



Quotation Advert

Opening Date: 2020-07-31

Closing Date: 2020-08-12

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Mosvold hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: MOSVOLD HOSPITAL

Date Submitted: 2020-07-30

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: 146 /2020 / 2021

Item Category: Services

Item Description:

RENOVATE PATIENT ADMIN WAITING AREA

Quantity (if supplies): 01

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Both

Date: 2020-08-05

Time: 11h00

Venue:

QUOTES CAN BE COLLECTED FROM: DURING BRIEFING

QUOTES SHOULD BE DELIVERED TO: MOSVOLD TENDER BOX

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: MISS NONHLAHLA ZIKHALI

Email: nonhlanhla.zikhali@kznhealth.gov.za

Contact Number:



KWAZULU-NATAL PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

DIRECTORATE:

MOSVOLD HOSPITAL

Postal Address : Private Bag x2211

Physical Address : Ingwavuma Main Road

Tel: 035 591 0122 Fax: 035 591 0148

Email address: Nomusa.mncube@kznhealth.gov.za

www.kznhealth.gov.za

CONFIRMATION LETTER TO ATTEND SITE BRIEFING

Company Name : _____

Email Address : _____

Address : _____

Tel No : _____

Company Representative : _____

Project Name :

Date :

1. In respect of the above project you are invited to state your availability to attend site briefing, in accordance with the emergency procurement in response to National State of Disaster.
2. You are requested to indicate in writing before 04TH August 2020 If you do wish to attend site briefing. This is done as a precautionary measure to prevent the spread of the COVID-19 virus.
3. Quotation document (RFQ) for the above service will be available for collection on the date of briefing session for Mosvold Hospital at Ingwavuma Main Road.
4. Enquiries : contact Miss Nonhlahla Zikhali on 035 591 0122 ext: 153 / 4
5. This completed letter should be emailed back to: nonhlanhla.zikhali@kznhealth.gov.za or nomusa.mncube@kznhealth.gov.za
6. The cut-off time & date for submitting confirmation letter is 04 August 2020 at 15H00.

Yours Faithfully
Miss N. Zikhali

Note; due to the COVID pandemic and level 3 regulations gazetted by the nation government, Mosvold Hospital will allow bid document to be directed via hand delivery to the hospital tender box or emailed to ; Nomusa.mncube@kznhealth.gov.za.

Finance Manager Name:






035 591 0122 ext 153

MRS N.P MYENI

Finance Manager Signature:



No late quotes will be considered

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