

## **Quotation Advert**

**Opening Date:** 

2019-09-06

**Closing Date:** 

2019-09-13

**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** 

2019-09-04

**ITEM CATEGORY AND DETAILS** 

**Quotation Number:** 

ZNQ:

94/19-20

Item Category:

Goods

Item Description:

ANNUAL SERVICE OF FIRE DEVICES (FIRE ESTINGUISHERS) FOR ST CHADS

CHC

DETAILED SPECIFICATION AND SCOPE OF WORK ATTACHED ON THE

QUOTATION DOCUMENT

PLEASE NOTE THAT THE DOCUMENT WILL BE ISSUED ON SITE

Quantity (if supplies)

01

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

**Compulsory Briefing Session** 

Date:

2019-09-13

Time:

10h00 AM

Venue:

ST CHADS CHC

**QUOTES CAN BE COLLECTED FROM:** 

ST CHADS CHC CNR OF HELPMEKAAR AND EZKAHENI MAIN ROAD,

LADYSMITH 3370

**QUOTES SHOULD BE DELIVERED TO:** 

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

Name:

MRS SZL 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:

No late quotes will be considered