

Finance Manager Signature:

Quotation Advert

| Opening Date: | 2019-10-11 |
|--|--|
| Closing Date: | 2019-10-18 |
| Closing Time; | 11:00 |
| INSTITUTION DETAILS | • • |
| Institution Name: | Northdale hospital |
| Province: | KwaZulu-Natal |
| Department or Entity: | Department of Health |
| Division or section: | Central Supply Chain Management |
| Place where goods / services is required | MAINTENANCE |
| Date Submitted | 2019-10-10 |
| ITEM CATEGORY AND DETAILS | |
| Quotation Number: | ZNQ: |
| la de de la companya | 609 / 19-20 |
| Item Category: | Services |
| Item Description: | TEST WATER IN RESERVOIR |
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| Quantity (If supplies) | |
| COMPULSORY BRIEFING SESSION / SITE VISIT | |
| Select Type: | Compulsory Briefing Session |
| Date : | 2019-10-16 |
| Time: | 13H00 |
| Venue: | 1389 CHOTA MOTALA ROAD, SUPPLY CHAIN, NORTHDALE HOSPITAL, |
| | PIETERMARTIZBURG 3201 |
| QUOTES CAN BE COLLECTED FROM: | 1389 CHOTA MOTALA ROAD, SUPPLY CHAIN, NORTHDALE HOSPITAL, PIETERMARTIZBURG 3201 |
| OUGTES SHOULD BE DELIVEDED TO. | 27 - 17 - 17 - 17 - 17 - 18 - 18 - 18 - 1 |
| QUOTES SHOULD BE DELIVERED TO: | 1389 CHOTA MOTALA ROAD, SUPPLY CHAIN, NORTHDALE HOSPITAL, PIETERMARITZBURG 3201 |
| ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: | |
| Name: | MR. KEVIN NAICKER |
| Email: | kevin.naicker2@kznhealth.gov.za |
| Contact Number: | 033:3879050 |
| Finance Manager Name: | MS. A QEBEYI |
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No late quotes will be considered