| | | annound . |
|---|------------------------------------|--|
| health Department: Health Province of KWAZULU-NATAL | Quotation Advert | |
| Opening Date: | 23/09/2022 | and the same of th |
| Closing Date: | 30/09/2022 | |
| | 30/09/2022 | |
| Closing Time: | 11:00 | |
| INSTITUTION DETAILS | | |
| Institution Name: Province: | ST CHADS CHC | |
| Department or Entity: | Department of Health | |
| Division or section: | Central Supply Chain Management | |
| Place where goods / services is required | ROCKCLIFF CLINC | |
| | ROCKCEIFF CLINC | |
| Date Submitted | 23/09/2022 | |
| ITEM CATEGORY AND DETAILS | | 1 |
| Quotation Number: | STC/249/22-23 | |
| Item Category: | GOODS |] |
| ItemDescription: | CRAZI. | J |
| | REPLACEMENT OF EXTERIOR DOUBLE | |
| | DOOR AT ROCKCLIFF CLINIC. | |
| | | |
| | | |
| | | |
| | | |
| COMPULSORY BRIEFING SESSION | | / SITE VISIT |
| Select Type: | COMPUI SURY SITE BRIFFING | |
| Date: | 27/09/2022 | |
| Time: | 10:00AM | 1 |
| Venue: | 10.00AW |] |
| QUOTES CAN BE COLLECTED FROM: | ROCKCLIFF CLINIC | |
| QUOTES SHOULD BE DELIVERED TO: | WILL BE AVAILABLE ON SITE BRIEFING | |
| | ST CHADS CHC IN THE TENDER BOX | |
| | | |
| ENQUIRIES REGARDING THE DIRECTED TO: | | ADVERT MAY BE |
| Nome | SN MALINGA | |
| Name: Email: | Zoe.mkhize@kznhealth.gov.za | 1 |
| | Zoc.iiikiizo@ kziiiicuitii.gov.zu |] |
| Contact Number: | 036 637 9600 | Finance Manager Name: |

No late quotes will be considered

Mrs A SOMARU
Finance Manager Signature: