








Quotation Advert

Opening Date: 04/03/2019 
 Closing Date: 15/03/2019 
 Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Jozini CHC 
 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 MSİYANE HIGH SCHOOL,,JOZ
 Date Submitted: 01/03/2019 




ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
320/18/19
 Item Category: Services 

Item Description: SERVICE OF SHE BINS
REQUIREMENTS
 1.REGISTRATION WITH BARGAINING COUNCIL
 2.CERTIFICATE OF REGISTRATION / AGREEMENT WITH DISPOSAL SITE.
 3.LETTER OF GOOD STANDING FROM DEPT OF LABOUR
 4.LETTER OF GOOD STANDING WITH COMPENSATION (COIDA).
 5.COMPANIES MUST BE REGISTERED ON CSD

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Site Visit 
 Date : 08/03/2019 
 Time: 
 Venue: JOZINI CHC, D850 ROAD NEXT TO MSİYANE HIGH SCHOOL,,JOZINI,3969

QUOTES CAN BE COLLECTED FROM: JOZINI CHC,D850 ROAD NEXT TO MSİYANE HIGH SCHOOL,,JOZINI,3969

QUOTES SHOULD BE DELIVERED TO: JOZINI CHC,D850 ROAD NEXT TO MSİYANE HIGH SCHOOL,,JOZINI,3969

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

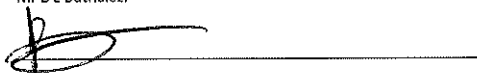
Name: MR P MYENI
 Email: jozini.chc@gmail.com
 Contact Number:

0793899654/ 0658770490

Finance Manager Name:

Mr B L Buthelezi

Finance Manager Signature:

A handwritten signature in black ink, appearing to be 'B L Buthelezi', written over a horizontal line.

No late quotes will be considered