






Opening Date: 2019-10-09 
Closing Date: 2019-10-23 
Closing Time: 11:00

INSTITUTION DETAILS



Institution Name: Turton CHC 
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required: Turton CHC
Date Submitted: 2019-10-08 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
124/1920
Item Category: Goods 
Item Description: DIATHERMY

Quantity (if supplies): 01 UNIT

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Select... 
Date : 
Time:
Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

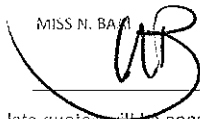
Name: NOMBALI NDLOVU
Email: nombali.ndlovu@kznhealth.gov.za
Contact Number:

039 972 6023

Finance Manager Name:

MISS N. BAA

Finance Manager Signature:

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

No late quotes will be considered