



## Quotation Advert

**Opening Date:** 18/10/2018

**Closing Date:** 02/11/2018

**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 AND VARIOUS CLINICS

**Date Submitted** 17/10/2018

### ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
79, 80/18-19 MNT

**Item Category:** Services

**Item Description:** SERVICE PROVIDER TO PROVIDE SERVICE FOR PEST CONTROL FOR ST CHADS CHC AND 9 VARIOUS CLINIC FOR A PERIOD OF 36 MONTHS (3 YEARS)

NB: ONLY PEST CONTROL REGISTERED COMPANIES WITH CERTIFICATES WILL BE CONSIDERED

**Quantity (if supplies)**

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Compulsory Site Visit

**Date :** 26/10/2018


**Time:** 09H00

**Venue:** ST CHADS CHC AND 9 VARIOUS CLINICS- STARTING AT ST CHADS CHC

**QUOTES CAN BE COLLECTED FROM:** SITE BRIEFING

**QUOTES SHOULD BE DELIVERED TO:** SHOULD BE DEPOSITED TO THE TENDER BOX AT ST CHADS CHC NEXT TO THE SECURITY GATE

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

**Name:** MRS SZL MKHIZE OR MRS A SOMARU  
**Email:** zoe.mkhize@kznhealth.gov.za OR annaline.somaru@kznhealth.gov.za  
**Contact Number:** 036 637 9600 ext 128,139,140  
**Finance Manager Name:** MISS L.P. ZONDI  
**Finance Manager Signature:** 

**No late quotes will be considered**