

## Ouotation Advert

PROVINCE OF KWAZULUNATAL	Quotation Mayert	
Opening Date:	11/06/2018	marke,
Closing Date:	18/06/2018	rbowen.
Closing Time:	11.00	
INSTITUTION DETAILS		
Institution Name:	Itshelejuba hospital	ul
Province:	KwaZulu-Natal	<u>&gt;</u> l
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	ITSHELEJUBA HOSPITAL ALONG N2 ROAD BETWEEN P	ONGOL
Date Submitted	11/06/2018	i
ITEM CATEGORY AND DETAILS		e shart
Quotation Number:	ZNQ: ZNQ 089/18/19	
Item Category:	Services	~
Item Description:	CLEANING OF HOSPITAL BUILDINGS - 01 MONTH CONTRACT	^
	1.COMPULSORY ADMINISTRATIVE COMPLIANCE REQUIREMENTS: SERVICE PROVIDERS THAT ARE IN THE CLEANING INDUSTRY AS PERCENTRAL SUPPLIERS DATABASE COMMODITY 2. CERTIFIED REGISTRATION CERTIFICATE WITH THE BARGAINING COUNCIL 3.CERTIFIED VALID PULBIC LIABILITY INSURANCE POLICY CERTIFICAL 4.CERTIFIED COPY OF UNEMPLOYMENT INSURANCE FUND REGISTRATION FUND REGISTRATION CERTIFICATE 5.MUST HAVE A LETTER OF GOOD STANDING FROM THE DEPARTM OF LABOUR	R THE
Quantity (if supplies)	AS PER THE SPECIFICATION	
COMPULSORY BRIEFING SESSION	SITE VISIT	
Select Type:	Both	<b>√</b> i
Date:	14/06/2018	1004
Time:	09:00	•
Venue:	ALONG N2 ROAD BETWEEN PONGOLA AND PIET RETIEF TOWN	
QUOTES CAN BE COLLECTED FROM:	ALONG N2 ROAD BETWEEN PONGOLA AND PIET RETIEF TOWN	
QUOTES SHOULD BE DELIVERED TO:	ALONG N2 ROAD BETWEEN PONGOLA AND PIET RETIEF TOWN	
ENQUIRIES REGARDING THE ADVER	RT MAY BE DIRECTED TO:	
Name:	SAMU MAPHISA	
Email:	samukeliswe.maphisa@kznhealth.gov.za	
Contact Number:	034 418 4046 /034 413 4210/6	40 C. I
Finance Manager Name:	034 413 4015 034 413 4015 6	1-0 101
Finance Manager Signature:		-
No late quotes will be considered		