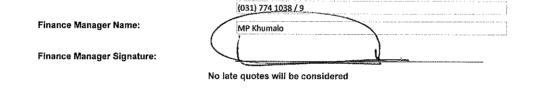


Contact Number:

Quotation Advert

| (1)(4)(1)(2-1)(1)(1)(1) | | |
|--|----------------------------------|-------------|
| Opening Date: | 2019-09-16 | |
| Closing Date: | 2019-09-27 | 119 |
| Closing Time: | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name: | Hlengisizwe CHC | V |
| Province: | KwaZutu-Natal | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | HLENGISIZWE CHC | |
| Date Submitted | 2019-09-12 | 100 |
| ITEM CATEGORY AND DETAILS | | |
| Quotation Number: | ZNQ: 352/19/20 | |
| Item Category: | Select | lacksquare |
| | | |
| Quantity (if supplies) | | |
| COMPULSORY BRIEFING SESSION / SITE VISIT | | |
| Select Type: | Compulsory Site Visit | \subseteq |
| Date: | 2019-09-19 | |
| Time: | 11h00 | |
| Venue: | Hlengisizwe CHC | |
| QUOTES CAN BE COLLECTED FROM: | Hlengisizwe CHC | |
| QUOTES SHOULD BE DELIVERED TO: | Hlengisizwe CHC (Tender Box) | |
| ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: | | |
| Name: | MG Makhaye | |
| Email: | Hlengisizwe.SCM@kznhealth.gov.za | |



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