

TENDER INVITED FOR SUPPLIES, SERVICES AND DISPOSALS

Department:

Dept of Health

Description	Required at	Tender / Bid No.	Closing Date & Time
<p>SUPPLY AND DELIVERY OF ANAESTHETIC REQUIREMENTS TO ALL HOSPITALS/INSTITUTIONS UNDER THE CONTROL OF THE DEPARTMENT OF HEALTH, WESTERN CAPE GOVERNMENT FOR A THREE YEAR PERIOD</p> <p>Briefing Session: N/A</p> <p>Bids obtainable from: Lindsey.Cloete@westerncape.gov.za</p> <p>Post or Deliver Bids to: The Foyer 4 Dorp Street, Provincial Building, Tower Block, Cape Town 8001</p> <p>For completion of bid documents please contact: Mr L Cloete @ Lindsey.cloete@westerncape.gov.za Banking details - Non-refundable fee of R50.00. Bank & branch: Nedbank Cape Town, Branch code: 14 52 09, Account no: 1452 045 097. Deposit slips must reflect bid number as reference and bidder's name and must be e-mailed/faxed along with electronic request.</p> <p>Special Conditions: Attached on bid document</p>	Western Cape - WESTERN CAPE	WCGHCC083/2020	Friday, January 21, 2022

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TENDER INVITED FOR SUPPLIES, SERVICES AND DISPOSALS

Department:

Dept of Health

Description	Required at	Tender / Bid No.	Closing Date & Time
<p>FOR THE SUPPLY AND COMMISSIONING OF ONE (1) SURGICAL MICROSCOPE AND OPERATING CHAIR WITH ARMRESTS FOR USE IN THE B1-A&B NEURO THEATRE AT TYGERBERG HOSPITAL</p> <p>Briefing Session: N/A</p> <p>Bids obtainable from: PHYSICAL ADDRESS: ROOM 72, 1ST FLOOR OF THE ADMINISTRATION BUILDING TYGERBERG HOSPITAL, FRANCIE VAN ZIJIL DRIVE PAROW, CAPE TOWN. IT'S GENERALLY OPEN 07:30AM -16:00PM, MONDAY TO FRIDAY, ALTERNATIVELY E-MAILED ON PRODUCTION OF PROOF OF PAYMENT.</p> <p>Post or Deliver Bids to: PHYSICAL ADDRESS: BIDS MUST BE DEPOSITED IN THE BID BOX SITUATED ON TH 1ST FLOOR OF THE ADMINISTRATION BUILDING (OPPOSITE THE SPIRAL STAIRCASE) TYGERBERG HOSPITAL, FRANCIE VAN ZIJIL DRIVE, PAROW, CAPE TOWN. IT'S GENERALLY OPEN 7:30AM-16:00PM, MONDAY TO FRIDAY. OR CAN BE DROPPED OFF AT ROOM 72, 1 ST FLOOR, ADMINISTRATION BUILDING, TYGERBERG HOSPITAL.</p> <p>For technical information, please contact: Name: Jacques Du Preez 021 938 4526 E-mail: Jacques.DuPreez2@westerncape.gov.za</p> <p>For completion of bid documents please contact: Name: Ganeefah Abrahams 021 938 4980 E-mail: Ganeefah.Manuel@westerncape.gov.za/Chad Miggel 021 938 5269 E-mail: Chad.Miggel@westerncape.gov.za/ Shanice Nel 021 938 4981 E-mail: Shanice.Nel@westerncape.gov.za / Paschal Rodgers 021 938 5605 E-mail: Paschal.Rodgers@westerncape.gov.za</p> <p>Special Conditions: A NON-REFUNDABLE FEE OF R50.00 WILL BE CHARGED PER BID FOR ALL FORMAL BIDS INVITED BY THIS DEPARTMENT. TO BE PAID AT TYGERBERG HOSPITAL - NEDBANK, ACCOUNT NAME: PROVINCIAL GOVERNMENT OF THE WESTERN CAPE - TYGERBERG HOSPITAL; CHEQUE ACCOUNT. ACCOUNT NO. 1452045259; BRANCH NAME: NEDBANK CORPORATION; BRANCH CODE: 145209 OR CASH PAYMENT CAN BE MADE AT ROOM 46 ADMIN BUILDING.</p>	Western Cape - TYGERBERG HOSPITAL	TBH 216/2021	1/28/2022 11:00

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<p>SUPPLY, DELIVERY, INSTALLATION, DEMONSTRATION AND COMMISSIONING FOR THE FURNISHING OF DENTAL SURGERIES WITH VARIOUS DENTAL EQUIPMENT INCLUDING CONE BEAM CT SCAN AT VARIOUS INSTITUTIONS IN THE WESTERN CAPE DEPARTMENT OF HEALTH FOR A THREE-YEAR PERIOD.</p> <p>COST OF DOCUMENT NON-REFUNDABLE FEE OF R50.00</p> <p>PAYMENT DETAILS BANK & BRANCH: NEDBANK CAPE TOWN, BRANCH CODE: 14 52 09, ACCOUNT NO: 1452 045 097</p> <p>DOCUMENT NOTES DEPOSIT SLIPS MUST REFLECT BID NUMBER AS REFERENCE BELOW AND BIDDER'S NAME AND MUST BE E-MAILED/FAXED ALONG WITH ELECTRONIC REQUEST.</p> <p>ADDITIONAL NOTES BID DOCUMENT IS AVAILABLE ELECTRONICALLY ONLY. PLEASE SEND REQUEST FOR BID DOCUMENT TO THE E-MAIL JARED.BECKER@WESTERNCAPE.GOV.ZA AND INCLUDE YOUR FULL COMPANY AND CONTACT DETAILS AS WELL AS THE PROOF OF PAYMENT.</p> <p>Briefing Session: A Compulsory Site Inspection & Information session will be held in respect of this bid invitation FOR THE CONE BEAM CT SCAN (CBCT) ONLY. The details are as follows: On the premises of Tygerberg Hospital Tygerberg Oral Healthcare Building B-Floor, Radiology Department (Main Reception Area) Date: 14 December 2021 Time: 09:00am For details contact: Ms Joanna Palmer Tel: 021 937 3040</p> <p>PLEASE NOTE THE SITE VISIT IS NOT FOR THE DENTAL EQUIPMENT, BUT FOR THE CBCT SCAN ONLY.</p> <p>BIDDERS PLEASE NOTE COVID-19 RULES APPLY.</p> <p>Bids obtainable from: Jared.Becker@westerncape.gov.za</p> <p>Post or Deliver Bids to: The Foyer M9 GENSES Building, On the premises of Karl Bremer Hospital C/o Mike Pienaar Boulevard & Fran Conradie Avenue, Bellville, Cape Town 7530</p> <p>For technical information, please contact: FOR THE CONE BEAM CT SCAN (CBCT) Ms Joanna Palmer / Dr Walters Tel: 021 937 3040 / 021 937 3078 Email: joanna.palmer@westerncape.gov.za / jawalters@uwc.ac.za</p> <p>For Technical Information Please contact: FOR DENTAL EQUIPMENT Mr Arend Moelich Clinical Engineer Tel. No.: 021 591 7126 E-mail: Arend.Moelich@westerncape.gov.za</p> <p>For completion of bid documents please contact: Mr Jared Becker, Tel: 021 483 6585, Jared.Becker@westerncape.gov.za</p> <p>Special Conditions: STANDARD</p>	WESTERN CAPE - DEPARTMENT OF HEALTH	WCGHCC127/2021	2022/01/17 11:00

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