|       | health<br>Department:<br>Health |
|-------|---------------------------------|
| <br>1 | PROVINCE OF KWAZULU-HATAL       |

## **Quotation Advert**

| Opening Date:  | 2019-06-06  | {e*               |
|--|---|-------------------|
| Closing Date:  | 2019-06-19  |                   |
| Closing Time:  | 11:00   |                   |
| INSTITUTION DETAILS  |   |                   |
| Institution Name:  | Clairwood hospital  |                   |
| Province:  | KwaZulu-Natal   | Z                 |
| Department or Entity:  | Department of Health  |                   |
| Division or section:   |   |                   |
| Place where goods / services is require  | Central Supply Chain Management   |                   |
| Date Submitted   | d Clairwood Hospital  |                   |
| ITEM CATEGORY AND THE  | 2019-06-06  |                   |
| ITEM CATEGORY AND DETAILS  Quotation Number:   |   | 5                 |
|  | ZNQ:<br>077/2019  | dian's land       |
| Item Category:   | Services  |                   |
| Item Description:  | ANNUAL SERVICES OF TILT PANS  | $\mathbf{\Sigma}$ |
|  |   |                   |
| Quantity (if supplies)   |   |                   |
|  | / SITE VICIT  |                   |
| Quantity (if supplies)  COMPULSORY BRIEFING SESSION Select Type:   | 3 - 100 |                   |
| COMPULSORY BRIEFING SESSION  | I / SITE VISIT Select   |                   |
| COMPULSORY BRIEFING SESSION Select Type:   | 3 - 100 | <b>⊻</b>          |
| COMPULSORY BRIEFING SESSION<br>Select Type:<br>Date :  | 3 - 100 |                   |
| COMPULSORY BRIEFING SESSION<br>Select Type:<br>Date :<br>Time:   | 3 - 100 |                   |
| COMPULSORY BRIEFING SESSION<br>Select Type:<br>Date :<br>Time:<br>Venue:   | Select  |                   |
| COMPULSORY BRIEFING SESSION Select Type: Date : Time: Venue: QUOTES CAN BE COLLECTED FROM:   | Select  CLAIRWOOD HOSPITAL 1 HIGGINSONS LICE  |                   |
| COMPULSORY BRIEFING SESSION<br>Select Type:<br>Date :<br>Time:<br>Venue:   | CLARWOOD HOSPITAL, 1 HIGGINSONS HIGHWAY, MOBEN! OR REQUEST BY E-MAIL:fungile.zimu@kznhealth.gov.za  |                   |
| COMPULSORY BRIEFING SESSION Select Type: Date : Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO:  | CLAIRWOOD HOSPITAL, 1 HIGGINSONS HIGHWAY, MOBENI OR REQUEST BY E-MAIL:lungile.zimu@kznhealth.gov.za   |                   |
| COMPULSORY BRIEFING SESSION Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVE                              | CLAIRWOOD HOSPITAL, 1 HIGGINSONS HIGHWAY, MOBENI OR REQUEST BY E-MAIL:lungile.zimu@kznhealth.gov.za   |                   |
| COMPULSORY BRIEFING SESSION Select Type: Date : Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVEI                            | CLAIRWOOD HOSPITAL, 1 HIGGINSONS HIGHWAY, MOBENI OR REQUEST BY E-MAIL:lungile.zimu@kznhealth.gov.za   |                   |
| COMPULSORY BRIEFING SESSION Select Type: Date : Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVEIlame: mail:                 | CLAIRWOOD HOSPITAL, 1 HIGGINSONS HIGHWAY, MOBEN! OR REQUEST BY E-MAIL: fungile.zimu@kznhealth.gov.za  CLAIRWOOD HOSPITAL (TENDER BOX)  RT MAY BE DIRECTED TO:  Mr W. Mjwara   |                   |
| COMPULSORY BRIEFING SESSION Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVEI lame: mail: contact Number: | CLAIRWOOD HOSPITAL, 1 HIGGINSONS HIGHWAY, MOBENI OR REQUEST BY E-MAIL:fungile.zimu@kznhealth.gov.za  CLAIRWOOD HOSPITAL (TENDER BOX)  RT MAY BE DIRECTED TO:  |                   |
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