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KWAZULU-NATAL PROVINCE

KZN Health Intranet

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AdvertQuote

KWAZULU-NATAL PROVINCE	CE
HEALTH REPUBLIC OF SOUTH AFRICA	Quotation Advert
Opening Date:	2022-05-25
Closing Date:	2022-06-04
Closing Time:	11:00
INSTITUTION DETAILS	
Institution Name:	KwaMagwaza hospital
Province:	KwaZulu-Natal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	Kwamagwaza Hospital
Date Submitted	,
ITEM CATEGORY AND DETAILS	
Quotation Number:	ZNO:
Item Category:	Services
Item Description:	Procurement of garden and grounnds services for 6 months Requirements:letter of good standing(deprtment of labour Complience certificate/Orders for relevant duties
Quantity (if supplies)	
COMPULSORY BRIEFING SESSION / SITE VISIT	SITE VISIT
Select Type:	Compulsory Briefing Session
Date:	2022-05-30
Time:	11h00
Venue:	KwaMagwaza Hospital
QUOTES CAN BE COLLECTED FROM:	SCM Office KwaMagwaza Hospital
QUOTES SHOULD BE DELIVERED TO:	KwaMagwaza Hospital Main gate tender box
ENQUIRIES REGARDING THE ADVERT MAY BE	T MAY BE DIRECTED TO:
Name:	Thoba Zulu
Email:	Thoba.Zuiu@kznhealth.gov.za
Contact Number:	035 450 825

Finance Manager Name:

Finance Manager Signature:

Mr B.S.Mbokazı

No late quotes will be considered



spital , Magwaza Road (8-9 KW) 3835 8, Fax.: 035 450 8253 health.gov.za

St Mary's KwaMagwaza Hospital Supply Chain Management

Enquiries: Thoba Zulu Date: 25 May 2022 Tel. no.: 035 450 8258

Ref.no: KMG 72-22-23

INVITATION TO QUOTE

ATT: SERVICE PROVIDER FROM: KWAMAGWAZA HOSPITAL

RE: PROCUREMENT OF GARDEN AND GROUNDING SERVICES AT KWAMAGWAZA

HOSPITAL FOR 6 MONTHS

You are cordially requested to give all-inclusive quotation for the above mentioned item:

				The state of the s	
			Employee	grounds services	
			10	Procurement of garden and	>
NO	YES			ALL PROPERTY OF THE PROPERTY O	
ATION	SPECIFICATION				
OT TN	COMPLIANT TO	PRICE	QUANTITY PRICE	ITEM DESCRIPTION	NO.
				The state of the s	A

SCM REQUIRED DOCUMENTS TO BE ATTACHED

Composition of the Composition o		
DOCUMENTS REQUIRED	YES	NO
1.Signed SBD4	7777	
2.Letter of good standing (Department of labour	· · · · · · · · · · · · · · · · · · ·	проделения
3. Completion certificate/Orders for relevant		TTTTOOUGAAA
4.UIF Certificate		

TO BE SIGNED BY THE SUPPLIER UPON COMPLETION:

I, the undersigned	
the undersigned (initial and surname):	

Certify that the information furnished above is correct. I also accept that this information will be used in the evaluation process and that my bid/quote may be rejected or accepted based on the information I furnished.

SIGNATURE:SUPPLIER COMPANY STAMP:	Position:	Date:
,		