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Mafikaza KwaZulu-Natal

KWAZULU-NATAL PROVINCE
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AdvertQuote

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date: 2022-05-30

Closing Date: 2022-06-09

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Emmaus hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required EMMAUS HOSPITAL

Date Submitted 2022-05-27

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
EMM 175/05/2022

Item Category: Goods

Item Description: SUPPLY AND INSTALL STREET LIGHTS AS PER SPECIFICATIONS ATTACHED

Quantity (if supplies) 40

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Briefing Session

Date : 2022-06-02

Time: 10H00

Venue: EMMAUS HOSPITAL (STORES DERPARTMENT)

QUOTES CAN BE COLLECTED FROM: EMMAUS HOSPITAL

QUOTES SHOULD BE DELIVERED TO: EMMAUS HOSPITAL

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: KC NTSHALINTSHALI

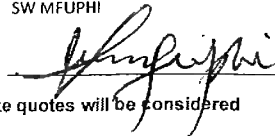
Email: siphile.hlongwane@kznhealth.gov.za

Contact Number: 036 488 8211

Finance Manager Name:

SW MFUPHI

Finance Manager Signature:



A handwritten signature in black ink, appearing to read 'SW MFUPHI', is written over a horizontal line.

No late quotes will be considered



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

PROVINCE OF KWAZULU-NATAL
DEPARTMENT OF HEALTH
ZNQ 2021
UTHUK-H-EMMAUS HOSPITAL -22/23
SUPPLY AND INSTALL SIGN BOARDS IN HOSPITAL

Minimum requirements for the project

NB. TO BE SUBMITTED WITH THE DOCUMENT (COMPULSORY)

- 3 EB
- Valid Tax Clearance Certificate.
- Proof of registration with CSD
- copy of BBBEE Certificate
- Proof of previous work done

The contractor shall also guarantee:

That equipment shall be installed, commissioned and set properly in order to attain the design conditions specified

Declaration

I have read with understanding and agree to all terms and conditions and requirements printed on this document.

I/We undertaken to complete the project within 2 days

Tenderer _____

Signature _____ Position _____