



KENYATTA NATIONAL HOSPITAL
Hospital Rd. along, Ngong Rd.
P.O. Box 20723,
NAIROBI
Tel: 2726300-9
Fax: 2725272

Ref:KNH/SCM/ADM.33

April 18th, 2017

TO ALL BIDDERS;

**RE: ADDENDUM TO SUPPLY AND DELIVERY OF INSECTICIDES AND RODENTICIDES
(Reserved for Persons Living with Disability) TENDER NO: KNH/T/29/2017-2018**

Pursuant to Clause 2.6 on Amendment of Tender Documents, the Hospital wishes to make the following amendments/clarifications as indicated here below:

1. This is to clarify that the above Tender is **Reserved for Persons Living With Disability ONLY**.
2. The Sample Submission Form has been added (**SEE ATTACHED**).
3. The Sample Submission will take place on **3rd May 2017**.
4. The Confidential Business Questionnaire (page 41-43) has been **EXPUNGED** and **REPLACED** with a new Confidential Business Questionnaire (**SEE ATTACHED**)

Please note that the Tender closing/opening date remains **4th May 2017 at 10:00 A.M.**


R.M. NJOROGE (MRS)
FOR CHIEF EXECUTIVE OFFICER

10.2 CONFIDENTIAL BUSINESS QUESTIONNAIRE FORM

You are requested to give the particulars indicated in Part 1 and either Part 2(a), 2(b) or 2 (c) (Whichever applied to your type of business) and part 3(a) & 3(b) that is mandatory. You are advised that it is a serious offence to give false information on this form

Mandatory

Part 1 - General:

Business Name

Location of business premises.

Plot No..... Street/Road

Postal Address Tel No.company Mobile E mail address.....Contact PersonMobile.....

Nature of Business,.....

Registration Certificate No.

Maximum value of business which you can handle at any one time - Kshs.

Name of your bankers Branch.

Complete part 2(a), 2(b) or 2(c)

Part 2 (a) - Sole Proprietor

Your name in full Age

Nationality Country of origin

- Citizenship details

Part 2 (b) Partnership

Given details of partners as follows:

SUPPLY AND DELIVERY OF INSECTICIDES AND RODENTICIDES 2017-2018

Name	Nationality	Citizenship Details
Shares		
1.		
2.		
3.		
4.		
5.		

Part 2 (c) - Registered Company Private or Public

.....

State the nominal and issued capital of company: Nominal Kshs.

Issued Kshs.

Given details of all directors as follows

Name	Nationality	Citizenship Details	Shares
1.....			
2.....			
3.....			
4.....			
5.....			

Mandatory

Part 3 (a) - Pursuant to section 59(1)(a) ,(2) and (3) of the Public Procurement Assets and Disposal Act related Regulations . This must be signed by all Directors Partner (s) /Sole Proprietor of the Company (or any other applicable legislation in the Country of registration)

1 /we the Director(s) of Company/Firmhereby declare that I /we are not a board member , employee or even a relative to any employee of Kenyatta National Hospital.

Given details of partners /Directors /Sole proprietor as follows:

Name	Nationality	Citizenship Details	Signature
1.....			
2.....			
3.....			
4.....			
5.....			

Mandatory

Part 3(b) Public Procurement & Assets Disposal Act 2015 and related regulations or any other applicable legislation in the Country of registration).

Pursuant to section 41 of the Public Procurement and Assets Disposal Act 2015, I/ we the Directors/Partners/Sole Proprietor of this Company/Firmconfirm that we have not been debarred in Kenya not to Participate in any Tender/Bidding in Kenya.

Name	Nationality	Citizenship Details	Signature
1.....			
2.....			
3.....			
4.....			
5.....			

NB: If a Kenya Citizen, indicate under "Citizenship Details" whether by Birth, Naturalization or Registration.

SignDateStamp.....

