

Quotation Advert

Opening Date: Closing Date:

21/06/2023 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/

service is required:

KDHC

Date Submitted:

15/06/2023

ITEM CATEGORY AND DETAILS

Quotation number:

KDH 226 / 23 24

Item Category:

Services

Item Description:

Replace Single Door

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:



STANDARD QUOTATION DOCUMENT FOR QUOTATIONS ABOVE R2 000.01

			PARTICULAR	s of Q	DITATOL	ON	No. of Lot	1000	725 27 . 8	12-150	- 57
YOU ARE HEREBY IN	NVITED TO QUOTE FOR	REQUIREMENT	S AT: King	Dinuzul	u Hospi	tal Complex					
FACSIMILE NUMBER	031 271 1194/20	E-MAIL ADDRESS:									
PHYSICAL ADDRESS	Dr RD Naidu Roa	ad & Nerina Roa	ad, Sydenha	m							
QUOTE NUMBER:	znq / KDH	, 226	, 23	. 24				VALID	ITY PERIOD:	60 DAY	S
DATE ADVERTISED:	15/06/2023		CLOSING	DATE:	26/0	6/2023		_ сі	OSING TIME	:11:	00
DESCRIPTION:	REPLACE SING	LE DOOR	WITH LO	CK SE	Т						_
CONTRACT PERIOD	(IF APPLICABLE): 0	nce off									
	QUOTE BOX SITUATED evel 1 Hospital. Mair		DRESS):								
ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED TO: CONTACT PERSON: S.Cebekhulu				_ 1	ELEPHO	ONE NUMBER:	031 271 1159				
E-MAIL ADDRESS:	sandile .cebekhulu	@kznhealth.g	jov.za								_
ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO CONTACT PERSON: Joseph Gaysman					telephone number: 031 2711688						
E-MAIL ADDRESS:	joseph.gaysma	an@kznhealth	n.gov.za			200-200-20-20-20-20-20-20-20-20-20-20-20					Ξ
Bidders should ensu	ure that quotes are deliv	ered timeously t	o the correct	address	. If the a	uote is late, it	will not be	accepted f	or considera	tion.	
	n from 08:00 to 15:30.	IE OFFICIAL FOR	RMS – (NOT T	O BE RE	TYPED						
THIS QUOTE IS SUB	JECT TO THE PREFERE 2, THE GENERAL COND	ENTIAL PROCUR	EMENT POLI	CY FRAM	MEWORI	K ACT AND TH					
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POSTAL ADDRESS:	} :										_
STREET ADDRESS:	ş										_
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CELLPHONE NUMBER:				s	SARS PIN:						
VAT REGISTRATION	NUMBER (If VAT vendo	r):		_							
CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. UNIQUE REGISTRATION REFERENCE:					м А	A A	Ш]		
UNIQUE REGISTRA	HON REPERENCE:		ТП	-	\prod	T-T			ПП		