

Quantity (if supplies) 5500 each COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Not Applicable Date: Time: Venue: HLENGISIZWE CHC (SCM) QUOTES CAN BE COLLECTED FROM: HLENGISIZWE CHC (TENDER BOX) QUOTES SHOULD BE DELIVERED TO: **ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:** Name: MG MAKHAYE Email: Hiengisizwe.SCM@kznhealth.gov.za

Contact Number: