

**Opening Date:** 2019-09-30  
**Closing Date:** 2019-10-06 07   
**Closing Time:** 11:00

## INSTITUTION DETAILS

**Institution Name:** St Chads CHC  
**Province:** KwaZulu-Natal  
**Department or Entity:** Department of Health  
**Division or section:** Central Supply Chain Management  
**Place where goods / services is required** ST CHADS CHC  
**Date Submitted** 2019-09-26

## ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
343 LIM MOB,334 ZAK E,342 ZAK NO.2, 333 MHL MOB,/19-20  
**Item Category:** Goods  
**Item Description:** HPRS REGISTER BOOKLET FOR MALES  
QTY= 6920  
HPRS REGISTER BOOKLET FOR FEMALES  
QTY = 9750  
HPRS REGISTER BOOKLET FOR CHILDREN  
QTY= 5590

**Quantity (if supplies)** 22260

## COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not Applicable  
**Date :** N/A  
**Time:** N/A  
**Venue:**

**QUOTES CAN BE COLLECTED FROM:** ST CHADS CHC SCM OFFICE CRN OF HELPMEKAAR AND EZAKHENI MAIN ^  
ROAD ,LADYSMITH,3370 v

**QUOTES SHOULD BE DELIVERED TO:** DEPOSITED IN THE TENDER BOX NEXT TO THE SECURITY MAIN GATE AT ST  
CHADS CHC

**ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:**

**Name:** ZOE NGUBANE / ANNALINE SOMARU  
**Email:** zoe.mkhize@kznhealth.gov.za / annaline.somaru@kznhealth.gov.za  
**Contact Number:** 036 637 9600  
**Finance Manager Name:** MISS L.P ZONDI  
**Finance Manager Signature:** CEO DR J.E. Mkhize

**No late quotes will be considered**