

Quantity (if supplies)

OSUNITS

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Not Applicable

.....

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

THANDUYISE ROAD SCM DEPT NGWELEZANE HOSPITAL

QUOTES SHOULD BE DELIVERED TO:

THANDUYISE ROAD SCM DEPT TENDER BOX NEXT TO OPD

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

N.S MNGOMEZULU/R.T MKHUMBUZI

Email:

nomathandazo.mngomezulu@kznhealth.gov.za

Contact Number:



ote: