



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

Ref: KNH/SCM/ADM.43

Date: 7TH MARCH, 2025

ADDENDUM 1

To: ALL BIDDERS

RE: ADDENDUM TO TENDER NO: KNH/T/118/2024-2025 FOR SUPPLY AND DELIVERY OF CUTLERY AND CROCKERY (RESERVED FOR YOUTH, WOMEN & PERSONS LIVING WITH DISABILITY)

Pursuant to the Public Procurement and Asset Disposal Act 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. PRELIMINARY EVALUATION

The Preliminary Evaluation Criteria has been amended to **INCLUDE** criterion 18 as indicated below:

MR18.	Tenderer Data Consent Form	Duly Filled, Stamped and Signed as per attached form
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The format for the Data Consent Form and Bank Details Form required under the Preliminary Evaluation criteria have been included on the tender document as indicated below.

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 BY:

Name: (tenderers name):.....

Signature:

Date:

Stamp:.....

BANK DETAILS FORM

Telegram: "MEDSUP," Nairobi

~~KENYATTA NATIONAL HOSPITAL~~

Tel.: 2726300-9

P.O. Box 20723- 00202-KNH

Fax: 2725272

NAIROBI

BANK DETAILS FORM

TENDER NUMBER:

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TENDER DESCRIPTION:

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PERSON AUTHORIZED TO SIGN THE
TENDER AS PER POWER OF ATTORNEY
OR DELEGATION TO SIGN:

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INSTITUTION/COMPANY
NAME:

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<u>ADDRESS</u>	<u>OFFICIAL STAMP</u>

AUTHORIZED PERSONS NAME

(1)

(2)

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POSITION

--	--

EMAIL ADDRESS

--	--

TELEPHONE NO.

--	--

SIGNATURE

--	--

DATE

--	--

ACCOUNT NO.:

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BANK NAME:

	BANK CODE
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BRANCH NAME:

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

BANKERS CONFIRMATION THAT ACCOUNT DETAILS ARE AS STATED ABOVE

AUTHORISED SIGNATORY:

1)	2)
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BANKERS STAMP

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~~Tender Opening and Closing date remain the same i.e 13th March, 2025 at 10.00 hours Kenyan time.~~



Lynette Adhiambo

FOR: CHIEF EXECUTIVE OFFICER