

SharePoint

Ndlovu Nombali ▾ ?



health
Department:
Health
PROVINCE OF KWAZULU-NATAL

KZN HEALTH

KZN Health Intranet

HOME CORPORATE INFORMATION COMPONENTS DIRECTORY DISTRICT OFFICES HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

AdvertQuote

Submit Save Save As... Close Print Preview



health
Department:
Health
PROVINCE OF KWAZULU-NATAL

Quotation Advert

Opening Date: 2020-09-29

Closing Date: 2020-10-16

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Turton CHC

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required TURTON CHC

Date Submitted 2020-09-28

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: 145/2021

Item Category: Services

Item Description: SUPPLY AND INSTALL NON RETURN VALVE
CIDB
SO 1

Quantity (if supplies) 01 ITEM

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Briefing Session

Date : 2020-10-02

Time: 09:30am

Venue: TURTON COMMUNITY HEALTH CENTRE

QUOTES CAN BE COLLECTED FROM: TURTON COMMUNITY HEALTH CENTRE

QUOTES SHOULD BE DELIVERED TO: TURTON COMMUNITY HEALTH CENTRE

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: ISAAC CELE

Email: issac.cele@kznhealth.gov.za

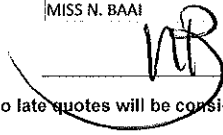
Contact Number:

Finance Manager Name:

039 972 8438

MISS N. BAAI

Finance Manager Signature:



No late quotes will be considered

Submit | Save | Save As... | Close | Print Preview

Print this page

Note:

1. The completed Quotation Advert must be printed and signed by the Finance manager.
2. A signed copy of the Quotation Advert must be scanned and emailed to web administration: webmaster@kznhealth.gov.za for uploading to the department website.
3. N.B if the scanned copy emailed to web Administration is not a signed copy (by the finance manager), the advert/award WILL NOT be uploaded.

Site Updated: 28 September, 2020, 08:32 am

The materials on this website may be copied for non-commercial use as long as our copyright notice and website address are included.

Copyright © KwaZulu-Natal Department of Health, 2000

Contact the Web Administrator

DOCUMENTATION TO BE SUBMITTED

No.	Document Details	Doc. Type	Submitted	
			Yes	No
1.	Tax Clearance Certificate	Original		
2.	CIDB Registration SO	Certified Copy of Original		
3.	Company Registration Documents (CK)	Certified Copy of Original		
4.	B-BBEE Status Verification Certificate	Certified Copy of Original		
5.	Fully Completed and Signed Quotation Document	Original		
6.	SBD 4 Document Declaration Of Interest (Fully completed and signed)	Original		
7.	Bill of Quantities (fully priced for each item as listed)	Original		
8.	CSD	Certified Copy of Original		
9.	Registration with Department of Labour Letter of Good Standing.	Certified Copy of Original		

PLEASE NOTE: FAILURE TO SUBMIT ANY OF THE DOCUMENTS AS REQUIRED IN THE TABLE ABOVE WILL RESULT IN THE OFFER BEING REGARDED AS NON-RESPONSIVE.

A COVERING LETTER REFERRING TO THE DOCUMENT WHERE A SET OF THESE DOCUMENTS HAVE BEEN ATTACHED MUST BE ATTACHED TO EVERY OTHER QUOTATION DOCUMENT.

ZNQ: Bidders Signature: