

Quotation Advert

Opening Date:

04/09/2023

Closing Date:

11/09/2023

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:

04/09/2023

ITEM CATEGORY AND DETAILS

Quotation number:

KDH 286 / 23 24

Item Category:

Services

Item Description:

Supply & install a 24 000 BTU air conditioner at the ups room

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Compulsory Site Meeting

Date:

06/09/2023

Time:

11 h 00

Venue:

Workshop King Dinuzulu Hospital Complex

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 Z.MAPUMULO

SCM Manager Signature:





STANDARD QUOTATION DOCUMENT FOR QUOTATIONS ABOVE R2 000.01

PARTICULARS OF QUOTATION
YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: King Dinuzulu Hospital Complex
FACSIMILE NUMBER: 031 271 1194/209 9586 E-MAIL ADDRESS:
PHYSICAL ADDRESS: Dr RD Naidu Road & Nerina Road, Sydenham
QUOTE NUMBER: ZNQ / KDH / 286 / 23 . 24 VALIDITY PERIOD: _ 60 DAYS
DATE ADVERTISED: 04/09/2023 CLOSING DATE: 11/09/2023 CLOSING TIME: 11:00
Supply & Install a 24 000 BTU Air conditioner at the UPS Room
CONTRACT PERIOD (IF APPLICABLE): once off
DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS): KDHC District Level 1 Hospital. Main Foyer
ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED TO:
CONTACT PERSON: S.Cebekhulu TELEPHONE NUMBER: 031 271 1159
E-MAIL ADDRESS: sandile .cebekhulu@kznhealth.gov.za
ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO: CONTACT PERSON: Joseph Gaysman TELEPHONE NUMBER: 031 2711688
CONTACT PERSON: JOSEPH Gaysman TELEPHONE NUMBER: 031 2711688 E-MAIL ADDRESS: joseph.gaysman@kznhealth.gov.za
Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration.
The quote box is open from 08:00 to 15:30.
QUOTATIONS MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RETYPED)
THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2022, THE GENERAL CONDITIONS OF CONTRACT.
THE FOLLOWING PARTICULARS OF BIDDER MUST BE FURNISHED (FAILURE TO DO SO MAY RESULT IN YOUR QUOTE BEING DISQUALIFIED)
NAME OF BIDDER:
E-MAIL ADDRESS:
POSTAL ADDRESS:
STREET ADDRESS:
TELEPHONE NUMBER: FACSIMILE NUMBER:
CELLPHONE NUMBER: SARS PIN:
VAT REGISTRATION NUMBER (If VAT vendor):
CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. M A A A A JNIQUE REGISTRATION REFERENCE: