

# **Quotation Advert**

**Opening Date:** 

07/08/2023

Closing Date:

18/08/2023

**Closing Time:** 

11:00

**INSTITUTION DETAILS** 

Institution Name:

**Emmaus Hospital** 

Province:

KwaZulu-Natal

Department of entity:

Department of Health

Division or section:

Central Supply Chain Management

Place where goods/

service is required:

EMMAUS HOSPITAL

**Date Submitted:** 

04/08/2023

ITEM CATEGORY AND DETAILS

**Quotation number:** 

EMM181/08/2023

Item Category:

Services

Item Description:

ERECTION OF FRENCH DRAIN AS EXISTING ONE HAS

COLLAPSED IN DUKUZA CLINIC

Quantity (if supplies):

01

**COMPULSORY BRIEFING SESSION / SITE VISIT** 

Select Type:

Compulsory Site Meeting

Date:

10/08/2023

Time:

11H00

Venue:

DUKUZA CLINIC

QUOTES CAN BE COLLECTED FROM:

SITE MEETING

QUOTES SHOULD BE DELIVERED TO:

**EMMAUS HOSPITAL** 

**ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:** 

Name:

KC NTSHALINTSHALI

Email: siphile.hlongwane@kznhealth.gov.za

Contact number: 036 488 8211

Finance Manager Name:

MR PP ZULU

Finance Manager Signature



## **PROVINCE OF KWAZULU-NATAL**

### DEPARTMENT OF HEALTH

ZNQ 2023

# UTHUK-H-EMMAUS HOSPITAL -23/24

# SPECIFICATION FOR THE ERECTION OF NEW FRENCH DRAIN IN DUKUZA CLINIC

# Minimum requirements for the project

# **NB.** TO BE SUBMITTED WITH THE DOCUMENT (COMPULSORY)

- Valid Tax Clearance Certificate.
- · Proof of registration with CSD
- Copy of BBBEE Certificate
- 1 SO AND 1 GB
- Proof of two similar projects
- Proof of two site handover documents
- Proof of two orders
- Proof of trade test Plumber

# 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\_\_\_\_\_\_\_