




Opening Date: 2019-10-02 

Closing Date: 2019-10-17 

Closing Time: 11:00

INSTITUTION DETAILS


Institution Name: Mosvold hospital 

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: MOSVOLD HOSPITAL

Date Submitted: 2019-10-02 

ITEM CATEGORY AND DETAILS


Quotation Number: ZNQ:
257 / 19/ 20


Item Category: Goods 

Item Description: SUPPLY HIGH DENSITY FILING SYSTEM

Quantity (if supplies): 02


COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable 

Date : 

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: MOSVOLD HOSPITAL
SCM DEPARTMENT 

QUOTES SHOULD BE DELIVERED TO: MISS NONHLANHLA ZIKHALI

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: MISS NONHLAHLA ZIKHALI

Email: nonhlanhla.zikhali@kznhealth.gov.za

Contact Number:

Finance Manager Name:

035 591 0122 EXT 153

MRS N.P MYENI

Finance Manager Signature:



A handwritten signature in black ink, appearing to read 'Mrs N.P Myeni', is written over a horizontal line. The signature is stylized and cursive.

No late quotes will be considered