

## **Quotation Advert**

| THE OF REALDED-WATAL                        |  |
|---|--|
| Opening Date:                               | 18/01/2019   |
| Closing Date:                               |  |
| Closing Time:                               | 25/01/2019   |
| INSTITUTION DETAILS                         | 11:00  |
| Institution Name:                           |  |
| Province:                                   | eThekwini Metro district office  |
| Department or Entity:                       | KwaZulu-Natal  |
| Division or section:                        | Department of Health   |
|   | Central Supply Chain Management  |
| Place where goods / services is require     | Shongweni Dam Clinic   |
| Date Submitted                              | 16/01/2019   |
| ITEM CATEGORY AND DETAILS                   |  |
| Quotation Number:                           | ZNQ:   |
| Itam Catanan                                | 592/11/18-19   |
| Item Category:                              | Services   |
| Item Description:                           | Building and Plumbing  |
|   | NB: Requirements:1. CIDB-GB and SO   |
| Quantity (if supplies)                      |  |
| COMPULSORY BRIEFING SESSION<br>Select Type: |  |
| Date :                                      | Compulsory Briefing Session  |
|   | 23/01/2019   |
| Time:                                       | 12:15  |
| /enue:                                      |  |
| QUOTES CAN BE COLLECTED FROM:               | Shongweni Dam Clinic   |
|   | At the site meeting  |
| QUOTES SHOULD BE DELIVERED TO:              | Tender box, eThekwini D/O, Highway House, 83 King Cetshwayo Highway,<br>Mayville |
| NQUIRIES REGARDING THE ADVE                 | RT MAY BE DIRECTED TO  |
| ame:  | Nomsa  |
| nail:                                       |  |
| ontact Number:                              | nomsa.mkhathini@kznhealth.gov.za   |
| Finance Manager Name:                       | 031-2405394  |
|   | Z. Makhathini  |
| nance Manager Signature:                    |  |