




KZN HEALTH

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QuoteAward



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Award

Quote Number:

Quote Description:

Date of Award Publication:

Quote Advert Details

Institution Name:

Province:

Department or Entity:

Division or section:

Place where goods / services is required:

Date quote was advertised:

Results of Award


Quote awarded to:

Amount:

B-BBEE Status:

Total Points:

Finance Manager Name:

Finance Manager Signature: 

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health

Department:
Health
PROVINCE OF KWAZULU-NATAL

Institution

QUOTATION OPENING TRACKING FORM
UMPHUMULO HOSPITAL

Closing Date

2021/05/07

Quotation Reference

ZNQ/UMP1707/20/21

Description

SUPPLY NON STERILE GLOVES SMALL

DETAILS OF OPENING PROCESS: QUOTATION SCHEDULE

NO.	Name Of Bidder/Service Provider	Total Quoted Price As Per Quotation Document
1.	SALUKAZI TRADING ENTRERPRISE	R 48000.00
2.	GREENLEE TRADING PTY LTD	R 56000.00
3.	ANDILE AMAHLE AMANGUNI	R 57200.00
4.	INKOZI HEALTH CARE CC	R57500.00
5.	GCABA CONSULTANT (PTY)LTD	R 64000.00
6.	CHEMICAL WORLD PTY LTD	R 67505.00
7.	QUINISO MEDICAL (PTY)LTD	R 69000.00
8.	PROMED TECHNOLOGIES (PTY) LTD	R 72636.00
9.	BLACK DIAMOND INVESTMENT AND TRADING 2020 PTY LTD	R 78200.00
10.	INDWE LIFE SCIENCE PTY LTD	R 91383.60
11.	SA HEALTH PROTECTING SERVICES CC	R 93996.40
12.	OMAMA BEMPUMELELO CRAFTERS (PTY)LTD	R 98000.00
13.	THANDIWEZ TRADING ENTEPRISE (PTY) LTD	R 106900.00
14.	MHAYISE TRADING CC	R 164000.00
15.		
16.		
17.		
18.		
19.		
20.		
21.		

Confirmation of the Closing Process as Follows:

1. The closing time (11:00 am / pm) has been observed by the officials in charge.
2. The quote box was opened and offers sorted per quotation number.
3. Late quotations were not accepted and returned to the bidder unopened (where practical).
4. All methods of return have been verified for the closing process (email, fax and quote box drop-off)
5. All offers received were sequentially numbered, stamped and signed by the two below stated officials.
6. Prices were read out (if applicable and where practical).

*Official 1:

Name	AG
Surname	MGIRI
Designation	SMO
Date	2021/05/07

SIGNATURES OTHER:

**Official 2: Witness

Name	M. J
Surname	Mthethwa
Designation	Household Aid
Date	2021/05/07

