






## Quotation Advert

**Opening Date:** 2019-11-28   
**Closing Date:** 2019-12-12   
**Closing Time:** 11:00

### INSTITUTION DETAILS



**Institution Name:** Umkhanyakude district office   
**Province:** KwaZulu-Natal  
**Department or Entity:** Department of Health  
**Division or section:** Central Supply Chain Management  
**Place where goods / services is required** UMKHANYAKUDE HEALTH SUB- OFFICE,NEXT TO BOXER  
**Date Submitted** 2019-11-27 

### ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
071/19/20-UMKH  
**Item Category:** Services   
**Item Description:** REMOVE TILES AND FIT CERAMIC TILES IN ALL OFFICES (MAIN DISTRICT OFFICE)  
  
REQUIREMENTS:COMPANIES MUST REGISTER WITH CSD WITH THE MINIMUM 1GB GRADING, LETTER OF GOOD STANDING FROM DEPARTMENT OF LABOUR AND SUPPLY TRADE TEST CERTIFICATE ON CAPENTRY AND PLUMBING  
  
QUOTATION DOCUMENT WILL AVAILABLE ON SITE ONLY.

**Quantity (if supplies)** ATTACHED

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Compulsory Briefing Session   
**Date :** 2019-12-04   
**Time:** 10H00  
**Venue:** UMKHANYAKUDE HEALTH DISTRICT OFFICE, NEXT TO POST OFFICE

**QUOTES CAN BE COLLECTED FROM:** ON SITE ONLY

**QUOTES SHOULD BE DELIVERED TO:** UMKHANYAKUDE HEALTH OFFICES, EMAIL AND FAX

### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

**Name:** Nontobeko Msane  
**Email:** nontobeko.msane@kznhealth.gov.za  
**Contact Number:** 035 572 1042  
**Finance Manager Name:** T.P Mdletshe

**Finance Manager Signature:** 