



Quotation Advert

Opening Date: 03/12/2018

Closing Date: 13/12/2018

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Umkhanyakude district office

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: UMKHANYAKUDE SUB-HEALTH DISTRICT OFFICE

Date Submitted: 30/11/2018

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
066/18/19-UMKH

Item Category: Services

Item Description: 1. SUPPLY AND INSTALL NOTICE BOARD X 1
2. SUPPLY AND INSTALL ALLUMINIUM TENDER BOX X 1

REQUIREMENTS: CIDB REGISTRATION MINIMUM 1ME, LETTER OF GOOD STANDING FROM DEPARTMENT OF LABOUR, COMPLIANCE CERTIFICATE (COC), TRADE TESTED WELDER / BOILER MAKER (SUBMIT PROOF), COMPANIES MUST BE REGISTERED ON CSD

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Both

Date : 06/12/2018

Time: 11H00 TO 12H00

Venue: UMKHANYAKUDE SUB-HEALTH DISTRICT OFFICE , NEXT TO BOXER

QUOTES CAN BE COLLECTED FROM: DOCUMENTS WILL BE ONLY COLLECTED ON SITEN

QUOTES SHOULD BE DELIVERED TO: UMKHANYAKUDE HEALTH DISTRICT OFFICE, NEXT TO BOXER

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: NONTOBEGO MSANE

Email: nontobeko.msane@kznhealth.gov.za

Contact Number:

035 572 1042





Finance Manager Name:

MRS B MTHEMBU

Finance Manager Signature:



No late quotes will be considered

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Note: