






Quotation Advert

Opening Date: 2019-08-22 
Closing Date: 2019-09-05 
Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Town Hill hospital 
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required: TOWNHILL HOSPITAL
Date Submitted: 2019-08-21 



ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
10B/19
Item Category: Goods 
Item Description: SUPPLY AND DELIVER L.E.D. LIGHT FITTINGS AS PER LIST ATTACHED ON THE QUOTATION DOCUMENT (QUOTATION DOCUMENTS WILL BE ISSUED ON SITE BRIEFING DATE - 28 AUGUST 2019)

A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMES or QSEs) MUST BE SIGNED AND STAMPED BY COMMISSIONER OF OATH AND SUBMITTED WITH QUOTATION DOCUMENT; FAILURE TO COMPLY WILL DISQUALIFY THE BIDDER FOR PREFERENCE POINTS FOR B-BBEE.

Quantity (if supplies): AS PER LIST ON THE QUOTATION DOCUMENT

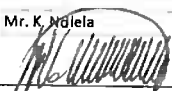
COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Briefing Session 
Date : 2019-08-28 
Time: 10H00
Venue: SCM DEPARTMENT (STORES) - TOWNHILL HOSPITAL

QUOTES CAN BE COLLECTED FROM: SCM DEPARTMENT (STORES) ON SITE BRIEFING DATE

QUOTES SHOULD BE DELIVERED TO: QUOTATION BOX NEXT SECURITY OFFICE AT THE ENTRANCE GATE-THH

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: MDAKANE MJ / PERUMAL JUNICA
Email: junica.perumal@kznhealth.gov.za
Contact Number: 033 341 5620/22
Finance Manager Name: Mr. K. Ndlela
Finance Manager Signature: 

No late quotes will be considered