



Opening Date: 06/02/2019 

Closing Date: 13/02/2019 

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Zululand district office 

Province: KwaZulu-Natal

Department or Entity: Department of Health


Division or section: Central Supply Chain Management

Place where goods / services is required Zululand Health District Office

Date Submitted 05/02/2019 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
96/18/19

Item Category: Goods 

Item Description: ALS JUMP BAG FOR EMS ZULULAND

Quantity (if supplies) 20 UNITS

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable 

Date : 

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: ZULULAND HEALTH DISTRICT OFFICE

QUOTES SHOULD BE DELIVERED TO: ZULULAND HEALTH DISTRICT OFFICE

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: S.T.MHLUNGU

Email: thabisile.madela@kznhealth.gov.za

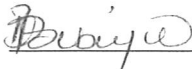
Contact Number:

0358740681


Finance Manager Name:

SIRIYA B L

Finance Manager Signature:



No late quotes will be considered

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Note: