

Opening Date: 2020-07-07 

Closing Date: 2020-07-21 

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: King Cetshwayo district office 

Province: KwaZulu-Natal

Department or Entity: Department of Health


Division or section: Central Supply Chain Management

Place where goods / services is required: King Cetshwayo Health District Office EMRS Base

Date Submitted: 2020-07-06 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
079/DC28/20-21

Item Category: Services 


Item Description:


REPAIR TO TOILETS AND ELECTRIC GEYSER TO THE ENTIRE BUILDING
(EMS EMPANGENI BASE)

PLEASE NOTE THAT CONTRACTOR MUST HAVE CIDB 1 SO / GB AND ABOVE

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Briefing Session 

Date: 2020-07-14 

Time: 11H00

Venue: KING CETSHWAYO EMS BUILDING
NO. 25 NGWELEZANE ROAD, EMPANGENI RAIL, 3910

QUOTES CAN BE COLLECTED FROM: ON THE SITE

QUOTES SHOULD BE DELIVERED TO: KING CETSHWAYO DISTRICT - TENDER BOX AT 1ST FLOOR
2ND LOOD AVE, CNR CHROME CRESCENT; EMPANGENI RAIL; 3910

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: MISS NW MYAKA

Email: nozipho.myaka@kznhealth.gov.za

Contact Number:

035 787 6327

Finance Manager Name:

MRS SL MSANE

Finance Manager Signature:

A handwritten signature in black ink, appearing to read 'MRS SL MSANE', is written over a horizontal line. The signature is stylized and cursive.

No late quotes will be considered