ø

SharePoint Miya Manqoba 🕶 KWAZULU-NATAL PROVINCE **KZN** Health Intranet Search this see KZN HEALTH HOME CORPORATE INFORMATION COMPONENTS DIRECTORY DISTRICT OFFICES HEALTH FACILITIES KZN Health > Components > Supply Chain Management AdvertQuote KWAZULU-NATAL PROVINCE HEALTH REPUBLIC OF SOUTH SERICA **Quotation Advert** Opening Date: 2022-08-16 . . **Closing Date:** 2022-08-24 g. **Closing Time:** 11:00 INSTITUTION DETAILS Institution Name: Emmaus hospital V Province: KwaZulu-Natal Department or Entity: Department of Health Division or section: Central Supply Chain Management Place where goods / services is required BERGVILLE MOBILE CLINIC **Date Submitted** 2022-08-16 . 2 ITEM CATEGORY AND DETAILS **Quotation Number:** ZNQ: EMM 219/08/2022 Item Category: Services  $\sim$ Item Description: SUPPLY LABOUR AND SABS APPROVED MATERIALS TO CONSTRACT STEEL SHELTER FOR BERGVILLE MOBILE CLINIC Quantity (if supplies) COMPULSORY BRIEFING SESSION / SITE VISIT Select Type: Compulsory Site Visit V Date: 2022-08-18 Time: 12:00 Venue: BERGVILLE MOBILE CLINIC QUOTES CAN BE COLLECTED FROM: BERGVILLE MOBILE CLINIC (ON SITE MEETING) **QUOTES SHOULD BE DELIVERED TO:** EMMAUS HOSPITAL CATHEDRAL PEAK ROAD WINTERTON 3340 ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO: Name: SC HLONGWANE Email:

036 488 8210

Contact Number:

siphile.hlongwane@kznhealth.gov.za

Finance Manager Name:

S W MELIPHI

Finance Manager Signature:

No late quotes will be considered



# PROVINCE OF KWAZULU-NATAL DEPARTMENT OF HEALTH ZNQ 2022 UTHUK-H-EMMAUS HOSPITAL - 20/22

## Minimum requirements for the project

## **NB.** TO BE SUBMITTED WITH THE DOCUMENT (COMPULSORY)

- 1. CIDB Grading GB2, SL2 and CE1
- 2. Completion Certificate for Projects that has to do working with steel structure.
- 2.1 3X Site Handing over Certificate
- 2.2 3 X Purchase Order
- 2.3 3X Handing over Certificate
- 3. Qualified Artisan Welding Works (Trade Tested)
- 4. Valid Tax Clearance Certificate.
- 5. Proof of registration with CSD

#### **NB. RECOMMENDATION;**

- NHBRC,
- Steel Construction Bodies & Masters Builders Associations
- Copy of Compensation Fund Certificate (COIDA)

### **Declaration**

I have read with understanding and agree to all terms and conditions and requirements printed on thi
document.

I/We undertaken to complete the project within (06) weeks	
Tenderer	
Signature	Position