




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:
258 / 19/ 20

Item Category: Goods 

Item Description: SUPPLY PASTOE CHAIR MAROON

Quantity (if supplies) 192


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:

035 591 0122 EXT 153

Finance Manager Name:

MRS N.P MYENI

Finance Manager Signature:



A handwritten signature in black ink, appearing to read 'N.P. Myeni', is written over a horizontal line. To the right of the main signature, there is a smaller, more stylized signature.

No late quotes will be considered