



Opening Date: 2019-10-23 
Closing Date: 2019-10-30 
Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: King Cetshwayo district office 
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required KING CETSHWAYO HEALTH DISTRICT OFFICE
Date Submitted 2019-10-22 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
209/DC28/19-20
Item Category: Goods 
Item Description:
BLUE SHORT SLEEVE DOCTORS VEST (SCRUBSUITS) LARGE X 20 UNITS
BLUE TROUSERS (SCRUBSUITS) LARGE X 20 UNITS
BLUE SHORT SLEEVE DOCTORS VEST (SCRUBSUITS) X-LARGE X 40 UNITS
BLUE TROUSERS (SCRUBSUITS) X-LARGE X 40 UNITS
BLUE SHORT SLEEVE DOCTORS VEST (SCRUBSUITS) XX-LARGE X 30 UNITS
BLUE TROUSERS (SCRUBSUITS) XX-LARGE X 30 UNITS
BLUE SHORT SLEEVE DOCTORS VEST (SCRUBSUITS) XXX-LARGE X 20 UNITS
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Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable 
Date : 
Time:
Venue:

QUOTES CAN BE COLLECTED FROM:

KING CETSHWAYO DISTRICT OFFICE : SCM OFFICE - OFFICE NO. 56 1ST
FLOOR, EMPANGENI RAIL, 3910

QUOTES SHOULD BE DELIVERED TO:

KING CETSHWAYO DISTRICT OFFICE TENDER BOX (1ST FLOOR), 2ND LOOD
AVE, CNR CHROME KULEKA AVE, EMPANGENI RAIL 3910

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

MISS NW MYAKA

Email:

nozipho.myaka@kznhealth.gov.za

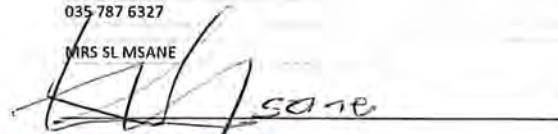
Contact Number:

035 787 6327

Finance Manager Name:

MRS SL MSANE

Finance Manager Signature:

A handwritten signature in black ink, appearing to read 'SL MSANE', is written over a horizontal line. The signature is stylized and somewhat cursive.

No late quotes will be considered