



**COUNTY GOVERNMENT OF NYANDARUA
DEPARTMENT OF HEALTH SERVICES**



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OLkalou

**REGISTRATION AS SUPPLIERS FOR THE FINANCIAL YEARS
2025/2026-2026/2027**

TENDER NO. NCG/HS /REG/01/2025/2026-2026/2027

CATEGORY APPLIED

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INVITATION FOR REGISTRATION

Tender No: **NCG/HS/REG/01/2025/2026-2026/2027**

Tender name: **REGISTRATION OF SUPPLIERS FOR THE FINANCIAL YEARS 2025/2026-2026/2027**

The Department of Health Services invites applications for the registration of interested and qualified Suppliers, Contractors and Consultants in the following categories for the financial years **2025/2026-2026/2027**

The shortlisted suppliers will be invited to bid in the supply of Goods, Services and works to County Hospitals and Health facilities spread across the Five Sub counties in Nyandarua County namely;

- 1) Kinangop Sub county
- 2) Kipipiri Sub County
- 3) Ol kalou Sub County
- 4) Ol joro orok Sub county
- 5) Ndaragwa Sub County

A) SUPPLY OF GOODS

CATEGORY NO.	ITEM DESCRIPTION	CATEGORY
NCG/HS/A1/2025/2026-2026/2027	SUPPLY AND DELIVERY OF PHARMACEUTICALS	Open
NCG/HS/A2/2025/2026-2026/2027	SUPPLY AND DELIVERY OF RENAL ITEMS	Open
NCG/HS/A3/2025/2026-2026/2027	SUPPLY AND DELIVERY OF DENTAL ITEMS	Open
NCG/HS/A4/2025/2026-2026/2027	SUPPLY AND DELIVERY OF RADIOLOGY CONSUMABLES	Open
NCG/HS/A5/2025/2026-2026/2027	SUPPLY AND DELIVERY OF NON PHARMACEUTICALS	Open
NCG/HS/A6/2025/2026-2026/2027	SUPPLY AND DELIVERY OF LABORATORY REAGENTS	Open
NCG/HS/A7/2025/2026-2026/2027	SUPPLY AND DELIVERY OF DRY FOOD & RATIONS	Reserved for Women
NCG/HS/A8/2025/2026-2026/2027	SUPPLY AND DELIVERY OF MEAT AND EGGS	Reserved for Youth

NCG/HS/A9/2025/2026-2026/2027	SUPPLY AND DELIVERY OF MILK	Reserved for Women
NCG/HS/A10/2025/2026-2026/2027	SUPPLY AND DELIVERY OF FRUITS AND VEGETABLES	Reserved for Youth
NCG/HS/A11/2025/2026-2026/2027	SUPPLY AND DELIVERY OF MEDICAL GASES	Open
NCG/HS/A12/2025/2026-2026/2027	SUPPLY AND DELIVERY OF FIREWOOD AND CHARCOAL	Reserved for Youth
NCG/HS/A13/2025/2026-2026/2027	SUPPLY AND DELIVERY REFINED FUEL & LUBRICANTS	Open
NCG/HS/A14/2025/2026-2026/2027	SUPPLY AND DELIVERY OTHER FUELS E.g. COOKING GAS	Open
NCG/HS/A15/2025/2026-2026/2027	SUPPLY AND DELIVERY OF GENERAL AND PRINTED OFFICE SUPPLIES E.G., STATIONERY, PHOTOCOPYING PAPER, TONER CARTRIDGES, PHOTOCOPIER TONERS AND COMPUTER CONSUMABLES ETC.	Reserved for Youth
NCG/HS/A16/2025/2026-2026/2027	SUPPLY AND DELIVERY OF CLEANING AND CLEANSING MATERIALS	Reserved for PWD
NCG/HS/A17/2025/2026-2026/2027	SUPPLY AND DELIVERY OF HARDWARE, ELECTRICAL AND PLUMBING ITEMS	Reserved for Women
NCG/HS/A18/2025/2026-2026/2027	SUPPLY AND DELIVERY OF TYRES, TUBES AND MOTOR VEHICLES ACCESSORIES	Reserved for Youth
NCG/HS/A19/2025/2026-2026/2027	SUPPLY AND DELIVERY OF MEDICAL EQUIPMENT	Open
NCG/HS/A20/2025/2026-2026/2027	SUPPLY AND DELIVERY OF LINEN AND UNIFORM	Open
NCG/HS/A21/2025/2026-2026/2027	SUPPLY AND DELIVERY OF FURNITURE	Reserved for Youth
NCG/HS/A22/2025/2026-2026/2027	SUPPLY, DELIVERY AND INSTALLATION OF OFFICE EQUIPMENT E.G., COMPUTERS, LAPTOPS, COMPUTER SOFTWARE AND LICENSES, PRINTERS, PHOTOCOPIERS, SCANNERS, UPS, TELEPHONE AND OTHER RELATED ICT HARDWARE AND ACCESSORIES ETC.	Open
NCG/HS/A23/2025/2026-2026/2027	SUPPLY AND DELIVERY OF PLANT, GENERATORS AND MACHINERY	Open
NCG/HS/A24/2025/2026-2026/2027	SUPPLY AND DELIVERY OF CUTLERY AND KITCHENWARES	Reserved for Women

B) PROVISION OF SERVICES

CATEGORY NO.	ITEM DESCRIPTION	CATEGORY
NCG/HS/B1/2025/2026-2026/2027	PROVISION FOR HOSPITALITY (CATERING, CONFERENCE AND ACCOMODATION)	Open
NCG/HS/B2/2025/2026-2026/2027	PROVISION FOR PRINTING, PAINTING, BRANDING & PUBLISHING SERVICES	Reserved for Women
NCG/HS/B3/2025/2026-2026/2027	MOTOR VEHICLE REPAIR SERVICES	Open
NCG/HS/B4/2025/2026-2026/2027	RADIATION MONITORING SERVICES	Open
NCG/HS/B5/2025/2026-2026/2027	MAINTENANCE OF MEDICAL EQUIPMENT	Open
NCG/HS/B6/2025/2026-2026/2027	PROVISION FOR MAINTENANCE OF PLANTS, GENERATORS AND MACHINERY	Open
NCG/HS/B7/2025/2026-2026/2027	PROVISION FOR INTERNET SERVICES	Open

C) PROVISION OF CONSULTANCY SERVICES

CATEGORY NO.	ITEM DESCRIPTION	CATEGORY
NCG/HS/C1/2025/2026-2026/2027	PROVISION FOR CONSULTANCY SERVICES IN TRAINING & CAPACITY BUILDING	Open
NCG/HS/C2/2025/2026-2026/2027	PROVISION FOR HMIS, CONSULTANCY SERVICES IN ICT (TRAINING & SOFTWARE DEVELOPMENT	Open

D) PROVISION OF WORKS

CATEGORY NO.	ITEM DESCRIPTION	CATEGORY
NCG/HS/D1/2025/2026-2026/2027	PROVISION OF SMALL CONTRACTUAL WORKS- GENERAL OFFICE DESIGNS, REPAIRS AND MAINTENANCE WORKS, ELECTRICALS, PLUMBING, PAINTING ETC. (REGISTERED WITH NCA)	Open

REGISTRATION/ PRE-QUALIFICATION EVALUATION CRITERIA

Preliminary/Mandatory Requirements

The applicant shall submit the following mandatory documents and/or information as proof of their eligibility: -

- (i) Copy of Business Registration Certificate/ Certificate of Incorporation- **(All Categories)**
- (ii) Copy of valid and current Tax Compliance Certificate **(All Categories)**
- (iii) Youth and Women Must attach Certificates from the Kenya National Treasury (Valid AGPO certificate) and copies of the directors' ID's for preferential Tenders. For persons with disabilities, one Must attach the AGPO certificate and the card from National Council for Persons with Disability **(Special Groups/ Reserved Categories)**.
- (iv) CR12 Certificate for **Registered/ incorporated Limited Company**.
- (v) Attach identity card for **Sole proprietorship and partnership firms**.
- (vi) Dully filled, signed and stamped Tenderer's Eligibility-Confidential Business Questionnaire; Certificate of Independent Tender Determination; Self-Declaration of the Tenderer (SD1, SD2 & Declaration and a Commitment to Code of Ethics Code Form) **(All Categories)**
- (vii) Pharmacy and Poisons Board Certification for **Supply and Delivery of Pharmaceuticals**.
- (viii) Provide ERC Certification **for Supply and Delivery of Refined Fuel & Lubricants Category**.
- (ix) Provide NCA 8 Certificate and above for Building Works together with Current Practicing Licence for **Provision of Small Contractual Works-General Office Designs, Repairs, Maintenance Works, Electricals, Plumbing, Painting Etc Category**.
- (x) Provide Kenya Medical Laboratory Technology and Technologist Board Certification for **Supply and Delivery of Laboratory Reagents Category**

- (xi) Provide Kenya Nuclear Regulatory Authority Certification **for Radiation Monitoring Services Category**
- (xii) Bidders MUST avail a certificate of health for food handling issued by County Government for **Provision of Outside Catering Services category**
- (xiii) Proof of registration with relevant regulatory bodies for **Provision of Consultancy Services in Training & Capacity Building Category.**
- (xiv) The person/firm MUST NOT be debarred by the Public Procurement Regulatory Authority and Provide a Signed and Stamped Statement/Declaration (**All Categories**)

NB: Business units owned by Special Groups i.e. Youth, Women and People with Disability shall be required to attach their Registration certificate with the National Treasury in accordance with the Public Procurement and Asset Disposal Act, 2015 (Preference and Reservations).

General Requirements

1. The County Government of Nyandarua will examine all applications to determine completeness, general orderliness, and sufficiency in responsiveness.
2. Registration will be based on meeting the minimum criteria.
3. The County Government of Nyandarua does not bind itself to assign services but shall endeavor to ensure that Applicants are treated equitably when opportunities arise.
4. The applicant shall submit documents that are current and valid. All documents submitted shall be subject to verification.

The registration documents, containing submission information, detailed terms and conditions of qualification may be viewed and downloaded **free of charge** from Nyandarua County website on the following link: <https://www.nyandarua.go.ke/> and on the Public Procurement Information Portal: www.tendes.go.ke

Suppliers who choose to participate MUST Submit the Mandatory statutory documents among other requirements per category. The documents should be fully filled, and be deposited in the Tender Box located at Department of Health Services offices (CHMT Offices) on or **before 13th October 2025 at 11.00 am**

Applications shall be opened immediately thereafter in the presence of candidates or their representatives who may wish to attend at Department of Health Services boardroom Ol' kalou, Nyandarua County.

Duly completed Registration Documents in plain sealed envelopes clearly marked
“**Category No**.....For the

Supply/Provision of.....

.....

should be addressed to:

**THE CHIEF OFFICER- MEDICAL SERVICES
NYANDARUA COUNTY GOVERNMENT
P. O. Box 221 – 20303 OL KALOU**

Yours sincerely,

**CHIEF OFFICER -MEDICAL SERVICES
NYANDARUA COUNTY GOVERNMENT**

SECTION 2: INSTRUCTIONS TO CANDIDATES

2.1 Introduction

2.1.1 The Department of Health Services - Nyandarua County would like to invite interested candidates who must qualify by meeting the set criteria as provided by the Department to perform the contract of provision of goods, services and works to Nyandarua County health facilities.

2.2. Format and Signing of Applications

2.2.1 The applicant shall prepare one original document comprising the registration document, as described in Instructions to Candidates, bound with the section containing the Appendix to instructions and clearly marked **ORIGINAL**.

2.2.2 The original copy of the registration document shall be typed or written in indelible ink and shall be signed by a person or persons duly authorized to sign on behalf of the applicant pursuant to Sub- Clause 2.4.2. The person or persons signing the registration document shall initial all pages of the tender where entries or amendments have been made.

2.2.3 The registration document shall be without alterations, omissions or conditions except as necessary to correct errors made by the applicant, in which case such corrections shall be initialed by the person or persons signing the registration document.

2.3 Submission of Applications

2.3.1 Applications for registration shall be submitted in sealed envelopes marked with the registration category, title and reference number and deposited in the tender box at the address and location indicated.

2.3.2 The Candidate shall seal the original and the copy of the registration document in separate envelopes duly marking the envelopes **ORIGINAL** and **COPY**. The envelopes shall then be sealed in an outer separate envelope. The inner and outer envelopes shall:

- (a) Be addressed and delivered to the location at the address provided in the invitation for registration and the registration advertisement.
- (b) Bear the registration category, title and reference number of the registration document. In addition to the identification required in sub-Clause 2.2.1, the inner envelopes shall indicate the name and address of the applicant to

enable the application to be returned unopened in case it is declared "late" pursuant to Clause 2.3.1.

2.3.3 If the outer envelope is not sealed and marked as instructed above, Nyandarua County Government - Department of Health Services will assume no responsibility for the misplacement or premature opening of the registration document. If the outer envelope discloses the Candidates identity, the Department will not guarantee the anonymity of the registration submission, but this shall not constitute grounds for rejection of the registration document.

2.3.4 All the information requested for registration shall be provided in the English language. Where information is provided in any other language, it shall be accompanied by a translation of its pertinent parts into English language. The translation will govern and will be used for interpreting the information.

2.3.5 Failure to provide information that is essential for effective evaluation of the applicant qualifications or to provide timely clarification or substantiation of the information supplied may result in the applicant's disqualification.

2.4 Eligible Candidates

2.4.1 Suppliers registered with Registrar of Companies under the Laws of Kenya in respective merchandise or services are invited to submit their application documents to Nyandarua County Government - Department of Health Services so that they may be registered for consideration and submission of quotations. The prospective suppliers are required to supply mandatory information for Registration.

2.4.2 Candidates shall provide such evidence of their continued eligibility satisfactory to, Department of Health Services, as the Department shall reasonably request.

2.5 Qualification Criteria

2.5.1 Registration will be based on meeting the minimum requirements to pass in the criteria set as shown above. The attached questionnaire forms are to be completed by prospective suppliers who wish to be registered for submission of tenders.

2.5.2 The registration application forms 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 English and in ink. items.

2.5.3 Financial Condition

The Suppliers' financial condition will not form part of the evaluation criteria to determine the supplier's eligibility at this stage.

2.5.4 Confidential Business Questionnaire

The general information and details of nature of business and location should be included.

2.5.5 Litigation History and Sworn Statement

Application must include information on any history of litigation or arbitration resulting from contracts executed in the last one year or currently under execution.

2.6 Cost of Application

The registration document shall be availed online to the applicant at no cost. The applicant shall however bear any other costs associated with the preparation and submission of its application and, the Department of Health Services will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the registration process.

2.7 Clarification of Registration Documents

2.7.1 The prospective applicant requiring any clarification of the registration documents may notify the Department of Health Service in writing or using the email address indicated in the registration data.

2.7.2 The Department of Health will respond in writing through email to any request for clarification that is received earlier than 3 days prior to the deadline for the submission of applications. Copies of the Department of Health response to queries raised by applicants (including an explanation of the query but without identifying the sources of the inquiry) will be sent to all prospective applicants who will have picked the registration documents.

2.8 Amendment of Registration Documents

2.8.1 At any time prior to the deadline for submission of applications, the Department of Health Services may, for any reason, whether at his own initiative or in response to a clarification requested by a prospective applicant, modify the registration documents by issuing subsequent Addenda.

2.8.2 The Addendum thus issued shall be part of the registration documents pursuant to Sub- Clause 2.7.2 and shall be communicated in writing or email to all who shall have picked the registration documents. Prospective applicants shall promptly acknowledge receipt of each Addendum by email to the Department of Health services Nyandarua County.

2.8.3 In order to afford prospective applicants reasonable time in which to take an Addendum into account in preparing their applications, the Department of Health Services may, at his discretion, extend the deadline for the submission of applications in accordance with Clause 2.8.1.

2.9 Deadline for Submission of Registration Documents

2.9.1 Applications must be received at the address specified in Sub Clause 2.10.1, no later than the time and date stipulated in the notice for registration.

2.9.2 Nyandarua County Government through the Department of Health Services may at its discretion, extend the deadline for the submission of applications through the issue of an Addendum in accordance with Clause 2.8 in which case all rights and obligations of the department and the applicants previously subject to the original deadline shall thereafter be subject to the new deadline as extended.

2.10 Opening of Registration Documents

The tender opening Committee will open the applications in the presence of applicants' designated representatives who choose to attend, at the time, date, and location stipulated in the letter of invitation. The applicants' representatives who are present shall sign a register evidencing their attendance.

2.10.1 The tender opening Committee shall prepare minutes of the opening of the registration documents, including the information disclosed to those present.

2.10.2 Applications not opened and read out at opening shall not be considered further for evaluation, irrespective of the circumstances.

2.11 Process to be Confidential

2.11.1 Information relating to the examination, evaluation of applications, and recommendations for the successful candidate shall not be disclosed to applicants or any other persons not officially concerned with such process until approval to the successful applicant has been announced. Any effort by an applicant to influence Nyandarua County Government in the processing of applications or approval decisions may result in the rejection of the applications.

2.12 Clarification of Applications and Contacting of the Procuring entity

2.12.1 To assist in the examination, evaluation, and comparison of applications, the Department of Health Services may, at its discretion, ask any applicant for clarification of his/her application.

2.12.2 Subject to Sub-Clause 2.11.1, no applicant shall contact the Procuring entity on any matter relating to its application from the time of the opening to the time the registration list is approved. If the applicant wishes to bring additional information to the notice of Hospital, he/she should do so in writing.

2.12.3 Any effort by any applicant to influence the Procuring entity in its registration evaluation, or registration approval decisions may result in the rejection of the candidate's application.

2.13 Examination of Registration Documents and Determination of Responsiveness

2.13.1 Prior to the detailed evaluation of applications, the Department of Health Services will determine whether each application;

- (a) has been properly signed and delivered pursuant to clause 2.3;
- (b) is substantially responsive to the requirements of the registration documents; and
- (c) provides any clarification and/or substantiation that, Nyandarua County Government may require to determine responsiveness pursuant to Sub-Clause 2.15

2.13.2 A substantially responsive application is one that conforms to all the terms, conditions, and specifications of the registration documents without material deviation or reservation.

A material deviation or reservation is one

- (a) Which limits in any substantial way, inconsistent with the registration documents, the Department of Health Services or the applicant obligations under the contract; or
- (b) Whose rectification would affect unfairly the competitive position of other applicants presenting substantially responsive applications.

2.13.3 If an application is not substantially responsive, it will be rejected by the Department of Health Nyandarua County and may not subsequently be made responsive by correction or withdrawal of the non conforming deviation or reservation.

2.13.4 The Department of Health Services prior to the approval of the registration may confirm the qualification of each applicant who shall have passed the technical stage of the registration process in order to determine whether the applicant possesses all the requirements in the application for the registration document submitted.

2.14 Notification of Qualified Applicants

2.14.1 Applicants whose applications are determined to be successful in accordance with sub- clause 2.15 will be notified by the Department of Health Services within thirty (30) days from the date of opening of registration documents.

2.14.2 At the same time, the Department of Health Services shall notify the qualified Applicants that their applications are responsive and at the same time, notify the other Applicants whose applications are non - responsive.

2.15 Evaluation and Comparison of Applications

2.15.1 The Department of Health Services will evaluate and compare only the applications determined to be substantially responsive in accordance with Clause 2.13

2.15.2 Registration will be based on meeting the minimum requirements to pass in the criteria set.

2.16 The Département of Health Services reserves Right to accept any Application and to reject any or all Applications

2.16.1 The Department of Health Services reserves the right to accept or reject any application, and to annul the registration process and reject all applications, at any time prior to approval of contract, without thereby incurring any liability to the affected applicant.

2.17 Notification of Approval

2.17.1 Prior to expiration of the period of registration validity prescribed by Department of Health Services will notify successful applicants through a list to be uploaded on Nyandarua County Government website.

APPENDIX TO INSTRUCTIONS TO CANDIDATES

The following instructions for the registration of candidates shall supplement, complement or amend the provisions of the instructions to candidates.

Where there is a conflict between the provisions of the instructions to candidates and the provisions of the appendix, the provisions of the appendix herein shall prevail over those of the instructions to the candidates.

- (i) Subject to Clause 2.2.1 and 2.3.2 on Format & signing of applications and Submission of Applications respectively, Bidders are requested to submit **ONLY ONE ORIGINAL** Registration document.

REGISTRATION DATA

SUPPLIERS APPLICATION FORM

I/We hereby apply for registration
(**Name of Company/Firm**)

as suppliers of
(**Item Description**)

Category No.

Other branches and location

Organization & Business Information

Management Personnel Job Title.....

1.

2.

3.

Partnership (if applicable)

Names of Partners

.....

.....

.....

Indicate terms of trade/ sale /Payment.....

Enclose copy of profile of the firm indicating the main fields of activities

CONFIDENTIAL BUSINESS QUESTIONNAIRE

You are requested to give the particulars indicated in Part I and either Part 2 (a), 2 (b) or 2 (c) whichever applies to your type of business.

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

Part 1 - General:

Business Name.....
Plot No.....
Location of Business Premises.....
Street/Road.....
Email address.....
Postal Address.....Tel No.....
Nature of Business..... Current Trade license.....
Expiring.....
Maximum Value of Business which you can Handle at Any Given Time: Ksh.....
Name of Your Bankers.....Branch.....

Part 2 (a) Sole Proprietor

Your Name in Full.....Age.....
Nationality.....Country of Origin.....
Citizenship Details.....

Part 2 (b) Partnership

Given Details of partners as follows:

Name	Nationality	Citizenship Details	Shares
.....
.....
.....
.....
.....
.....

FORM RQ-4 - LITIGATION HISTORY

Name of Contract Supplier.....

Contractors/Suppliers should provide information on any history of litigation or arbitration resulting from contracts executed in the last one year or currently under execution.

YEAR	AWARD FOR OR AGAINST	NAME OF CLIENT CAUSE OF LITIGATION AND MATTER IN DISPUTE	DISPUTED AMOUNT (CURRENT VALUE, KSHS. EQUIVALENT)

FORM - SWORN STATEMENT

Having studied the Registration information for the above project we/I hereby state:

- a. That the information furnished in our/my application is accurate to the best of my/our knowledge.
- b. That in case of being registered, we/I acknowledge that this grants us the right to participate in due time in the submission of a tenders or quotations on the basis of provisions in the tender or quotation documents to follow.
- c. When the legal status, financial conditions, technical or contractual capacity of the firm changes such that it affects our/my ability to respond to participate in quotations /tenders, we commit ourselves to inform you and acknowledge your right to review the Registration made.
- d. We/I enclose all the required documents and information required for the Registration evaluation.

Applicant's Name/Company

Name.....

Represented

By.....

Date.....

Signature &

Stamp.....

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

B. CERTIFICATE OF INDEPENDENT TENDER DETERMINATION

I, the undersigned, in submitting the accompanying Letter of Tender to the _____[Name of Procuring Entity]

for: _____[Name and number of tender] in response to the request for tenders made by: _____[Name of Tenderer]

do hereby make the following statements that I certify to be true and complete in every respect:

I certify, on behalf of _____[Name of Tenderer] that:

1. I have read and I understand the contents of this Certificate;
2. I understand that the Tender will be disqualified if this Certificate is found not to be true and complete in every respect;
3. I am the authorized representative of the Tenderer with authority to sign this Certificate, and to submit the Tender on behalf of the Tenderer;
4. For the purposes of this Certificate and the Tender, I understand that the word "competitor" shall include any individual or organization, other than the Tenderer, whether or not affiliated with the Tenderer, who: a) _____ has been requested to submit a Tender in response to this request for tenders;
b) _____ could potentially submit a tender in response to this request for tenders, based on their qualifications, abilities or experience;
5. The Tenderer discloses that [check one of the following, as applicable]:
 - a) The Tenderer has arrived at the Tender independently from, and without consultation, communication, agreement or arrangement with, any competitor;
 - b) the Tenderer has entered into consultations, communications, agreements or arrangements with one or more competitors regarding this request for tenders, and the Tenderer discloses, in the attached document(s), complete details thereof, including the names of the competitors and the nature of, and reasons for, such consultations, communications, agreements or arrangements;
6. In particular, without limiting the generality of paragraphs (5) (a) or (5) (b) above, there has been no consultation, communication, agreement or arrangement with any competitor regarding: a) prices;
b) methods, factors or formulas used to calculate prices;
c) the intention or decision to submit, or not to submit, a tender; or

- d) the submission of a tender which does not meet the specifications of the request for Tenders; except as specifically disclosed pursuant to paragraph (5) (b) above;
7. In addition, there has been no consultation, communication, agreement or arrangement with any competitor regarding the quality, quantity, specifications or delivery particulars of the works or services to which this request for tenders relates, except as specifically authorized by the procuring authority or as specifically disclosed pursuant to paragraph (5) (b) above;
8. The terms of the Tender have not been, and will not be, knowingly disclosed by the Tenderer, directly or indirectly, to any competitor, prior to the date and time of the official tender opening, or of the awarding of the Contract, whichever comes first, unless otherwise required by law or as specifically disclosed pursuant to paragraph (5) (b) above.

Name_____

Title_____

Date_____

*[Name, title and signature of authorized agent of Tenderer
and Date]*

SELF-DECLARATION FORMS

FORM SD1

SELF DECLARATION THAT THE PERSON/TENDERER IS NOT DEBARRED IN THE MATTER OF THE PUBLIC PROCUREMENT AND ASSET DISPOSAL ACT 2015.

I,, of Post Office Box
being a resident of in the Republic of
..... do hereby make a statement as follows: -

1. THAT I am the Company Secretary/Chief Executive/Managing
Director/Principal Officer/Director of

..... (*insert name of the Company*) who is a
Bidder in respect of Tender No.

..... for (*insert tender title/description*) for
..... (*insert name of the Procuring entity*) and duly authorized
and competent to make this statement.

THAT the aforesaid Bidder, its Directors and subcontractors have not been
debarred from participating in procurement proceeding under Part IV of the
Act.

2. THAT what is deponed to herein above is true to the best of my knowledge,
information and belief.

.....
(Title) (Signature) (Date)

Bidder Official Stamp

FORM SD2

SELF DECLARATION THAT THE TENDERER WILL NOT ENGAGE IN ANY CORRUPT OR FRAUDULENT PRACTICE

I, of P. O. Box being a resident of..... in the Republic of...do hereby make a statement as follows: -

1. THAT I am the Chief Executive/Managing Director/Principal Officer/Director of *(insert name of the Company)* who is a Bidder in respect of Tender No. for *(insert tender title/description)* for *(insert name of the Procuring entity)* and duly authorized and competent to make this statement.
2. THAT the aforesaid Bidder, its servants and/or agents /subcontractors will not engage in any corrupt or fraudulent practice and has not been requested to pay any inducement to any member of the Board, Management, Staff and/or employees and/or agents of..... *(insert name of the Procuring entity)* which is the procuring entity.
3. THAT the aforesaid Bidder, its servants and/or agents /subcontractors have not offered any inducement to any member of the Board, Management, Staff and/or employees and/or agents of..... *(name of the procuring entity)*
4. THAT the aforesaid Bidder will not engage/has not engaged in any corrosive practice with other bidders participating in the subject tender
5. THAT what is deponed to herein above is true to the best of my knowledge, information and belief.

.....
(Title) (Signature) (Date)

Bidder's Official Stamp

DECLARATION AND COMMITMENT TO THE CODE OF ETHICS

I (person) on behalf of (*Name of the Business/Company/Firm*)declare that I have read and fully understood the contents of the Public Procurement & Asset Disposal Act, 2015, Regulations and the Code of Ethics for persons participating in Public Procurement and Asset Disposal and my responsibilities under the Code.

I do hereby commit to abide by the provisions of the Code of Ethics for persons participating in Public Procurement and Asset Disposal.

Name of Authorized signatory

Date.....

Sign.....

Position.....

Office address.....

Telephone.....

Email.....

Name of the

Firm/Company.....

Date.....

(Company Seal/Rubber

Stamp where applicable)

Witness

Name.....

Sign.....