

## Quotation Advert

**Opening Date:** 29/06/2018

**Closing Date:** 06/07/2018

**Closing Time:** 11:00

### INSTITUTION DETAILS

**Institution Name:** St Chads CHC

**Province:** KwaZulu-Natal

**Department or Entity:** Department of Health

**Division or section:** Central Supply Chain Management

**Place where goods / services is required** ST. CHADS CHC CNR OF HELPMEKAAR AND EZAKHENI MAIN...

**Date Submitted** 28/06/2018

### ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
ZNQ 30/18-19 MNT

**Item Category:** Services

**Item Description:** 1. SUPPLY OF REFRIGERATOR AT THE MOTUARY ROOM  
QTY= 01

2. SERVICE OF REFRIGERATOR AT X- RAY OUT DOOR  
QTY= 01

N.B ONLY SPECIALISED COMPANIES FOR THIS PARTICULAR SERVICE ARE  
REQUIRED TO QUOTE

**Quantity (if supplies)** 2QTY= 02

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not Applicable

**Date :** N/A

**Time:** N/A

**Venue:** N/A

**QUOTES CAN BE COLLECTED FROM:** ST. CHADS CHC CNR OF HELPMEKAAR AND EZAKHENI MAIN ROAD,  
LADYSMITH 3380

**QUOTES SHOULD BE DELIVERED TO:** TO BE DEPOSITED AT THE TENDER BOX NEXT TO THE SECURITY MAIN  
GATE,ST. CHADS CHC CNR OF HELPMEKAAR AND EZAKHENI MAIN

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

**Name:**

MRS S.Z.L. MKHIZE OR MRS A. SOMARU

**Email:**

zoe.mkhize@kznhealth.gov.za OR annaline.somaru@kznhealth.gov.za

**Contact Number:**

036 637 9600 EXT.140,128,139

**Finance Manager Name:**

MISS L.P. ZONDI

**Finance Manager Signature:**

A handwritten signature in black ink, appearing to be 'L.P. Zondi', is written over a horizontal line.

**No late quotes will be considered**