

TENDER INVITED FOR SUPPLIES, SERVICES AND DISPOSALS

Department:

Dept of Health

Description	Required at	Tender / Bid No.	Closing Date & Time
<p>SUPPLY, DELIVERY & RENDERING OF RURAL DISTRICT EYE CARE SERVICE FOR A THREE (3) YEAR PERIOD: WESTERN CAPE GOVERNMENT: DEPARTMENT OF HEALTH</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 RIAAN.MEYER@WESTERNSCAPE.GOV.ZA AND INCLUDE YOUR FULL COMPANY AND CONTACT DETAILS AS WELL AS THE PROOF OF PAYMENT. Briefing Session: N/A Bids obtainable from: Riaan.Meyer@westerncape.gov.za 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 For technical information, please contact: Rochelle Hardnick E-mail: Rochelle.Hardnick@westerncape.gov.za For completion of bid documents please contact: Mr Riaan Meyer, E-mail: Riaan.Meyer@westerncape.gov.za Special Conditions: STANDARD</p>	WESTERN CAPE - DEPARTMENT OF HEALTH	WCGHCC123/2021	2022/01/21 11:00

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