



**Opening Date:** 06/07/2018   
**Closing Date:** 23/07/2018   
**Closing Time:** 11:00

### INSTITUTION DETAILS



**Institution Name:** Mosvold hospital   
**Province:** KwaZulu-Natal  
**Department or Entity:** Department of Health  
**Division or section:** Central Supply Chain Management  
**Place where goods / services is required** SCM  
**Date Submitted** 06/07/2018 

### ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
077/2018/2019  
**Item Category:** Goods   
**Item Description:** SUPPLY ELECTRICAL / MECHANICAL TOOLS

**Quantity (if supplies)**

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not Applicable   
**Date :**   
**Time:**  
**Venue:**

**QUOTES CAN BE COLLECTED FROM:** MOSVOLD HOSPITAL SUPPLY CHAIN DEPARTMENT  
**QUOTES SHOULD BE DELIVERED TO:** MOSVOLD HOSPITAL TENDER BOX @ MAIN GATE SECURITY HOUSE

### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

**Name:** MISS NONHLAHLA ZIKHALI  
**Email:** nonhlanhla.zikhali@kznhealth.gov.za  
**Contact Number:** 035 591 0122 ext 153/ 4  
**Finance Manager Name:** MRS NP MYENI  
**Finance Manager Signature:** 

**No late quotes will be considered**