Control Control And Administration of the Control o		
health Department Health PROVINCE OF KWAZULU-NATM	Quotation Advert	
Opening Date:	29/01/2019	
Closing Date:	04/02/2019	-
Closing Time:	11:00	
NETTRYION DETAILS		
Institution Name:	Select	#···
Province:	KwaZulu-Natal	Mille
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is require	d	
Date Submitted		
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 170/2018	
Item Category:	Goods	~
Item Description:	SUPPLY 100 UNITS OF CATHETER INTEGRAL FILL FORM	URETHRAL DILATOR
Quantity (if supplies)	100 units	
COMPULSORY BRIEFING SESSIO	NOSITE VIDIT	
Select Type:	Select	<u>~</u>
Date:		
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:	St Aidans Hospital	
QUOTES SHOULD BE DELIVERED TO:	St Aidans Hospital tender box	
ENQUIRIES REGARDING THE ADV	ERT WAY BE DIRECTED TO:	
Name:	Mrs NP ZUMA	
Email:	ntombikayise.zuma@kznhealth.gov.za	
Contact Number:	031 3142 376/333	
Finance Manager Name:	Miss B Ad All I la .	

Finance Manager Signature:

No late quotes will be considered

Adam 28/07/200