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KZN HEALTH

KZN Health Intranet

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AdvertQuote



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date: 2022-05-25
Closing Date: 2022-06-02
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: ZNQ: KMG 73-22-23
Item Category: Services
Item Description: Cleaning of building and offices at Nampomjwana clinic
Requirments:Signed SBD4
BCCCI registration certificate
Workman's completion certificate
letter of good standing

Quantity/ (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Briefing Session
Date : 2022-05-30
Time: 13h00
Venue: *Makwazi/Phondathu clinic*
Kwamagwaza Hospital

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Thoba Zulu
Email: Thoba.Zulu@kznhealth.gov.za
Contact Number: 035 450 8258

Kwamagwaza Hospital Main gate tender box

Finance Manager Name:

Mr. B. Mbojane

Finance Manager Signature:


No late quotes will be considered



health
 Department: _____
 Health
 PROVINCE OF KWAZULU-NATAL

St Mary's KwamaMagwaza Hospital, Magwaza Road (8-9 KM)
 Private Bag X 808 Melmoth 3535
 Tel.: 035 450 8258 /450 8248, Fax: 035 450 8253
 Email: andile.shandul@kznhealth.gov.za
 Email: thamsanga.masango@kznhealth.gov.za
 www.kznhealth.gov.za

St Mary's KwamaMagwaza Hospital
 Supply Chain Management

Enquiries: Thoba Zulu
 Date: 25 May 2022
 Tel. no.: 035 450 8258
 Ref.no: KMG 73-22-23

INVITATION TO QUOTE

ATT: SERVICE PROVIDER
 FROM: KWAMAGWAZA HOSPITAL
 RE: CLEANING OF BUILDINGS AND OFFICES AT NOMPONJWANA CLINIC FOR 6 MONTHS

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

NO.	ITEM DESCRIPTION	QUANTITY	PRICE		COMPLIANT TO SPECIFICATION	
			YES	NO	YES	NO
1	Cleaning of building and Offices	Employee 01				
SCM REQUIRED DOCUMENTS TO BE ATTACHED						
DOCUMENTS REQUIRED			YES	NO		
	1. Signed SBD4					
	2. BCCCI registration certificate					
	3. Workemenn's completion certificate					
	4. UJF Certificate					
	5. Letter of good standing					

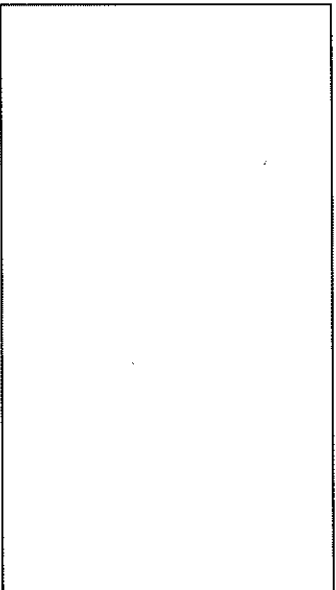
TO BE SIGNED BY THE SUPPLIER UPON COMPLETION:

I, 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: _____ Position: _____ Date: _____

SUPPLIER COMPANY STAMP:



• KINDLY RETURN ALL DOCUMENTATION WHEN REPPLYING