KENYATTA NATIONAL HOSPITAL

PRE-QUALIFICATION
FOR REPAIRS, MAINTENANCE AND SERVICE
OF MOTOR VEHICLES

KNH/PQ/03/2019-2020
KENYATTA NATIONAL HOSPITAL

PRE-QUALIFICATION FOR REPAIRS, MAINTENANCE AND SERVICE OF MOTOR VEHICLES

KNH/PQ/03/2019-2020
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>CONTENTS</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-qualification notice</td>
<td>4</td>
</tr>
<tr>
<td>Pre-qualification instructions</td>
<td>6</td>
</tr>
<tr>
<td>Brief Contract Regulations</td>
<td>7</td>
</tr>
<tr>
<td>Pre-Qualification Data Instructions</td>
<td>8</td>
</tr>
<tr>
<td>Registration Documents</td>
<td>PQ-1</td>
</tr>
<tr>
<td>Pre-qualification Data</td>
<td>PQ-2</td>
</tr>
<tr>
<td>Supervisory Personnel</td>
<td>PQ-3</td>
</tr>
<tr>
<td>Financial position</td>
<td>PQ-4</td>
</tr>
<tr>
<td>Confidential Report</td>
<td>PQ-5</td>
</tr>
<tr>
<td>Past Experience</td>
<td>PQ-6</td>
</tr>
<tr>
<td>Litigation History</td>
<td>PQ-7</td>
</tr>
<tr>
<td>Sworn statement</td>
<td>PQ-8</td>
</tr>
</tbody>
</table>
PREQUALIFICATION NOTICE

PREQUALIFICATION FOR THE REPAIR, MAINTENANCE AND SERVICE OF MOTOR VEHICLES.

Kenyatta National Hospital intends to pre-qualify firms/garages to repair, maintain and service three motor vehicles. Bidders who will be pre-qualified for the same will be called to quote when the need arises.

Interested and competent firms/garages specializing in the provision of repair and maintenance services of the motor vehicles mentioned below are invited to apply for pre-qualification.

<table>
<thead>
<tr>
<th>PRE-QUALIFICATION NO.</th>
<th>TYPE OF MOTOR VEHICLE</th>
<th>CLOSING DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1. Toyota Prado</td>
<td>08/04/2020</td>
</tr>
<tr>
<td></td>
<td>2. Mercedes Benz Ambulance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Volvo Saloon</td>
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</tr>
</tbody>
</table>

It is expected that invitation to bid for the services will be soon after the pre-qualification is completed.

Eligible applicants may obtain the pre-qualification documents from the Supply Chain Management Department room No.6 on working days from 8.00am to 4.30pm.

Requirements for pre-qualification are set in the pre-qualification document. Pre-qualified bidders will be notified and asked to acquire the bid document in the areas they are prequalified for. Submissions of applications for pre-qualification must be received in sealed plain envelopes marked ORIGINAL and COPY both put in one envelope and must be dropped in the Tender Box, Supply Chain Management, ground floor, addressed to:

THE CHIEF EXECUTIVE OFFICER
KENYATTA NATIONAL HOSPITAL
P. O. BOX 20723 -00202
NAIROBI

Not later than: 08/04/2020 at 10.00 a.m.
The envelope must not bear the name of the applicant but should be clearly marked with the details of the pre-qualification number as follows:

PRE-QUALIFICATION NO. KNH/PQ/03/2019-2020 FOR: Pre-Qualification
For Repairs, Maintenance And Service Of Motor Vehicles

The pre-qualification envelopes shall be opened immediately after closing time and representatives of applicants or their representatives are welcome to witness the opening.

The hospital reserves the right to accept or reject any application.
1. PRE-QUALIFICATION INSTRUCTIONS

1.1 Introduction

Kenyatta National Hospital (KNH) would like to pre-qualify interested candidates who must qualify by meeting the set Pre-qualification Evaluation criteria as provided by the Hospital to repair, maintenance and service of the motor vehicles mentioned above as and when required.

1.2 Project objective

The main objective is to provide repair, maintenance and service of motor vehicles as indicated in the Pre-qualification Notice to Kenyatta National Hospital as and when required during the period ending 30th June 2021.

1.3 Invitation for pre-qualification

Firms/garages registered with the Registrar of Companies under the Laws of Kenya are invited to submit their PRE-QUALIFICATION documents to the Chief Executive Officer of Kenyatta National Hospital so that they may be pre-qualified for submission of quotations for the services. Kenyatta National Hospital requires prospective firms/garages to supply information for prequalification.

1.4 Experience

1.4.1 Prospective firms/garages must have carried out successfully, similar services to other institutions of similar size and complexity.

1.5 Pre-qualification Document

1.5.1 The documents includes questionnaire forms and documents required for the provision of repair, maintenance and service of motor vehicles.

1.5.2 In order to be considered for qualification, prospective firms/garages must submit all the information herein requested.

1.6 Submission of pre-qualification documents.

Completed pre-qualification documents and other requested information shall be submitted to reach:-

6
The Chief Executive Officer,
Kenyatta National Hospital,
P. O. Box 20723, -00202,
NAIROBI.
KENYA.
Tel.254-02-726300
Fax:254-02-725272
Email: procurementknh@gmail.com

Not later than 08/04/2020 at 10.00a.m. (Local Time)

1.7 Questions Arising from Pre-qualification Documents.

Questions that may arise from the pre-qualification documents should be
directed to the Chief Executive Officer of Kenyatta National Hospital whose
address is given in para 1.6 at least seven (7) days before close of Pre-
qualification.

1.8 Additional information

The Chief Executive Officer, KNH reserves the right to request for the
submission of additional information from prospective bidders at any time
prior to, or after, the closing date for submission of pre- qualification
documents.

1.9 Notification of pre-qualification outcome

Bidding documents will be made available only to those firms whose
qualifications are accepted by KNH after scoring a minimum of 70% points in
PQ-2 to PQ-8 after the completion of the pre-qualification process. Those firms
not qualified will be informed accordingly.

2. BRIEF CONTRACT REGULATIONS/GUIDELINES

2.1 VAT and PIN Registration

Bidders must be registered with the Kenya Revenue Authority and should
submit the relevant VAT and PIN Certificates and Certificate of compliance.

2.2 Payments

All local payments shall be on credit of a minimum of thirty (30) days or as
may be stipulated in the contract agreement.
3. **PRE-QUALIFICATION DATA INSTRUCTIONS.**

**Pre-qualification Data Forms:**

i) PQ 1 is MANDATORY: Copies of requirements **MUST** be attached. Only firms that qualify 100% will proceed to be evaluated in PQ’s 2 to PQ 8.

ii) The attached questionnaire forms, PQ2, PQ3, PQ4, PQ5, PQ6, PQ7 and PQ8 are to be completed by prospective bidders who wish to be pre-qualified. Marks will be allocated out of 100 and the pass mark required is 70% and above.

The pre-qualification applications which are not filled out completely and submitted in the prescribed manner will not be considered. All the documents that form part of the proposal must be written in the English Language and in ink.

**Qualification.**

It is understood and agreed that the pre-qualification data on prospective bidders is to be used by KNH in determining according to its sole judgment and discretion, the qualifications of prospective bidders to perform in respect to the categories described in this document by the client.

Prospective bidders will not be considered qualified unless in the judgment of KNH they possess capability, experience, qualified personnel available and suitability of offering the services and net current assets or working capital sufficient to satisfactorily execute the contract.

**Essential criteria for pre-qualification**

(a) Experience: Prospective bidders shall have at least 2 years experience in provision of similar services and should show competence and capacity to service contract.

(b) Prospective bidders require special experience and capability to organize and provide services required at short notice.

**Personnel**

The names and pertinent information and the C.V. of the principal (technical) personnel to execute the contract(s) must be indicated in Form PQ 3.
Financial position

The supplier’s financial condition will be determined by latest two audited financial statements submitted with the pre-qualification documents as well as a letter of Reference from their bankers regarding the bidders’ credit position (please see Form PQ-4)

Special consideration will be given to the financial resource available as working capital, taking into account the amount of uncompleted orders on contract and now in progress. Data to be given on Form PQ 4.

Past performance.

Past performance will be given due consideration in pre-qualifying bidders. Letters of reference from past and current customers should be included as per Form PQ 6.

4. Sworn Statement

Applicants must include a sworn statement per Form PQ-8 by the company ensuring the accuracy of the information given.

5. Withdrawal of pre-qualification.

Should conditions arise between the time a firm is pre-qualified to bid the bid opening date which in the opinion of KNH could substantially change the performance and qualification of the bidder or his ability to perform such as, but not limited to, bankruptcy, change in ownership, or new commitments, KNH reserves the right to reject the tender from such a bidder even though he was initially pre-qualified.

6. The Firm must have a fixed business premises and must be duly registered to carry out business.
7. Verification Visits

Kenyatta National Hospital shall have the right to visit the bidders premises to verify the information provided in the document and to ascertain the available facilities on the basis of which the pre-qualification will be done.

8. Prequalification criteria.

<table>
<thead>
<tr>
<th>Required information</th>
<th>Form type</th>
<th>Points score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Registration Documents (Mandatory)</td>
<td>PQ-1</td>
<td>100%</td>
</tr>
<tr>
<td>2) Pre-qualification Data</td>
<td>PQ-2</td>
<td>15</td>
</tr>
<tr>
<td>3) Supervisory Personnel</td>
<td>PQ-3</td>
<td>15</td>
</tr>
<tr>
<td>4) Financial position</td>
<td>PQ-4</td>
<td>15</td>
</tr>
<tr>
<td>5) Confidential Business Questionnaire</td>
<td>PQ-5</td>
<td>15</td>
</tr>
<tr>
<td>6) Past Experience</td>
<td>PQ-6</td>
<td>15</td>
</tr>
<tr>
<td>7) Litigation History</td>
<td>PQ-7</td>
<td>15</td>
</tr>
<tr>
<td>8) Sworn statement</td>
<td>PQ-8</td>
<td>10</td>
</tr>
</tbody>
</table>

NB: The qualification for PQ 2 to PQ 8 is 70 points and above:

FORM PQ-1 REGISTRATION DOCUMENTS (MANDATORY)

All firms MUST provide:

2. Copy of incorporation /Evidence of registration whichever is applicable and CR 12 for limited companies.
3. Company Profile
4. Copy of current trade license.
6. Valid indemnity cover for the firm.

[ Failure to produce any of the above will lead to automatic disqualification, thus no further evaluation of your application]
FORM PQ-2 PRE-QUALIFICATION DATA

1. Supplier identification:

   Legal name of firm: ..................................................................................

   Post office address: ..............................................................................

   Street Address: ....................................................................................

   City: ........................................................................................................

   Country: ...................................................................................................

   Telephone No.: ......................................................................................

   Facsimile No: .........................................................................................

   E-mail address: ......................................................................................

   Person to contract: ..................................................................................

   Title: ........................................................................................................

2. Organization and Business Information:

   Management Personnel: ........................................................................

   Director: ...................................................................................................

   Other: ........................................................................................................

   Partnership (Where applicable): ............................................................

   Name of partners: ..................................................................................

   ..............................................................................................................

3. Business founded or incorporated: (state date) ......................................

4. Company registration number ................................................................

5. Current valid trade license number: ..................................................... Expiry date: .......
6. Current VAT registration number: .................................................................

7. Current PIN certificate number: .................................................................

8. Current local authority license number: ...................................................... Expiry date: ...

9. Name of issuing local authority: .................................................................

10. Under present management since: .............................................................

11. Net worth in equivalent Ksh: .................................................................
12. Bank reference and address: ..............................................................................

13. Bonding Company reference and address: .................................................

14. Enclosed copy of the organization chart of the firm indicating the main fields of activities

15. Attach copies of company registration certificate, VAT, PIN certificates, valid trade license and local authority license.

FORM PQ-3
SUPERVISORY/MANAGEMENT PERSONNEL

1. Name: ...................................................................................................................

2. Age: ....................................................................................................................

3. Academic qualification: .....................................................................................

4. Professional qualification: ..................................................................................

5. Work experience: ............................................................................................... 

6. Length of service with the firm and position held: ............................................
   .................................................................................................................................
   .................................................................................................................................

7. Please attach the curriculum Vitae of the principal (technical)personnel
FORM PQ-4

FINANCIAL POSITION.

1. Summary of quick assets and current liabilities as of ...................... /20….

   Assets ..................................................................................................................

   ..................................................................................................................

   a. Cash in hand
   b. Cash deposited in banks (state details below)

   ..................................................................................................................

   ..................................................................................................................

   Total Cash: .................................................................

   Name of Bank/ Institution .................. Location ...................... Deposited Amount .................

   Liabilities

   ..................................................................................................................

   ..................................................................................................................

   ..................................................................................................................
2. Deposit with Bids or as guaranteed (state details)

<table>
<thead>
<tr>
<th>Deposited With</th>
<th>Name &amp; Purpose</th>
<th>Date of recovery</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

3. Due from completed contracts
(Amount receivable within 90 days, exclude claims not approved.)

<table>
<thead>
<tr>
<th>Name address of owner</th>
<th>Designation of contract</th>
<th>Contract sum</th>
<th>Amount Receivable</th>
</tr>
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</tbody>
</table>
FORM PQ-5

KENYATTA NATIONAL HOSPITAL

CONFIDENTIAL BUSINESS QUESTIONNAIRE TO BE FILED BY ALL
PROSPECTIVE BIDDERS

You are requested to give the particulars indicated in part 1 and either part 2(a), 2(b),
or 2(c) whichever applies to your type of business. Part’s 3(a) and 3(b) are mandatory.

You are advised that it is a serious offence to give false information on this Form.

Part 1-General

Business Name ........................................................................................................

Registration Ref. No. ............................................................................................

Location of business premises, i.e. building........................Floor No........Room
No........

Plot No. ..................................................Street/Road ..............................

Postal Address ................................Tel No..............................................

Facsimile No. .................................................................................................

Nature of business .............................................................................................

Current Trade License No. ...................Expiring Date .........................

VAT Registration No. .......................PIN certificate No. .................

Local Authority license No. ......................Expiry date......................

Maximum value of business which you can handle at any one time
K£.................................

Name of bankers.........................................Branch.................................

Name of agencies you hold..............................................................................
NB: Attach copies of Registration Certificate, Trade Licence, VAT Registration Certificate, PIN Certificate and Local Authority Licence.

**Part 2(a) Sole Proprietor:**

My name in full .................................................................Age.................................

Nationality .........................ID/passport.................Country of origin.......  

*Citizenship details .................................................................

**Part 2(b) partnership**

Give details of partner as follows

<table>
<thead>
<tr>
<th>Name</th>
<th>Nationality</th>
<th>*citizenship details</th>
<th>Shares</th>
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<tbody>
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<td>1)</td>
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<td>3)</td>
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</table>
Part 2(c) Registered Company:

State whether private or public .................................................................

State the nominal and issued capital of the company

Nominal K£..............................................or other convertible currency ........

Issued K£..............................................or other convertible currently............

Give details of all Directors as follows:

<table>
<thead>
<tr>
<th>Name</th>
<th>Nationality</th>
<th>*Citizenship details</th>
<th>Shares</th>
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</thead>
<tbody>
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Mandatory

Part 3 (a) – Pursuant to section 33(1) and 33(2) of the public procurement Assets and Disposal Act 2015 and section 26 of the Regulations 2006. This must be signed by all Directors Partner (s) /Sole Proprietor of the Company:

1 /we the Director(s) of Company/Firm ...............................................................hereby 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:
<table>
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<tr>
<th>Name</th>
<th>Nationality</th>
<th>Citizenship Details</th>
<th>Signature</th>
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**Mandatory**

**Part 3(b) Public Procurement & Assets Disposal Act 2015** and section 26 of the Regulations 2006. Pursuant to section 115 of the Public Procurement and Disposal Act 2005, I/we the Directors/Partners/Sole Proprietor of this Company/Firm ............................confirm that company /Firm ..................................................has not been debarred in Kenya not to Participate in any Tender/Bidding in Kenya.

<table>
<thead>
<tr>
<th>Name</th>
<th>Nationality</th>
<th>Citizenship Details</th>
<th>Signature</th>
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Sign ..................................................Date ..............................Stamp.............................

*If Kenyan Citizen indicate under Citizenship details) whether by Birth, Naturalization or Registration.
FORM PQ- 6: PAST EXPERIENCE

NAME OF APPLICANTS CLIENTS IN THE LAST TWO YEARS.

Applicants are required to indicate at least three(3) clients served with similar services for the last two (2) years. Attach letters of offer or contracts as necessary.

1. First client(organization)

   i. Name of 1st client (Organization)..............................................................
   
   ii. Address of client (organization)..............................................................
   
   iii. Telephone No. of client.............................................................................
   
   iv. Facsimile No. of client.............................................................................
   
   v. E-mail address of client............................................................................
   
   vi. Name of contract person at the client(organization)..............................
   
   vii. Value of contract/orders.......................................................................
   
   viii. Duration of ongoing contracts/orders.....................................................

2. Second client(organization)

   i. Name of 2nd client (Organization)..............................................................
   
   ii. Address of client (organization)..............................................................
   
   iii. Telephone No. of client.............................................................................
   
   iv. Facsimile No. of client.............................................................................
   
   v. E-mail address of client............................................................................
   
   vi. Name of contract person at the client(organization)..............................
vii. Value of contract/orders ..............................................................................

viii. Duration of ongoing contracts/orders ...........................................................

3. Third client(organization)

i. Name of 3rd client (Organization) ..............................................................

ii. Address of client (organization) ..............................................................

iii. Telephone No. of client ..........................................................................

iv. Facsimile No. of client ............................................................................

v. E-mail address of client ..........................................................................

vi. Name of contract person at the client(organization) .................................

vii. Value of contract/orders ..........................................................................

viii. Duration of ongoing contracts/orders ......................................................
FORM PQ -7: LITIGATION HISTORY

Applicants, including each of the partners of a joint venture, should provide information of any history of litigation or arbitration resulting from contracts executed in the last five years or currently under execution (Instructions to Applicants, para. 4.8). A separate sheet should be used for each partner of a joint venture.

<table>
<thead>
<tr>
<th>Year</th>
<th>Award FOR or AGAINST Applicant</th>
<th>Name of client, cause of litigation, and matter in dispute</th>
<th>Disputed amount (current value Kshs.)</th>
</tr>
</thead>
<tbody>
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FORM PQ-8: SWORN STATEMENT

The undersigned having studied the pre-qualification invitation for the items listed on page one (1)

a) The information furnished in our application is accurate to the best of our knowledge.

b) That in case of being pre-qualified, we acknowledge that this grants us the right to participate in due time in the submission of pre-qualification documents on the basis of provisions in the pre-qualification documents to follow.

c) When the invitation for tenders is issued, if the legal technical, financial position, or the contractual capacity of the firm changes, we commit ourselves to inform you and acknowledge your sole right to review the pre-qualification made.

d) We enclose all the required documents and information required for the pre-qualification evaluation.

Applicant’s Registered Name: ………………………………………………………………………

Presented by (Name of official): ………………………………………………………………………

Designation: ……………………………………………………………………………………………

Signature: ……………………………………………………………………………………………

Date: ……………………………………………………………………………………………

(Full name and designation of the person signing to be given and stamp or seal to be affixed).