

## 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 224 / 23 24

Item Category:

Services

Item Description:

Repair to Coprugated Roof

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. COMSpundo



STANDARD QUOTATION DOCUMENT FOR QUOTATIONS ABOVE R2 000.01

YOU ARE HEREBY IN	VITED TO QUOTE FO	OR REQUIREMEN			ulu Hospital Complex	
FACSIMILE NUMBER	SIMILE NUMBER: 031 271 1194/209 9586		E-MAIL ADDRES		s:	
PHYSICAL ADDRESS	Dr RD Naidu R	oad & Nerina Ro	ad, Sydent	nam		
QUOTE NUMBER:	znq / KDH	, 224	<sub>1</sub> 23	- 24		VALIDITY PERIOD: 60 DAYS
DATE ADVERTISED:	15/06/2023		CLOSIN	G DATE:	26/06/2023	CLOSING TIME: 11:00
DESCRIPTION:	REPAIR TO C	OPRUGATE	D ROOF			
CONTRACT PERIOD	(IF APPLICABLE):	once off				
	QUOTE BOX SITUATE vel 1 Hospital. Ma		DDRESS):			
ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED TO: CONTACT PERSON: S.Cebekhulu				TELEPHONE NUMBER:	031 271 1159	
E-MAIL ADDRESS:	sandile .cebekhu	lu@kznhealth.	gov.za			
ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO: CONTACT PERSON: Joseph Gaysman				TELEPHONE NUMBER:	031 2711688	
E-MAIL ADDRESS: joseph.gaysman@kznhealth.gov.za						
THIS QUOTE IS SUB.	BE SUBMITTED ON	RENTIAL PROCUE	REMENT PO	LICY FR	AMEWORK ACT AND THE	E PREFERENTIAL PROCUREMENT HER SPECIAL CONDITIONS OF CONTRACT.
					BIDDER MUST BE FURNI UR QUOTE BEING DISQL	Restricted to the second secon
NAME OF BIDDER:				-0.004.00.00.00		
E-MAIL ADDRESS:	2					
POSTAL ADDRESS:						
STREET ADDRESS:						
TELEPHONE NUMBE	ER:				FACSIMILE NUMBER:	
CELLPHONE NUMBER:				SARS PIN:	<u> </u>	
VAT REGISTRATION	NUMBER (If VAT ven	dor):		<u> </u>		
CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.					M A A A	
UNIQUE REGISTRAT	ION REFERENCE:			Ι.		
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