00							
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	94.00							
0514	Radiology, Cat A – Allied health practitioner	Procedure	49.00							
0520	Radiology, Cat B – Facility Fee	Procedure		140.00		140.00				161.00
0521	Radiology, Cat B – General medical practitioner	Procedure	136.00							
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	264.00							
0524	Radiology, Cat B – Allied health practitioner	Procedure	131.00							
0530	Radiology, Cat C – Facility Fee	Procedure		652.00		652.00				744.00
0531	Radiology, Cat C – General medical practitioner	Procedure	418.00							
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	1286.00							
0540	Radiology, Cat D – Facility Fee	Procedure		1662.00		1662.00				1899.00
0541	Radiology, Cat D – General medical practitioner	Procedure	1538.00							
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	3210.00							
06	Inpatients									
0610	Inpatient General ward – Facility Fee	Day		516.00		658.00				1245.00
0611	Inpatient General Ward – General medical practitioner	Day	107.00							
0612	Inpatient General Ward – Specialist medical practitioner	Day	187.00							
0620	Inpatient High care – Facility Fee	12 hours		802.00		1002.00				1436.00
0621	Inpatient High Care – General medical practitioner	12 hours	56.00							
0622	Inpatient High Care – Specialist medical practitioner	12 hours	106.00							
0630	Inpatient Intensive care – Facility Fee	12 hours		2633.00		2633.00				3147.00
0631	Inpatient Intensive Care – General medical practitioner	12 hours	62.00							
0632	Inpatient Intensive Care – Specialist medical practitioner	12 hours	119.00							
0640	Inpatient Chronic care – Facility Fee	Day		303.00		303.00				303.00
0641	Inpatient Chronic care – General medical practitioner	Day	35.00							
0642	Inpatient Chronic care – Specialist medical practitioner	Day	82.00							
0643	Inpatient Chronic care – Nursing practitioner	Day	21.00							
0650	Day patient – Facility Fee	Day		430.00		543.00				795.00
0651	Day patient – General medical practitioner	Day	107.00							
0652	Day patient – Specialist medical practitioner	Day	187.00							
0653	Day patient – Nursing practitioner	Day	62.00							
0660	Inpatient Boarder/Patient companion – Facility Fee	Day		248.00		248.00				248.00
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	Day	21.00							
0670	Inpatient General ward – Facility Fee	12 hours		259.00		330.00				622.00
0671	Inpatient General Ward – General medical practitioner	12 hours	54.00							
0672	Inpatient General Ward – Specialist medical practitioner	12 hours	93.00							

Uniform patient Fee Schedule (Revised January 2011)
UPFS TARIFFS 2011 Final

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
0673	Inpatient General Ward – Nursing practitioner (MOU)	12 hours	35.00							
0680	Inpatient Chronic care – Facility Fee	12 hours		152.00		152.00		152.00		
0681	Inpatient Chronic care – General medical practitioner	12 hours	17.00							
0682	Inpatient Chronic care – Specialist medical practitioner	12 hours	39.00							
0683	Inpatient Chronic care – Nursing practitioner	12 hours	12.00							
07	Mortuary									
0710	Mortuary – Facility Fee	Day		131.00		131.00		150.00		
0720	Cremation Certificate – Facility Fee	Certificate		131.00		131.00		150.00		
08	Pharmaceutical									
0810	Medication Fee – Facility Fee	Prescription		23.00		23.00		28.00		
0815	Item Fee	Item	Varies							
0816	Pharmaceutical –TTO	Item	Varies							
0817	Pharmaceutical - Chronic	Item	Varies							
0818	Pharmaceutical - Oncology	Item	Varies							
0819	Pharmaceutical – Immune Suppressant Drugs	Item	Varies							
0820	Pharmaceutical Flat Fee – OPD	Item	Varies							
0825	Pharmaceutical Flat Fee – IP	Item	Varies							
09	Oral Health									
0910	Oral Care Cat A – Facility Fee	Procedure		20.00		20.00		22.00		
0911	Oral Care Cat A – General medical practitioner	Procedure	34.00							
0912	Oral Care Cat A – Specialist medical practitioner	Procedure	28.00							
0914	Oral Care Cat A – Allied health practitioner	Procedure	25.00							
0920	Oral Care Cat B – Facility Fee	Procedure		59.00		59.00		69.00		
0921	Oral Care Cat B – General medical practitioner	Procedure	66.00							
0922	Oral Health Cat B – Specialist medical practitioner	Procedure	105.00							
0924	Oral Care Cat B – Allied health practitioner	Procedure	54.00							
0930	Oral Care Cat C – Facility Fee	Procedure		364.00		364.00		417.00		
0931	Oral Care Cat C – General medical practitioner	Procedure	403.00							
0932	Oral Care Cat C – Specialist medical practitioner	Procedure	692.00							
0940	Oral Care Cat D – Facility Fee	Procedure		1433.00		1433.00		1639.00		
0941	Oral Care Cat D – General medical practitioner	Procedure	1236.00							
0942	Oral Care Cat D – Specialist medical practitioner	Procedure	2537.00							
0950	Oral Care Cat E – Facility Fee	Procedure		4825.00		4825.00		5514.00		
0951	Oral Care Cat E – General medical practitioner	Procedure	4158.00							
0952	Oral Care Cat E – Specialist medical practitioner	Procedure	8532.00							
10	Consultations									
1010	Outpatient Consultation – Facility Fee	Visit		64.00		64.00		77.00		
1011	Outpatient Consultation – General medical practitioner	Visit	71.00							
1012	Outpatient Consultation – Specialist medical practitioner	Visit	164.00							
1013	Outpatient Consultation – Nursing practitioner	Visit	41.00							
1014	Outpatient Consultation – Allied health practitioner	Visit	43.00							
1020	Emergency Consultation – Facility Fee	Visit		129.00		129.00		154.00		

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CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
1021	Emergency Consultation – General medical practitioner	Visit	107.00							
1022	Emergency Consultation – Specialist medical practitioner	Visit	246.00							
1023	Emergency Consultation – Nursing practitioner	Visit	62.00							
1024	Emergency Consultation – Allied health practitioner	Visit	64.00							
11	Minor Theatre Procedures									
1110	Minor Procedure Cat A – Facility Fee	Procedure				303.00		303.00		363.00
1111	Minor Procedure Cat A – General medical practitioner	Procedure	105.00							
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	201.00							
1120	Minor Procedure Cat B – Facility Fee	Procedure				303.00		303.00		363.00
1121	Minor Procedure Cat B – General medical practitioner	Procedure	155.00							
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	352.00							
1130	Minor Procedure Cat C – Facility Fee	Procedure				303.00		303.00		363.00
1131	Minor Procedure Cat C – General medical practitioner	Procedure	245.00							
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	549.00							
1140	Minor Procedure Cat D – Facility Fee	Procedure				303.00		303.00		363.00
1141	Minor Procedure Cat D – General medical practitioner	Procedure	646.00							
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	1455.00							
12	Major Theatre Procedures									
1210	Theatre Procedure Cat A – Facility Fee	Procedure				980.00		1436.00		1656.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	105.00							
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	201.00							
1220	Theatre Procedure Cat B – Facility Fee	Procedure				1483.00		2176.00		2506.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	155.00							
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	352.00							
1230	Theatre Procedure Cat C – Facility Fee	Procedure				2547.00		3738.00		4314.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	245.00							
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	549.00							
1240	Theatre Procedure Cat D – Facility Fee	Procedure				6533.00		9583.00		11044.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	646.00							
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	1455.00							
13	Treatments									
1310	Supplementary Health Treatment – Facility Fee	Contact				41.00		41.00		49.00
1313	Supplementary Health Treatment- Nurse practitioner	Contact	36.00							
1314	Supplementary Health Treatment – Allied health practitioner	Contact	36.00							
1320	Supplementary Health Group Treatment – Facility Fee	Contact				32.00		32.00		35.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	25.00							
14	Emergency Medical Services									
1410	Patient transport service – Facility Fee	100km				271.00		271.00		271.00
1420	Basic life support – Facility Fee	50km				742.00		742.00		742.00
1430	Intermediate life support – Facility Fee	50km				1003.00		1003.00		1003.00
1440	Advanced life support– Facility Fee	50km				1667.00		1667.00		1667.00

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CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
1450	Emergency service standby – Facility Fee	Once-Off		299.00		299.00		299.00		
1451	Emergency service standby – General medical practitioner	Hour	307.00							
1452	Emergency service standby – Specialist medical practitioner	Hour	626.00							
1453	Emergency service standby – Nursing practitioner	Hour	226.00							
1454	Emergency service standby – Emergency care practitioner	Hour	N/A							
1455	Emergency service standby – Basic life support practitioner	Hour	123.00							
1456	Emergency service standby – Intermediate life support practitioner	Hour	148.00							
1457	Emergency service standby – Advanced life support practitioner	Hour	336.00							
1460	Rescue – Facility Fee	Hour		794.00		794.00		794.00		
1461	Rescue – General medical practitioner	Hour	1191.00							
1462	Rescue – Specialist medical practitioner	Hour	1785.00							
1463	Rescue – Nursing practitioner	Hour	794.00							
1464	Rescue – Basic life support practitioner	Hour	N/A							
1465	Rescue – Basic life support practitioner	Hour	121.00							
1466	Rescue - Intermediate life support practitioner	Hour	145.00							
1467	Rescue – Advanced life support practitioner	Hour	330.00							
1470	Emergency transport air services fixed wing	Flying Hour		7306.00		7306.00		7306.00		
1480	Emergency transport air services helicopter (Single Engine)	Flying Hour		8024.00		8024.00		8024.00		
1490	Emergency service standby – Facility Fee	Additional 50km		173.00		173.00		173.00		
15	Assistive Devices & Prosthesis									
1510	Assistive Devices & Prosthesis - Item Fee	Item	Varies							
1520	Prosthetic Devices- Item Fee	Item	Varies							
1530	Dental Items – Item Fee	Item	Varies							
16	Cosmetic Surgery									
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		2062.00		2062.00		2355.00		
1611	Cosmetic Surgery Cat A – General medical practitioner	Procedure	1189.00							
1612	Cosmetic Surgery Cat A – Specialist medical practitioner	Procedure	1781.00							
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		4636.00		4636.00		5300.00		
1621	Cosmetic Surgery Cat B – General medical practitioner	Procedure	1408.00							
1622	Cosmetic Surgery Cat B – Specialist medical practitioner	Procedure	2113.00							
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		7488.00		7488.00		8559.00		
1631	Cosmetic Surgery Cat C – General medical practitioner	Procedure	2381.00							
1632	Cosmetic Surgery Cat C – Specialist medical practitioner	Procedure	3572.00							
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		12649.00		12649.00		14455.00		
1641	Cosmetic Surgery Cat D – General medical practitioner	Procedure	2672.00							
1642	Cosmetic Surgery Cat D – Specialist medical practitioner	Procedure	3931.00							
17	Laboratory Services									
1700	Drawing of Blood	Contact		25.00		25.00		25.00		
1710	Laboratory Test	Varies								
18	Radiation Oncology (Refer to proposed list)									
1800	Radiation Oncology (NHRPL less VAT)	Item	Varies							

Uniform patient Fee Schedule (Revised January 2011)
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CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
19	Nuclear Medicines									
1900	Itemisation of Isotopes	Item	Varies							
1910	Nuclear Medicine Cat A - Facility Fee	Procedure		463.00		463.00		463.00		
1912	Nuclear Medicine Cat A: Specialist medical practitioner	Procedure	231.00							
1920	Nuclear Medicine Cat B - Facility Fee	Procedure		463.00		463.00		463.00		
1922	Nuclear Medicine Cat-B Specialist medical practitioner	Procedure	693.00							
1930	Nuclear Medicine Cat C - Facility Fee	Procedure		463.00		463.00		463.00		
1932	Nuclear Medicine Cat C - Specialist medical practitioner	Procedure	1385.00							
1940	Nuclear Medicine Cat D - Facility Fee	Procedure		463.00		463.00		463.00		
1942	Nuclear Medicine Cat-D Specialist medical practitioner	Procedure	2078.00							
1950	Positron Emission Tomography (PET) Cat E - Facility Fee			4492.00		4492.00		4492.00		
1952	Positron Emission Tomography (PET) Cat E - Specialist medical practitioner		2246.00							
20	Ambulatory Procedures									
2010	Ambulatory Procedure Cat A - Facility Fee	Procedure		97.00		97.00		119.00		
2011	Ambulatory Procedure Cat A - General medical practitioner	Procedure	35.00							
2012	Ambulatory Procedure Cat A - Specialist medical practitioner	Procedure	70.00							
2013	Ambulatory Procedure Cat A - Nursing practitioner	Procedure	21.00							
2014	Ambulatory Procedure Cat A - Allied Health Worker	Procedure	21.00							
2020	Ambulatory Procedure Cat B - Facility Fee	Procedure		97.00		97.00		119.00		
2021	Ambulatory Procedure Cat B - General medical practitioner	Procedure	50.00							
2022	Ambulatory Procedure Cat B - Specialist medical practitioner	Procedure	77.00							
2023	Ambulatory Procedure Cat B- Nursing Practitioner	Procedure	28.00							
2024	Ambulatory Procedure Cat B- Allied Health Worker	Procedure	28.00							
21	Blood and Blood Products									
2100	Blood and Blood Products	Varies								
22	Hyperbaric Oxygen Therapy									
2200	Hyperbaric Oxygen Therapy- Facility Fee (Flat Fee)	Session		337.00		337.00		337.00		
2210	Hyperbaric Oxygen Therapy- Facility Fee	Session		1017.00		1017.00		1017.00		
2211	Hyperbaric Oxygen therapy - General medical practitioner	Session	429.00							
2212	Hyperbaric Oxygen therapy - Specialist medical practitioner	Session	429.00							
2220	Emergency Hyperbaric Oxygen Therapy - Facility Fee	Session		1025.00		1025.00		1025.00		
2221	Emergency Hyperbaric Oxygen Therapy - General medical practitioner	Session	626.00							
2222	Emergency Hyperbaric Oxygen Therapy - Specialist medical practitioner	Session	626.00							
23	Consumables (Not included in Facility Fee) Buy-outs									
2300	Consumables not included in the facility fee	Item	Varies							
24	Autopsies									
2410	Autopsy- Facility Fee	Per case		64.00		64.00		77.00		
2411	Autopsy- General Practitioner	Per case	71.00							
2412	Autopsy- Specialist Practitioner	Per case	164.00							

PROVINCIAL GAZETTE
(Published every Friday)

All correspondence, advertisements, etc. must be addressed to the Officer in charge of the Provincial Gazette, P.O. Box 517, Bloemfontein, Tel.: (051) 403 3139. Free Voucher copies of the Provincial Gazette or cuttings of advertisements are NOT supplied.

Subscription Rates (payable in advance)

The subscription fee for the Provincial Gazette (including all Extraordinary Provincial Gazettes) are as follows:

SUBSCRIPTION: (POST)

PRICE PER COPY	R 16.80
HALF-YEARLY	R420.10
YEARLY	R840.30

SUBSCRIPTION: (OVER THE COUNTER / E-MAIL)

PRICE PER COPY	R 10.70
HALF-YEARLY	R 266.20
YEARLY	R 532.45

Stamps are not accepted

Closing time for acceptance of copy

All advertisements must reach the Officer in Charge of the Provincial Gazette **not later than 16:00, three working days** prior to the publication of the Gazette. Advertisements received after that time will be held over for publication in the issue of the following week, or if desired by the advertiser, will be inserted in the current issue as a "Late Advertisement". In such case the advertisement must be delivered to the Officer in Charge **not later than 08:00 on the Tuesday** preceding the publication of the Gazette and double rate will be charged for that advertisement.

A "Late Advertisement" will not be inserted as such without definite instructions from the advertiser.

Advertisement Rates

Notices required by Law to be inserted in the Provincial Gazette: R15.30 per centimeter or portion thereof, single column.

Advertisement fees are payable in advance to the Officer in charge of the Provincial Gazette, P.O. Box 517, Bloemfontein, 9300, Tel.: (051) 403 3139.

NUMBERING OF PROVINCIAL GAZETTE

You are hereby informed that the numbering of the Provincial Gazette /Tender Bulletin and notice numbers will from 2010 coincide with the relevant financial year. In other words, the chronological numbering starting from one will commence on or after 1 April of every year.

Printed and published by the Free State Provincial Government

PROVINSIALE KOERANT
(Verskyn elke Vrydag)

Alle korrespondensie, advertensies, ens. moet aan die Beampte Belas met die Provinsiale Koerant, Posbus 517, Bloemfontein, Tel.: No. (051) 403 3139 geadresseer word. Gratis eksemplare van die Provinsiale Koerant of uitknipsels van advertensies word NIE verskaf nie.

Intekengeld (vooruitbetaalbaar)

Die intekengeld vir die Provinsiale Koerant (insluitend alle Buitengewone Provinsiale Koerante) is soos volg:

INTEKENGELD: (POS)

PRYS PER EKSEMPLAAR	R 16.80
HALFJAARLIKS	R420.10
JAARLIKS	R840.30

INTEKENGELD: (OOR DIE TOONBANK / E-POS)

PRYS PER EKSEMPLAAR	R 10.70
HALFJAARLIKS	R 266.20
JAARLIKS	R 532.45

Seëls word nie aanvaar nie.

Sluitingstyd vir die Aannee van Kopie

Alle advertensies moet die Beampte Belas met die Provinsiale Koerant bereik **nie later nie as 16:00 drie werksdae** voordat die Koerant uitgegee word. Advertensies wat na daardie tyd ontvang word, word oorgehou vir publikasie in die uitgawe van die volgende week, of as die adverteerder dit verlang, sal dit in die Koerant wat op die pers is as 'n "Laat Advertensie" geplaas word. In sulke gevalle moet die advertensie aan die Beampte oorhandig word **nie later nie as 08:00 op die Dinsdag** voordat die Koerant gepubliseer word en dubbeltarief sal vir dié advertensie gevra word.

'n "Laat Advertensie" sal nie sonder definitiewe instruksies van die Adverteerder as sodanige geplaas word nie.

Advertensietariewe

Kennisgewings wat volgens Wet in die Provinsiale Koerant geplaas moet word: R15.30 per sentimeter of deel daarvan, enkel-kolom.

Advertensiegelde is vooruitbetaalbaar aan die Beampte belas met die Provinsiale Koerant, Posbus 517, Bloemfontein 9300, Tel.: (051) 403 3139.

NOMMERING VAN PROVINSIALE KOERANT

U word hiermee in kennis gestel dat die nommering van die Provinsiale Koerant / Tender Bulletin en kennisgewingnummers vanaf 2010 met die betrokke boekjaar sal ooreenstem. Met ander woorde, die kronologiese nommering beginnende met een, sal op of na 1 April van elke jaar begin.

Gedruk en uitgegee deur die Vrystaatse Provinsiale Regering