



KENYATTA NATIONAL HOSPITAL
P.O. BOX 20723, 00202 Nairobi

Tel: 2726300/2726450/2726550
Fax: 2725272
Email: knhadmin@knh.or.ke

Ref: KNH/SCM/ADM.43

Date: 28th May, 2024

RE: ADDENDUM TO TENDER NO: KNH/T/20/2024-2025- SUPPLY AND DELIVERY OF LAUNDRY DETERGENTS.

To: ALL BIDDERS

Pursuant to the Public Procurement and Asset Disposal Act 2015 section 75 and its attendant Regulations 2020 and Clause 7 on Amendment of Tender Documents, the Hospital wishes to make the following amendments/clarifications;

1. PRICE SCHEDULE FOR GOODS - MWAI KIBAKI HOSPITAL QUANTITIES

The quantities for Mwai Kibaki Hospital have been added as tabulated below:

No.	Item Description	Main HospQty	Unit Price	Total Price	DeliveryPeriod
1.	Enzyme/Biological Detergent	200			
2.	Laundry Liquid LinenDisinfectant	200			
3.	Laundry Liquid Emulsifier/Booster	200			
4.	Laundry Liquid OxygenBleach	200			
5.	Laundry Softener/Conditioner	150			
6.	Whitener	60			
7.	Rust remover	0			
8.	Oil Based Stain Remover	5			
9.	Yellow Go	0			
10.	Ultra-marine powder	0			

**2. TENDER DATA CONSENT FORM AND BANK DETAILS FORMS HAVE BEEN ADDED
AS PER ATTACHED ANNEXES**

Please note that the tender closing date has been extended to 4th June 2024
at 10:00am.



Linet Adhiambo

FOR: CHIEF EXECUTIVE OFFICER

TENDERER DATA CONSENT FORM

Tender Number : _____

Tender Description: _____

The Kenyatta National Hospital is committed to processing your personal information in accordance with the Hospital's Data Protection Policy, Data Protection Act, 2019 and its Regulations.

The personal data submitted in the tender as detailed will therefore be processed in line with the relevant Data Protection, Policies, Laws and Regulations in the way(s) and purpose(s) detailed in this Data Subject Consent Form.

I/we _____ (*Name of tenderer*)
hereby give explicit consent to processing of my personal data by Kenyatta National Hospital for the purposes of compliance with the Data Protection Act, 2019.

Signed

Name: (tenderers
name): _____

Signature: _____

Date: _____

Stamp: _____



Telegram: "MEDSUP," Nairobi

KENYATTA NATIONAL HOSPITAL

Tel.: 2726300-9

P.O. Box 20723- 00202-KNH

Fax: 2725272

NAIROBI

BANK DETAILS FORM

TENDER NUMBER

INSTITUTION/COMPANY
NAME:

ADDRESS

OFFICIAL STAMP

--	--

(1)

(2)

AUTHORIZED PERSONS
NAME

POSITION

EMAIL ADDRESS

TELEPHONE NO.

SIGNATURE

DATE

	(1)	(2)

ACCOUNT NO.:

--

BANK NAME:

	BANK CODE
--	-----------

BRANCH NAME:

	BRANCH CODE
--	-------------

BANKERS CONFIRMATION THAT ACCOUNT DETAILS ARE AS STATED ABOVE

AUTHORISED SIGNATORY:

1)

--

2)

--

BANKERS STAMP:

--
