## **Quotation Advert**

| Opening Date:                              | 01-01-2021  |
|--|---|
| Closing Date:                              | 18/01/2021 PG   |
| Closing Time:                              | 11:00   |
| Institution Details                        | 11.00   |
| Institution Name:                          | Bruntville CHC  |
| Province:                                  | KwaZulu-Natal   |
| Department or Entity:                      | Department of Health  |
| Division or section:                       | Central Supply Chain Management   |
| Place where goods / services is            | Bruntville CHC. Old Main Road.Mooi  |
| Date Submitted                             | 10-01-2021  |
| Item Category and Details                  |   |
| Quotation Number:                          | BCHC: 112/21/22   |
| Item Category:                             | Services •  |
|  | SUPPLY AND DELIVER OF REFUBRISHMENT OF MAIN WATER SLIPPLY   |
|  | CONTRACTORS AT BRUNTVILLE CHC   |
|  | REQUIREMENTS: -Bidder to have (CIDB GRADE 1: ME)  |
| Item Description:                          |   |
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|  |   |
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| _  |   |
| Quantity (if supplies)                     | 01  |
| Compulsory Briefing Session / site visit : |   |
|  |   |
| Select Type:                               | Select *Compulsory site meeting   |
| Date :<br>Time:                            | 12-01-20;   |
| Venue:                                     | 11:00<br>BCHC BOARDROOM, BRUNTVILLE CHC, OLD MAIN ROAD, MOOI RIVER, 3300  |
| Quotes can be collected from:              |   |
| Quotes should be delivered to:             | BCHC BOARDROOM, BRUNTVILLE CHC, OLD MAIN ROAD, MOOI RIVER, 3300   |
| ,  | TENDER BOX NEXT TO SECURITY GATE, BRUNTVILLE CHC, OLD MAIN, ROAD, 33  |
| Enquiries regarding the advert ma          | V be directed to:   |
| •  | , 22 4 301.04 10.   |
| Name:                                      | M. D. D. M. C. D. D. M. C. D. |
| Email:                                     | Mr B.E MADUNA   |
| Contact Number:                            | <u>bulefani.maduna@kznhealth.gov.za</u> 033 2631 545  |
| Finance Manager Name:                      | Mr N.L. Kauleza   |
| <i>:</i>                                   |   |
| Finance Manager Signature:                 | <b>A</b>  |
|  |   |
|  | (   )   |
|  |   |
| No late quotes will be considered          |   |