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Mvula Kawama - ?



KWAZULU-NATAL PROVINCE  
HEALTH  
REPUBLIC OF SOUTH AFRICA

### 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:

KwaZuluNatal

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 75-22-23

Item Category:

Services

Item Description:

Cleaning of building and Offices at KwaMbitza Clinic  
Requirements: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:

11h00

Venue:

Address: *KwaMagwaza  
Hospital*

QUOTES CAN BE COLLECTED FROM:

SCM Office KwaMagwaza Hospital, Melmoth 3835

QUOTES SHOULD BE DELIVERED TO:

KwaMagwaza Hospital Main gate tender box

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

Thoba Zulu

Email:

Thoba.Zulu@kznhealth.gov.za


Contact Number:

035 450 8258

Finance Manager Name:

Mr B.S.Mbokye

Finance Manager Signature:



late quotes will be considered



**health**  
 Department:  
 Health  
 PROVINCE OF KWAZULU-NATAL

St Mary's Kwamaqweza Hospital, Magwaza Road (8.9 Km)  
 Private Bag X 808, Malmuth 3835  
 Tel.: 035 450 8258 /50 8248, Fax.: 035 450 8253  
 Email.: andile.shandu@kznhealth.gov.za  
 Email.: hamsanga.mesango@kznhealth.gov.za  
 www.kznhealth.gov.za

St Mary's Kwamaqweza Hospital  
 Supply Chain Management

Enquiries: Thoba Zulu  
 Date: 25 May 2022  
 Tel. no.: 035 450 8258  
 Ref.no: KMG 75-22-23

**INVITATION TO QUOTE**

ATT: SERVICE PROVIDER  
 FROM: KWAMAGWAZA HOSPITAL  
 RE: CLEANING OF BUILDINGS AND OFFICES AT KWAMBIZA 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
1	Cleaning of building and Offices	Employee 02				

**SCM REQUIRED DOCUMENTS TO BE ATTACHED**

DOCUMENTS REQUIRED	YES	NO
1. Signed SBD4		
2. BCCCI registration certificate		
3. Workemenn's completion certificate		
4. UIF Certificate		
5. Letter of good standing		

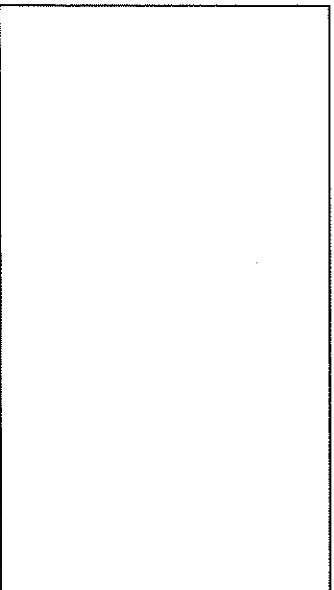
**TO BE SIGNED BY THE SUPPLIER UPON COMPLETION:**

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:**



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• KINDLY RETURN ALL DOCUMENTATION WHEN REPLYING