**Opening Date:****Closing Date:**

Closing Time:

INSTITUTION DETAILS

Province:

Department or Entity:

Division or section:

Place where goods / services is required

Date Submitted

ITEM CATEGORY AND DETAILS

189/18

Item Category:

Item Description:

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Email:

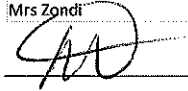
Contact Number:

031 714 3762

Finance Manager Name:

Mrs Zondi

Finance Manager Signature:

A handwritten signature in black ink, appearing to be 'MZ', is written over a horizontal line. The signature is enclosed within a dashed rectangular box.

No late quotes will be considered