



KENYATTA NATIONAL HOSPITAL

Address: P.O BOX 20723-00202, Nairobi.

Telephone: 020 2726300-4 | 020 4243000 | 020 7244000

Cellphone Numbers: 0730 643 000 | 0709 854 000 | Email: knhadmin@knh.or.ke

ADDENDUM ONE

Ref: KNH/SCM/ADM.43/01

Date: 17th April, 2025

To: ALL BIDDERS

RE: ADDENDUM TO TENDER NO: KNH/T135/2025-2027 SUPPLY AND DELIVERY OF PATIENT PRE-ADMISSION PACK ITEMS FOR KPCC ON A FRAMEWORK CONTRACT (Reserved for Persons Living with Disability)

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;

SECTION III – EVALUATION AND QUALIFICATION CRITERIA

1. The mandatory requirement (MR 17) Tender data Consent Form must be Duly Filled, Stamped and Signed as per attached & MR 16 bank details form has been **AMMENDED to include the** Tender data Consent Form & Bank details form (annex attached).
2. Technical evaluation criteria have been amended as indicated below.

No	Items Description	Marks
Experience	Three recommendation letters from different institutions to have supplied similar items/products. Recommendation letter of above Ksh 500,000- 5 Mark each. Recommendation letter of below 500,000- 3 Mark each. Recommendation letter without value- 1 mark each	15
Contract performance	Delivery notes attached to copies of their corresponding LPOS confirmed as accepted. (Delivery notes must be stamped by the receiving entity). Lpos over 500,00.00- 10 marks each (Max of Two LPOs) LPOs 250,000- 499,000- 5marks each (max of two LPOs) LPOs below 250,000- 3 marks each (max of two LPOs) No LPO – Zero marks	20
Ability to	Please provide a statement indicating days you would take to deliver the required goods to KNH when issued with a Local Purchase	15

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No	Items Description	Marks
Deliver within schedule	<p>Order (<i>This will be used in performance evaluation for the successful bidder</i>)</p> <p>Delivery period:</p> <ul style="list-style-type: none"> • Below 14 days = 15marks • Above 14 days, below 21 days = 10marks • Above 21 days, below 30 days= 5 marks • Above 30 days = 0 Marks 	

TENDERER DATA CONSENT FORM

Tender Number: _____

Tender Description: _____

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 _____ 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
KENYATTANATIONALHOSPITAL

Tel.: 2726300-9

P.O. Box 20723- 00202-KNH

Fax: 2725272

NAIROBI

BANK DETAILS FORM

INSTITUTION/COMPANY
NAME:

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ADDRESS

OFFICIAL STAMP

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AUTHORIZED PERSONS
NAME

POSITION

TELEPHONE NO.

EMAIL ADDRESS:

SIGNATURE

DATE

(1)

(2)

ACCOUNT NO.:

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BANK NAME:

	BANK CODE
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BRANCH NAME:

	BRANCH CODE
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BANKERS CONFIRMATION THAT ACCOUNT DETAILS ARE AS STATED ABOVE

**AUTHORISED
SIGNATORY:**

1)	2)
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BANKERS STAMP:

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