



## INSTITUTION DETAILS

### ITEM CATEGORY AND DETAILS

Quantity (if supplies)	01
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<b>Select Type:</b>	Compulsory Briefing Session
<b>Date :</b>	2020-11-18
<b>Time:</b>	11;00 AM
<b>Venue:</b>	PORT SHEPSTONE HOSPITAL MAINTENANCE DEPARTMENT

**QUOTES SHOULD BE DELIVERED TO:** PSH MAIN ENTRANCE TENDER BOX

<b>Name:</b>	ZINHLE NKABANE
<b>Email:</b>	kevin.moodley2@kznhealth.gov.za
<b>Contact Number:</b>	039 688 6232
<b>Finance Manager Name:</b>	MR N.S.B RADEBE

No late quotes will be considered