

Quotation Advert

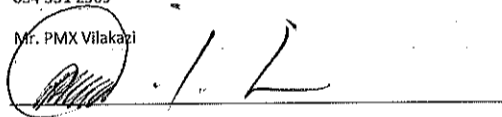
| | | |
|---|---|---|
| Opening Date: | 18/01/2019 |  |
| Closing Date: | 25/01/2019 |  |
| Closing Time: | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name: | Niemeyer Memorial hospital |  |
| Province: | KwaZulu-Natal | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | Niemeyer Memorial Hospital (Groenvlei clinic) | |
| Date Submitted | 17/01/2019 |  |
| ITEM CATEGORY AND DETAILS | | |
| Quotation Number: | ZNQ: 09/19 NIEM | |
| Item Category: | Select... |  |
| Item Description: | Facility service board as per specifications. | |
| | | |
| Quantity (if supplies) | 01 unit | |
| COMPULSORY BRIEFING SESSION / SITE VISIT | | |
| Select Type: | Select... |  |
| Date : | 21/01/2019 |  |
| Time: | 10H00 | |
| Venue: | Groenvlei clinic | |
| | | |
| QUOTES CAN BE COLLECTED FROM: | Groenvlei clinic | |
| | | |
| QUOTES SHOULD BE DELIVERED TO: | Niemeyer Memorial Hopsital (Utrecht0 | |
| | | |
| ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: | | |
| Name: | Mr. SM Zulu | |
| Email: | Siphelele.Tshabalala@kznhealth.gov.za | |
| Contact Number: | | |

Finance Manager Name:





034 331 2369

Mr. PMX Vilakazi

Finance Manager Signature:

A handwritten signature in black ink, appearing to be 'PMX Vilakazi', is written over a horizontal line. The signature is stylized and somewhat cursive.

No late quotes will be considered

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