

## Quotation Advert

Opening Date:

21/06/2023

Closing Date:

26/06/2023

**Closing Time:** 

11:00

INSTITUTION DETAILS

Institution Name:

King Dinuzulu Hospital

Province:

KwaZulu-Natal

Department of entity:

Department of Health

Division or section:

Supply Chain Management

Place where goods/

**KDHC** 

service is required:

**Date Submitted:** 

15/06/2023

ITEM CATEGORY AND DETAILS

Quotation number:

KDH 220 / 23 24

Item Category:

Services

Item Description:

Replace SINGLE DOOR SEMI SOLID

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Complusory Briefing

Date:

21//06/203

Time:

11 H 00

Venue:

KDHC WORKSHOP

QUOTATION MUST BE DEPOSITED INTHE TENDER BOX :SITUATED IN THE MAIN FOYER KDHC: OWING TO US NOT HAVING A DEDICATED EMAIL ADDRESS FOR RECEIVING TENDERS NO QUOTATION WILL BE ACCEPTED VIA SCM STAFF EMAIL ADDRESS UNTIL FUTHER NOTICE.

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name:

Mr S Cebekhulu

Email:

sandile.cebekhulu@kznhealth.gov.za

Contact number: 031 2426000

SCM Manager Name:

Mr S Ponnan

SCM Manager Signature: P.P. CRMakanto



STANDARD QUOTATION DOCUMENT FOR QUOTATIONS ABOVE R2 000.01

				THE RESIDENCE AND ADDRESS OF THE PERSON NAMED IN	NOTATION			NI BERNE	
YOU ARE HEREBY IN	IVITED TO QUOTE FO	R REQUIREMEN	NTS AT: Kin	g Dinuzu	ılu Hospital Complex				
FACSIMILE NUMBER:	ACSIMILE NUMBER: 031 271 1194/209 9586		E-MAIL	ADDRESS	S:				
PHYSICAL ADDRESS	Dr RD Naidu Ro	ad & Nerina R	oad, Sydenl	nam					
QUOTE NUMBER:	zno / KDH	/ 220	, 23	. 24			VALIDITY PERIOD:	60 DAYS	
DATE ADVERTISED:	15/06/2023		CLOSIN	G DATE:	26/06/2023		CLOSING TIME:	11:00	
DESCRIPTION:	REPLACE SEM	II SOLID SI	NGLE D	OOR					
CONTRACT PERIOD (	(IF APPLICABLE):	once off							
	vote вох ѕітиатег vel 1 Hospital. Mai	전 경기를 하다 맛있다고 네가 되다.	DDRESS):						
ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED TO:  CONTACT PERSON: S.Cebekhulu					TELEPHONE NUMBER:	031 271 1	159		
E-MAIL ADDRESS:	sandile .cebekhulu	u@kznhealth.	.gov.za						
ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO: CONTACT PERSON: Joseph Gaysman					TELEPHONE NUMBER:	031 2711688			
E-MAIL ADDRESS:	joseph.gaysm	an@kznheal	th.gov.za		TEEET HONE HOMBEN.	-			
QUOTATIONS MUST I THIS QUOTE IS SUBJI REGULATIONS, 2022,	ECT TO THE PREFER	ENTIAL PROCU	REMENT PO	LICY FRA	ETYPED) MEWORK ACT AND TH FAPPLICABLE, ANY OT	E PREFERENTI HER SPECIAL (	AL PROCUREMENT	NTRACT	
	T	HE FOLLOWING	PARTICULA	RS OF B	IDDER MUST BE FURN R QUOTE BEING DISQ	ISHED			
NAME OF BIDDER: E-MAIL ADDRESS:									
POSTAL ADDRESS:									
STREET ADDRESS:									
TELEPHONE NUMBER:					FACSIMILE NUMBER:				
CELLPHONE NUMBER	R:			8	SARS PIN:	8			
VAT REGISTRATION N	IUMBER (If VAT vendo	r):							
CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.					M A A A				
UNIQUE REGISTRATION	ON REFERENCE:								
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