



**Opening Date:** 2019-10-10   
**Closing Date:** 2019-10-30   
**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** 2019-10-09 

## ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
160/1920  
**Item Category:** Services   
**Item Description:** MULTIPLE SIGNAGE FOR CLINICS  
CIDB GRADING: GB 1  
  
**Quantity (if supplies)** 06

## COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Compulsory Briefing Session   
**Date :** 2019-10-22   
**Time:** 10:00am  
**Venue:** TURTON CHC

**QUOTES CAN BE COLLECTED FROM:** TURTON CHC

**QUOTES SHOULD BE DELIVERED TO:** TURTON CHC

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

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

Finance Manager Name:

039 972 6023

MISS N. BAAI

Finance Manager Signature:



No late quotes will be considered