






Opening Date: 2020-02-14 
Closing Date: 2020-02-25 
Closing Time: 11:00

INSTITUTION DETAILS



Institution Name: Hlabisa hospital 
Province: KwaZulu-Natal
Department or Entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods / services is required HLABISA HOSPITAL
Date Submitted 2020-02-13 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
524-19/20
Item Category: Services 
Item Description: SUPPLY AND INSTALL CEILING FAN AT MAKHOWE CLINIC

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Site Visit 
Date : 2020-02-18 
Time: 11:30
Venue: MAKHOWE CLINIC

QUOTES CAN BE COLLECTED FROM: MAKHOWE CLINIC
QUOTES SHOULD BE DELIVERED TO: 60 SAUNDERS STREET HLABISA HOSPITAL MAINGATE TENDERBOX

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

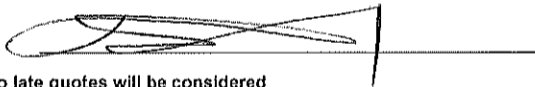
Name: MR AN SITHOLE
Email: hlabisa.quotations@kznhealth.gov.za
Contact Number:

035 838 8625/8780/8776 OR OUR FAX NUMBER IS 035 838 1959

Finance Manager Name:

MISS NB MASONDO

Finance Manager Signature:

A handwritten signature in black ink, appearing to read 'MISS NB MASONDO', is written over a horizontal line. The signature is stylized and somewhat cursive.

No late quotes will be considered