



Quotation Advert

Opening Date: 2019-09-03 

Closing Date: ~~2019-10-18~~ 2019/09/18 

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Dundee hospital 

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: DUNDEE HOSPITAL

Date Submitted: 2019-10-09 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
01/09/2019

Item Category: Goods 

Item Description: SUPPLY OF VISUAL ASSISTIVE DEVICES TO DUNDEE HOSPITAL FOR A PERIOD OF 12 MONTHS

Quantity (if supplies) 12 MONTHS

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable 

Date : 

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: NOMASONTO NKOSI

Email: nomasonto.nkosi@kznhealth.gov.za

Contact Number:

034 2181 245

Finance Manager Name:

MR R.PARGAS

Finance Manager Signature:

A handwritten signature in black ink, appearing to be 'R. PARGAS', is written over a horizontal line.

No late quotes will be considered