

Contact Number:

Quotation Advert

| LEGING OF HINCOGO-MAN | | |
|--|--|-------------------------|
| Opening Date: | 2019-06-05 | .0 |
| Closing Date: | 2019-06-12 | I P |
| Closing Time: | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name: | Ngwelezane hospital | V |
| Province: | KwaZulu-Natal | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | NGWELEZANE HOSPITAL | |
| Date Submitted | 2019-06-04 | |
| ITEM CATEGORY AND DETAILS | | |
| Quotation Number: | ZNQ: A65/19-20 | |
| Item Category: | Goods | $\overline{\mathbf{A}}$ |
| Item Description: | 12 MONTHS CONTRACT FOR 9 MM DISPOSABLE AUTOMATIC CLIP APPLIERS WITH SUPER INTERLOCK TITANIUM CLIPS WITH 20 CLIPS PE HANDLE | R |
| Quantity (if supplies) | 192 UNITS |] |
| COMPULSORY BRIEFING SESSION / | SITE VISIT | |
| Select Type: | Not Applicable | \Box |
| Date: | | 119 |
| Time: | | |
| Venue: | | |
| QUOTES CAN BE COLLECTED FROM: | NGWELEZANE HOSPITAL STORES | |
| QUOTES SHOULD BE DELIVERED TO: | NGWELEZANE HOSPITAL TENDER BOX NEXT TO OPD | |
| ENQUIRIES REGARDING THE ADVER | | |
| Name: | N.S MNGOMEZULU/ N.Z DLADLA | J |
| Fmail: | namethandare magamazulu@kanhealth gov za | i i |

Page 2 of

035 901 7228/7180

Finance Manager Name:

Finance Manager Signature:

MR L SHANDU

No late quotes will be considered

1 Submit | There | Source | Total Class and Death Designation