

Name:

Email:

## **Quotation Advert**

Opening Date:	01/02/2019	
Closing Date:	08/02/2019	12
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	Jozini CHC	V
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	Jozini CHC, D850 Road next to Msiyane High School, Jozin	1 3969
Date Submitted	25/01/2019	
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: ZNQ 304/18/19	i
Item Category:	Services	V
Item Description:	SUPPLY AND INSTALL SUGGESTION BOX	
	REQUIREMENTS	
	1.COMPANIES MUST BE REGISTERD WITH CSD 2.COMPANIES MUST HAVE CIBD MINIMUM 1 GB 3.COMPANIES MUST HAVE A VALID LETTER OF GOOD STANDING DEPARTMENT OF LABOUR	FROM
Quantity (if supplies)	· · · · · · · · · · · · · · · · · · ·	
COMPULSORY BRIEFING SESSION	I SITE VISIT	
Select Type:	Compulsory Briefing Session	<b>\</b>
Date:	01/02/2019	
Time:	12:30	
Venue:	Jozini CHC, 0850 Road next to Msiyane High School, Jozini 3969	
QUOTES CAN BE COLLECTED FROM:	Jozini CHC, D850 Road next to Msiyane High School, Jozini 3969	
QUOTES SHOULD BE DELIVERED TO:	Jozini CHC, D850 Road next to Msiyane High School, Jozini 3969	
ENQUIRIES REGARDING THE ADVE	ERT MAY BE DIRECTED TO:	

MYENI P

Jozini.chc@gmail.com

Contact Number:

Finance Manager Name:

Finance Manager Signature:

NP QUBE

076 5682217

No late guotes will be considered

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