

## LIST OF PREFERRED SUPPLIERS

NAME	ADDRESS	TELEPHONE	QUALIFICATIONS/EXPERIENCE
<b>Road Worthiness Assessment</b>			
<b>Weekly Service Type 'A'</b>			
<b>Monthly Service Type 'B'</b>			
<b>Annual Service Type 'C'</b>			
<b>Set Priority on Repairs</b>			
<b>On Road Assistance/Repairs</b>			
<b>Medical &amp; Counselling Services</b>			

Signed \_\_\_\_\_ Dated \_\_\_\_\_

