






Opening Date: 2019-11-27 
Closing Date: 2019-12-06 
Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Umphumulo hospital 
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required: UMPHUMULO HOSPITAL
Date Submitted: 2019-11-27 



ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
B109/18/19
Item Category: Goods 
Item Description: OPTHALMIC SET

Quantity (if supplies) 7

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable 
Date: 
Time:
Venue:

QUOTES CAN BE COLLECTED FROM: UMPHUMULO HOSPITAL R74 GREYTOWN ROAD MAPHUMULO 4470 (STORES) 


QUOTES SHOULD BE DELIVERED TO: R74 GREYTOWN ROAD MAPHUMULO 4470 (SECURITY MAIN GATE)

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

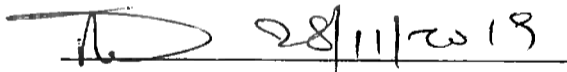
Name: SIBONELO SITHOLE
Email: SIBONELO.SITHOLE@KZNHEALTH.GOV.ZA
Contact Number:

032 481 4181 /03

Finance Manager Name:

MRS NM SELEPE

Finance Manager Signature:

Handwritten signature and date: A stylized signature followed by the date 28/11/2019, both written above a horizontal line.

No late quotes will be considered