



## 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: 147 /2020 / 2021

**Item Category:** Services

**Item Description:** SUPPLY AND INSTALL 12000BTU AIRCON

**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](mailto:Nomusa.mncube@kznhealth.gov.za)

[www.kznhealth.gov.za](http://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 04<sup>TH</sup> 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](mailto:nonhlanhla.zikhali@kznhealth.gov.za) or [nomusa.mncube@kznhealth.gov.za](mailto: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](mailto: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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