



**REPUBLIC OF KENYA**  
**COUNTY GOVERNMENT OF NYANDARUA**  
**DEPARTMENT OF HEALTH SERVICES**  
**JM KARIUKI MEMORIAL COUNTY**  
**REFERRAL**  
**HOSPITAL**



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OLkalou

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**REGISTRATION AS SUPPLIERS FOR THE**  
**FINANCIAL YEARS 2023-2025**

**TENDER NO. JMHOSP /PREQ/01/2023-2025**

**CATEGORY APPLIED .....**

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## INVITATION FOR REGISTRATION

Tender No: **JMHOSP/PREQ/01/2023-2025**

Tender name: **REGISTRATION OF SUPPLIERS FOR THE FINANCIAL YEARS 2023-2025**

J.M Kariuki Memorial County Referral Hospital invites applications for the registration of interested and qualified Suppliers, Contractors and Consultants in the following categories for the financial years **2023-2025**

### A) SUPPLY OF GOODS

CATEGORY NO.	ITEM DESCRIPTION	CATEGORY
JMHOSP/A1/2023-2025	SUPPLY AND DELIVERY OF PHARMACEUTICALS	Open
JMHOSP/A2/2023-2025	SUPPLY AND DELIVERY OF RENAL ITEMS	Open
JMHOSP/A3/2023-2025	SUPPLY AND DELIVERY OF DENTAL ITEMS	Open
JMHOSP/A4/2023-2025	SUPPLY AND DELIVERY OF RADIOLOGY CONSUMABLES	Open
JMHOSP/A5/2023-2025	SUPPLY AND DELIVERY OF NON PHARMACEUTICALS	Open
JMHOSP/A6/2023-2025	SUPPLY AND DELIVERY OF LABORATORY REAGENTS	Open
JMHOSP/A7/2023-2025	SUPPLY AND DELIVERY OF DRY FOOD & RATIONS	Open
JMHOSP/A8/2023-2025	SUPPLY AND DELIVERY OF MEAT AND EGGS	Open
JMHOSP/A9/2023-2025	SUPPLY AND DELIVERY OF MILK	Open
JMHOSP/A10/2023-2025	SUPPLY AND DELIVERY OF FRUITS AND VEGETABLES	Open
JMHOSP/A11/2023-2025	SUPPLY AND DELIVERY OF MEDICAL GASES	Open
JMHOSP/A12/2023-2025	SUPPLY AND DELIVERY OF FIREWOOD AND CHARCOAL	Open
JMHOSP/A13/2023-2025	SUPPLY AND DELIVERY REFINED FUEL & LUBRICANTS	Open
JMHOSP/A14/2023-2025	SUPPLY AND DELIVERY OTHER FUELS E.g. COOKING GAS	Open
JMHOSP/A15/2023-2025	SUPPLY AND DELIVERY OF GENERAL AND PRINTED OFFICE SUPPLIES E.G., STATIONERY, PHOTOCOPYING PAPER, TONER CARTRIDGES, PHOTOCOPIER TONERS AND COMPUTER CONSUMABLES ETC.	Youth, Women and Persons Living with Disabilities
JMHOSP/A16/2023-2025	SUPPLY AND DELIVERY OF CLEANING AND CLEANSING MATERIALS	Youth, Women and Persons Living with Disabilities
JMHOSP/A17/2023-2025	SUPPLY AND DELIVERY OF HARDWARE, ELECTRICAL AND PLUMBING ITEMS	Open
JMHOSP/A18/2023-2025	SUPPLY AND DELIVERY OF TYRES, TUBES AND MOTOR VEHICLES ACCESSORIES	Open
JMHOSP/A19/2023-2025	SUPPLY AND DELIVERY OF MEDICAL EQUIPMENT	Open

JMHOSP/A20/2023-2025	SUPPLY AND DELIVERY OF LINEN AND UNIFORM	Open
JMHOSP/A21/2023-2025	SUPPLY AND DELIVERY OF FURNITURE	Youth, Women and Persons Living with Disabilities
JMHOSP/A22/2023-2025	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
JMHOSP/A23/2023-2025	SUPPLY AND DELIVERY OF PLANT, GENERATORS AND MACHINERY	Open
JMHOSP/A24/2023-2025	SUPPLY AND DELIVERY OF CUTLERY AND KITCHENWARES	Open

### B) PROVISION OF SERVICES

CATEGORY NO.	ITEM DESCRIPTION	CATEGORY
JMHOSP/B1/2023-2025	PROVISION FOR HOSPITALITY ( CATERING, CONFERENCE AND ACCOMODATION)	Open
JMHOSP/B2/2023-2025	PROVISION FOR PRINTING, PAINTING, BRANDING & PUBLISHING SERVICES	Open
JMHOSP/B3/2023-2025	MOTOR VEHICLE REPAIR SERVICES	Open
JMHOSP/B4/2023-2025	RADITION MONITORING SERVICES	Open
JMHOSP/B5/2023-2025	MAINTENANCE OF MEDICAL EQUIPMENT	Open
JMHOSP/B6/2023-2025	PROVISION FOR MAINTENANCE OF PLANTS, GENERATORS AND MACHINERY	Open
JMHOSP/B7/2023-2025	PROVISION FOR INTERNET SERVICES	Open

### C) PROVISION OF CONSULTANCY SERVICES

CATEGORY NO.	ITEM DESCRIPTION	CATEGORY
JMHOSP/C1/2023-2025	PROVISION FOR CONSULTANCY SERVICES IN TRAINING & CAPACITY BUILDING	Open
JMHOSP/C2/2023-2025	PROVISION FOR HMIS, CONSULTANCY SERVICES IN ICT (TRAINING & SOFTWARE DEVELOPMENT	Open

### D) PROVISION OF WORKS

CATEGORY NO.	ITEM DESCRIPTION	CATEGORY
JMHOSP/D1/2023-2025	PROVISION OF SMALL CONTRACTUAL WORKS- GENERAL OFFICE DESIGNS, REPAIRS AND MAINTENANCE WORKS, ELECTRICALS, PLUMBING, PAINTING ETC. (REGISTERED WITH NCA)	Open

## **REQUIREMENTS**

Prospective suppliers shall be required to submit the following **MANDATORY** documents as proof of their eligibility: -

1. *Certificate of Registration/Incorporation*
2. *Valid Tax Compliance Certificate*
3. *The person/firm MUST NOT be debarred by the Public Procurement Regulatory Authority (Provide a Signed and Stamped Statement/Declaration)*
4. *Copy of Current Trade License.*
5. *Company profile*
6. *Valid AGPO Certificate for the reserved groups*
7. *Duly Completed Confidential Business Questionnaire*
8. *For Repair & Maintenance works Firms MUST be registered by NCA*
9. *For provision of Outside Catering Services- bidders MUST avail a certificate of health for food handling issued by County Government*
10. *Attach CR 12/ Directorship of the company*

**Additionally, suppliers shall be expected to provide documentary proof of their capability in the respective areas of application. In this case, documents detailing the necessary qualifications, experience, resources, equipment, facilities and Proof of membership to a professional body where relevant should be attached.**

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

Duly completed Registration Documents in plain sealed envelopes clearly marked “**Category No.....For the Supply/Provision of... ..**” should be addressed to:

**THE MEDICAL SUPERINTENDENT  
J.M. KARIUKI MEMORIAL COUNTY REFERRAL  
HOSPITAL, P. O. Box 221 – 20303 OL KALOU**

and be deposited in the Tender Box located at the J.M. Kariuki Memorial County Referral Hospital on the Administration Block. Applications shall be opened immediately thereafter in the presence of candidates or their representatives who may wish to attend at J.M. Kariuki Memorial County Referral Hospital Ol’ kalou, Nyandarua.

Yours sincerely,

**MEDICAL SUPERINTENDENT**  
**J.M. KARIUKI MEMORIAL COUNTY REFERRAL HOSPITAL.**

## **SECTION 2: INSTRUCTIONS TO CANDIDATES**

### **2.1 Introduction**

2.1.1 J.M. Kariuki Memorial County Referral Hospital would like to invite interested candidates who must qualify by meeting the set criteria as provided by the Hospital to perform the contract of provision of goods, services and works to the Hospital.

### **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**. In addition, the applicant shall submit one copy of the same registration document clearly marked **COPY**. In the event of discrepancy between them, the original shall prevail.

2.2.2 The original and copy of the registration document shall be typed or written in indelible ink (in the case of copies, photocopies are also acceptable) 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, J.M. Kariuki Memorial County Referral Hospital will assume no responsibility for the misplacement or premature opening of the registration document. If the outer envelope discloses the Candidates identity, the Hospital 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, J.M. Kariuki Memorial County Referral Hospital so that they may be registered for consideration and submission of quotations. The prospective suppliers are required to supply mandatory information for Registration - Form RQ-1.

2.4.2 Candidates shall provide such evidence of their continued eligibility satisfactory to, J.M. Kariuki County Referral Hospital, as the Hospital 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 below. The attached questionnaire forms RQ-1, RQ-2, RQ-3, RQ4, RQ-5, 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.

### **2.5.3 Experience**

Apart from bidders under the Special group's categories, prospective bidders shall have at least one (1) year experience in the supply of goods, services and allied items.

### **2.5.4 Personnel**

The names and any other pertinent information of the key personnel for individuals or groups to execute the contract must be indicated in form RQ-1



### **2.5.5 Financial Condition**

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

### **2.5.6 Confidential Business Questionnaire**

The general information and details of nature of business and location should be included in Form RQ -2.

### **2.5.7 Past Performance**

Past performance will be given due consideration in pre-qualifying bidders. Letter of reference from past customers should be included in Form RQ-3.

### **2.5.8 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 Form RQ-4 and a sworn statement by the Tenderer ensuring the accuracy of the information given - Form RQ-5.

## **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, J.M. Kariuki Memorial County Referral Hospital 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, J.M. Kariuki Memorial County Referral Hospital in writing or by email at the Hospital's email address indicated in the registration data.

2.7.2 J.M. Kariuki Memorial County Referral Hospital 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 J.M. Kariuki County Referral Hospital's 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, J.M. Kariuki Memorial County Referral Hospital 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 J.M. Kariuki County Referral Hospital.

2.8.3 In order to afford prospective applicants reasonable time in which to take an Addendum into account in preparing their applications, J.M. Kariuki Memorial County Referral Hospital 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, J.M. Kariuki Memorial County Referral Hospital 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 J.M. Kariuki Memorial County Referral Hospital 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 Hospital 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**

2.10.1 J.M. Kariuki Memorial County Referral Hospital 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.

2.10.2 J.M. Kariuki Memorial County Referral Hospital shall prepare minutes of the opening of the registration documents, including the information disclosed to those present.

2.10.3 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, J.M. Kariuki Memorial County Referral Hospital 's processing of applications or approval decisions may result in the rejection of the applications.

## **2.12 Clarification of Applications and Contacting of the Hospital**

2.12.1 To assist in the examination, evaluation, and comparison of applications, J.M. Kariuki Memorial County Referral Hospital 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, J.M. Kariuki Memorial County Referral Hospital 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, J.M. Kariuki Memorial County Referral Hospital 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, , J.M. Kariuki Memorial County Referral Hospital 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 , J.M. Kariuki Memorial County Referral Hospital 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 J.M. Kariuki County Referral Hospital's rights 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 J.M. Kariuki Memorial County Referral Hospital and may not subsequently be made responsive by correction or withdrawal of the nonconforming deviation or reservation.

2.13.4 J.M. Kariuki County Referral Hospital, 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 , J.M. Kariuki Memorial County Referral Hospital within thirty (30) days from the date of opening of registration documents.

2.14.2 At the same time, J.M. Kariuki Memorial County Referral Hospital notifies qualified Applicants that their applications are responsive, , J.M. Kariuki Memorial County Referral Hospital shall notify the other Applicants whose applications are not responsive.

**2.15 Evaluation and Comparison of Applications**

2.15.1 J.M. Kariuki Memorial County Referral Hospital 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 J.M. Káriuki County Referral Hospital's Right to accept any Application and to reject any or all Applications**

2.16.1 J.M. Kariuki Memorial County Referral Hospital 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 J.M. Kariuki County Referral Hospital, J.M. Kariuki Memorial County Referral Hospital will notify successful applicants through a list to be uploaded on J.M. Kariuki Memorial County Referral Hospital 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 and **ONE COPY**.
- (ii) Subject to Clause 2.15 on Evaluation and Comparison of Applications, the evaluation criteria shall be as follows: -

### A: PRELIMINARY EVALUATION (MANDATORY REQUIREMENTS)

	<b>Requirements</b>	<b>Score</b>
1.	Certificate of Registration/Incorporation	Mandatory
2.	A copy of a Valid Tax Compliance Certificate/ Exemption certificate	Mandatory
3.	For works Firms MUST be registered by NCA	Mandatory
4.	Copies of registration with relevant regulatory bodies where applicable e.g., PPB, KMLTTB, NCA, etc.	Mandatory
5.	Outside Catering Services bidders to avail a certificate of health for food handling from County Government	Mandatory
6.	Current practicing certificates for professionals where applicable	Mandatory
7.	AGPO Certificate where applicable	Mandatory
8.	CR12 or Identification Documents (ID's) of directors for business name	Mandatory

Any applicant who fails to provide **ALL** the mandatory requirements shall **NOT** proceed to the next stage of the evaluation.

## 2.5 Qualification Criteria

Registration will be based on meeting the minimum requirements to pass in the criteria set as shown below. The attached questionnaire forms RQ-1, RQ-2, RQ-3, RQ-4, RQ-5, are to be completed by prospective suppliers who wish to be registered for submission of tenders.

### EVALUATION CRITERIA

	<b>Requirements</b>	<b>Score</b>
1	Duly filled Registration Data	20
2	Duly filled Confidential Business Questionnaire	40
3	Relevant Past Experience	
	Provide names of three clients (organizations)	
	i) First client Organization (Attach documental evidence)	10
	ii) Second client Organization (Attach documental evidence)	10
	iii) Third client Organization (Attach documental evidence)	10
4	Litigation History (Provide current sworn affidavit)	10
	<b>TOTAL</b>	<b>100</b>

**The minimum pass mark to qualify for registration shall be 70. Applicants who will not meet this minimum pass mark shall be disqualified at this stage.**

**FORM RQ-1 - 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.....

**(20 points)**

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



**RQ-2**

**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
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**(40 Points)**

**FORM RQ-3 PAST EXPERIENCE NAMES OF AT LEAST THREE CLIENTS**

**1. Name of 1<sup>st</sup> Client (organization)**

- i) Name of Client (organization) .....
- ii) Address of Client (organization) .....
- iii) Name of Contact Person at the Client (organization) .....
- iv) Telephone No. of Client .....
- v) Duration of Contract (date) .....
- vi) Signature and Stamp of Organization.....

**2. Name of 2<sup>nd</sup> Client (organization)**

- i) Name of Client (organization) .....
- ii) Address of Client (organization) .....
- iii) Name of Contact Person at the Client (organization) .....
- iv) Telephone No. of Client .....
- v) Duration of Contract (date) .....
- vi) Signature and Stamp of Organization.....

**3. Name of 3<sup>rd</sup> Client (organization)**

- i) Name of Client (organization) .....
- ii) Address of Client (organization) .....
- iii) Name of Contact Person at the Client (organization) .....
- iv) Telephone No. of Client .....
- v) Duration of Contract (date) .....
- vi) Signature and Stamp of Organization.....

**(30 points)**

**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.

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

**(10 Points)**

**FORM RQ-5 - 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)**