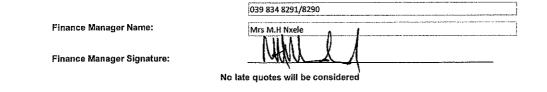


Contact Number:

## **Quotation Advert**

| Opening Date:                            | 31/01/2019   |          |
|--|--|----------|
| Closing Date:                            | 08/02/2019   | 111      |
| Closing Time:                            | 11:00  |          |
| INSTITUTION DETAILS                      |  |          |
| Institution Name:                        | Harry Gwala EMS  | V        |
| Province:                                | KwaZulu-Natal  |          |
| Department or Entity:                    | Department of Health   |          |
| Division or section:                     | Central Supply Chain Management  |          |
| Place where goods / services is required | Harry Gwala Health EMS   |          |
| Date Submitted                           | 31/01/2019   | 12       |
| ITEM CATEGORY AND DETAILS                |  |          |
| Quotation Number:                        | ZNQ:   |          |
|  | 55   |          |
| Item Category:                           | Goods  | <u> </u> |
| Item Description:                        | Remove bulkhead and replace with new bulkhead with florescent to<br>Supply and install sliding gate.<br>Replace geyser element with new.   | ube.     |
|  | Replace the existing toilet cistern. Replace the existing switch and repair pugs point.  |          |
| •  |  |          |
|  |  |          |
|  |  |          |
|  |  |          |
| Quantity (if supplies)                   |  |          |
| COMPULSORY BRIEFING SESSION              | SITE VISIT   |          |
| Select Type:                             | Compulsory Briefing Session  | $\vee$   |
| Date :                                   | 06/02/2019   | de       |
| Time:                                    | 10:00  |          |
| Venue:                                   | xopo EMS base (near Christ the King Hospital)  |          |
|  | The state of the s |          |
| QUOTES CAN BE COLLECTED FROM:            | 31/01/2019   |          |
| QUOTES SHOULD BE DELIVERED TO:           | 111 Main Street ixopo, Harry Gwala Health District Office)   |          |
| ENQUIRIES REGARDING THE ADVE             | RT MAY BE DIRECTED TO:   |          |
| Name:                                    | Miss N.M Myoli   |          |
| Email:                                   | nolusizo.myoli@kznhealth.gov.za  |          |



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