



**COUNTY GOVERNMENT OF NYANDARUA**  
DEPARTMENT OF FINANCE AND ECONOMIC  
DEVELOPMENT  
[www.nyandarua.go.ke](http://www.nyandarua.go.ke)



PO BOX 701-20303 OL'KALOU

Telephone: 0202660859

Email: [csm@nyandarua.go.ke](mailto:csm@nyandarua.go.ke)

## **TENDER NO: NYA/CG/08/2018-2019**

# **SUPPLY AND DELIVERY OF MEDICAL ITEMS, DENTAL ITEMS, X-RAY MATERIALS, LABORTORY REAGENTS.**

**CLOSING DATE: 15<sup>TH</sup> NOVEMBER 2018,  
10.00AM.**

**THE COUNTY SECRETARY,  
COUNTY GOVERNMENT OF NYANDARUA,  
P.O. BOX 701– 20303,  
OLKALOU.**

**The following requirements are MANDATORY and shall form the registration criteria.**

1. Ensure that your document is stamped (all pages) and signed.
2. The business questionnaire form **MUST** be completely filled.
3. Copy of Business Registration Certificate/ Certificate of Incorporation
4. Copy of valid and current Tax Compliance Certificate
5. Copy of PIN and VAT certificate
6. CR12 for Registered Limited Company
7. Registered by Kenya Medical Laboratory Technicians and Technologist Board.s
8. Attach identity card for sole proprietorship and partnership
9. Attach a valid **E-MAIL ADDRESS** and must be **PRINTED**

Your prequalification documents should be submitted **properly bound, filled** and **page numbered**. The County **shall not** be responsible for Loss of documents not bound (loose).

The complete set of Tender document(s) in plain sealed envelope, indicating Tender Number should be deposited in the Tender Box situated at the entrance of the **Governor's office**.

**CONFIDENTIAL BUSINESS QUESTIONNAIRE FORM**

All Tenderers 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. Tenderers are advised that it is a serious offence to give false information on this form.

**Part 1 – General**

**Business Name**.....

**Location of business premises**.....

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

Postal Address ..... Postal Code .....

Tel No.....

Facsimile. ....

Mobile and CDMA No.....

E-mail: .....

Nature of your business .....

Registration Certificate No.....

Maximum value of business which you can handle at any time KSh.....

Name of your Bankers .....Branch... ..

Names of Tenderer's contact person(s) .....

Designation/ capacity of the Tenderer's contact person(s) .....

Address, Tel, Fax and E-mail of the Tenderer's contact person(s) .....

.....  
.....

**Part 2 (a) Sole Proprietor**

Your name in full .....

Nationality .....Country of origin .....

**Part 2 (b) Partnership**

Give details of partners as follows: -

Names	Nationality	Shares (%)
1.....		
2.....		
3.....		
4.....		
5.....		

**Part 2 (c) Registered Company**

Private or Public .....

State the nominal and issued capital of company-

\*Nominal in KSh. ....

\*Total Issued KSh. ....

Give details of all directors as follows

Name	Nationality	Shares (%)
1.....		
2.....		
3.....		
4.....		
5.....		

Name of duly authorized person to sign for and on behalf of the Tenderer. ....

Capacity of the duly authorized person.....

Signature of the duly authorized person.....

**SWORN STATEMENT**

Having studied the pre-qualification /registered information for the above project, we/I hereby state:

- a. The information furnished in our application is accurate to the best of our knowledge.
- b. That in case of being registered, we acknowledge that this grants us the right to participate in due time in the submission of a tender or quotation when invited/requested to do so by the County Government.
- c. When the call for quotations is issued, the legal, technical or financial conditions or the contractual capacity of the firm changes, we shall notify the County Government and acknowledge your right to review the registration made.
- d. We enclose all the required documents and information required for the registration evaluation.
- e. We confirm that we have not been debarred from participation in Public Procurement and have no litigation procedure in process.

Date.....

Applicant's Name

.....  
.....

Represented by

.....  
.....

Signature

.....  
.....

(Full name and designation of the person signing and stamp or seal)