health Department: Question Health Province of KWAZULU-MATAL	uotation Advert
Opening Date:	2020-08-14
Closing Date:	2020-08-24
Closing Time:	11:00
INSTITUTION DETAILS	
Institution Name:	Christ the King hospital
Province:	KwaZulu-Natal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	CHRIST THE KING HOSPITAL
Date Submitted	2020-08-14
ITEM CATEGORY AND DETAILS	
Quotation Number:	ZNQ:
	18 -2020-21
Item Category:	Goods
Item Description:	SUPPLY AND DELIVER PASTOE CHAIRS SET OF 04
	NB: SEE ATTACHED STANDARD QUOTATION
Constituting (if complian)	
Quantity (if supplies)	LIST ATTACHED
COMPULSORY BRIEFING SESSION /	
Select Type:	Not Applicable
Date :	
Time:	
Venue:	
QUOTES CAN BE COLLECTED FROM:	CHRIST THE KING HOSPITAL
QUOTES SHOWED BE DELEGED TO	CHRIST THE KING HOSPITAL TENDER BOX NEXT TO THE SECURITY OFFICE
QUOTES SHOULD BE DELIVERED TO:	CHAST THE KING HOSPITAL TENDER BOX NEXT TO THE SECONT OF THE
ENQUIRIES REGARDING THE ADVER	RT MAY BE DIRECTED TO:
Name:	NG TSHENDU
Email:	scm.ctk@kznhealth.gov.za
Control Number	

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Page 2 of 2

Finance Manager Name:

Finance Manager Signature:

NB SIMELANE

No late quotes will be considered

Submit Save Save As... S Close Print Preview

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Bidders should ensure consideration.	that q	uotes	are +	delive	ered (timed	DUS	ly to	the	e co	orrec	t a	ddr	ess	. !!	the	: qı	uot	e is	lat	e, i	t w	ill r	ıot	be	acc	epto	ed for
The quote box is open fro	m 08:00	0 to 15	5:30.																									
ALL QUOTES MUST BE	SUBMI	TTED	ON T	HE O	FFIC	IAL F	OR	MS -	– (N	οT	ТОВ	ΕF	RE-	TYP	ΈC))												
THIS QUOTE IS SUB PROCUREMENT REGUI CONDITIONS OF CONTI	ATION																											
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NAME OF BIDDER						· · · · · · · ·																	,					
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AS A B-BBEE STATUS	LEVEL	VERI	FICAT	ION (CERT	IFIC/	ΑTE	BEI	EN S	SUE	3MITT	ſΕΙ)?(SBD	6 (.1)								Y	ES		N) [

[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMES& QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]

		FOR QUOTATIONS PLY AND DELIVE	ER PASTO	E CHAIF		. 181-2020-21 F 04			
SIGNATUR (By signing	E OF BIDDER this document	Rt hereby agree to all terms a	and conditions)		DATE				
CAPACITY	UNDER WHI	CH THIS QUOTE IS SIGNED)			***************************************	*************		
Item No	Quantity	Description			Brand & model	Country of manufacture	Price R	С	
01	33 UNITS	SUPPLY AND DELI	VER PASTOE CH	IAIRS		***			
		COLO	JR: BLUE			***************************************			
- 02	10 UNITS	SUPPLY AND DELI	VER PASTOE CH	HAIRS					
		COLOUF	R: MAROON						
03	05 UNITS	SUPPLY AND DELI	VER PASTOE C	HAIRS					
		COLOUF	R: ORANGE						
04	08 UNITS	SUPPLY AND DELI	VER PASTOE CH	IAIRS					
		COLOU	IR:GREEN						
·····									
		HIGH DURABILITY PASTOE	CHAIRS ALL IN A	A SET OF O4	_				

		15% (Only if VAT Vendor) RICE (VALIDITY PERIOD 60	Days)	!			,,,,,		
		Vith The Specification?		Article Confo	rm To The S A t	N.S. / S.A.B.S. Specific	ation?		
The Price		opomiodion.			.G. <i>E.G. 1day, 1</i>				
Contact Per	rson: N.G. T.	e <u>quote</u> may be directed to: SHENDUTel: 039 tk@kznhealth.gov	1	•	_ •	ical information may l			

E-Mail Address: SCm.ctk@kznhealth.gov.za