



**KENYA MEDICAL
DENTISTS COUNCIL**

PRACTITIONERS &

P.O. BOX 44839 – 00100

NAIROBI

TEL. +254 20-272 8752 | +254 20 272 4994

**PRE-QUALIFICATION FORM FOR PROCUREMENT OF GOODS, WORKS
AND SERVICES FOR THE FINANCIAL YEAR 2019-2021**

NAME OF THE FIRM

CATEGORY NO.....

**ITEM
DESCRIPTION**

TARGET GROUP

**CLOSING DATE: MONDAY, 13TH MARCH 2020
AT 2.30 P.M.**

TABLE OF CONTENTS

SECTION A: INSTRUCTIONS FOR PRE-QUALIFICATION	3
1.1 Introduction	3
1.4 Experience.....	4
1.5 Prequalification Documents.....	4
SECTION B.....	5
SECTION C: PREQUALIFICATION CRITERIA.....	8
Required information	8
PIN Certificate	8
Valid Tax Compliance Certificate.....	8
ICT Authority Certificate.....	8
Score Evaluation	8
SECTION D: APPLICATION FORM	10
SECTION E: CONFIDENTIAL BUSINESS QUESTIONNAIRE.....	11
PART 1: GENERAL INFORMATION.....	12
Give details of partners as follows:.....	14
SECTION F: STATUS OF COMPLIANCE WITH STATUTORY REQUIREMENTS.....	15
SECTION G: FINANCIAL POSITION & TERMS OF TRADE.....	16
PART I.....	16
AUDITED REPORTS.....	16
PART II.....	16
TERMS OF TRADE PAYMENTS.....	16
SECTION H: LITIGATION/ARBITRATION INCIDENCES.....	16
SECTION I: CLIENTS DETAILS	16
SECTION J: MANPOWER AND EXPERTISE OF STAFF.....	18
SECTION K: PAST PERFORMANCE.....	19
SECTION L: DECLARATION	20

**PRE-QUALIFICATION FORM FOR PROCUREMENT OF GOODS, WORKS
AND SERVICES FOR THE 2019-2021 FINANCIAL YEAR
SECTION A: INSTRUCTIONS FOR PRE-QUALIFICATION**

1.1 Introduction

The Medical Practitioners and Dentists Council is a statutory authority established under Cap 253 Laws of Kenya to regulate the practice of medicine and dentistry in the country.

The Council invites eligible candidates to prequalify of Pre-Qualification Form for Procurement of Goods, Works and Services for the 2019-2020 Financial Year Ending 30th June 2021

Vision Statement

To be an efficient, effective and accessible world class health regulatory body.

Mission Statement

To ensure the provision of quality and ethical healthcare through appropriate regulation of training, registration, licensing, inspections and professional practice

1.2 Candidates must qualify by meeting the set criteria to perform the contract of supply delivery and provision of goods, works and services to the Commission. Suppliers who are not prequalified or fail to meet the prequalifying criteria will not be allowed to participate in the Tenders/RFQs/RFPs

1.3 The application should be in a sealed envelope to maintain confidentiality and addressed to:

**CHIEF EXECUTIVE OFFICER
KENYA MEDICAL PRACTITIONERS & DENTISTS COUNCIL,
P.O.BOX 44839 – 00100, NAIROBI.**

The envelope should be marked with the “**Prequalification Number applied for and the category description**” upon submission, and must be dropped in the Tender box **on or before 13th March, 2020 at 2.30 p.m.**

1.4 Experience

Prospective suppliers and contractors must have carried out successful supply and delivery of similar items / services to other institutions. Potential candidates must demonstrate the willingness and commitment to meet the pre-qualification criteria.

1.5 Prequalification Documents

The document includes questionnaires for s and instructions for prospective suppliers. In order to be considered for pre-qualification, prospective supplier must provide requested proof and all other information requested.

1.6 Enquiries that may arise from the pre-qualification document should be channeled to the procurement office KMPDC, through the above address.

1.7 Pre-qualification documents may be downloaded from KMPDC Website www.kmpdc.go.ke or from *The Public Procurement Information Portal*

Or obtained from the Procurement Office during normal working hours upon payment of non-refundable fee of Ksh.1,000 per set of document payable to the cashier in cash or banker’s cheque) Complete documents in a plain, sealed envelope marked pre-qualification of suppliers indicating the category of items should be addressed to:

**The Chief Executive Officer,
Kenya Medical Practitioners & Dentists Council
P.O. Box 44839 – 00100
Nairobi**

And be deposited in the **TENDER BOX** at the **KMPDC COMPLEX Ground Floor Conference Room** on or before **13th March, 2020 at 2.30 p.m.** The documents will be opened on the same time in the **Conference Room** and bidders or their representatives are welcome to witness the opening.

Late bids shall not be accepted.



KENYA MEDICAL PRACTITIONERS & DENTISTS COUNCIL

KMPDC COMPLEX

P.O. BOX 44839-00100

NAIROBI

E-Mail: procurement@kmpdc.go.ke

SECTION B

PRE-QUALIFICATION OF SUPPLIERS/ SERVICE PROVIDERS TENDER NO. KLRC/03-23/2019-20

NO.	CATEGORY NO.	ITEM SERVICE DISCRIPTION Pre-qualification for: -	Category
1.	KMPDC/19/2019 – 2020	Provision of Consultancy for Supply, Delivery, Installation, Implementation, Testing, Training and Commissioning of Call Centre Management System	OPEN
2.	KMPDC/20/2019 – 2020	Provision of Leasing of Motor Vehicle Toyota Prado VXL or TX	OPEN

Submission should be serialized i.e with page numbers and must contain copies of mandatory statutory documents among others requirements

Prequalification documents in duplicate (Original & Copy) in plain sealed envelope, clearly marked

“CATEGORY NO. _____ FOR _____” should be deposited in the TENDER BOX, situated at the ENTRANCE of Kenya Medical Practitioners & Dentists Council ,Ground floor, KMPDC COMPLEX, or if mailed, addressed to:-

**Kenya Medical Practitioners & Dentists Council
KMPDC COMPLEX,
P.O. BOX 44839-00100
NAIROBI**

E-Mail: procurement@kmpdc.go.ke

(So as to reach **KMPDC** not later than 2.30pm on 13th March, 2020)

The Document will be opened immediately thereafter in the Main Conference room, 3rd **Floor, Conference room**. All the bidders or their representatives are invited to attend.

ALL with registered Businesses are encouraged to Participate.

Prequalification received after the stated time or date will be returned to the bidders unopened.

*Firms that are in the current list of suppliers and those that have submitted their company profiles/letters of introduction **MUST** apply afresh in order to determine their eligibility*

**HEAD: SUPPLY CHAIN MANAGEMENT
FOR: THE CHIEF EXECUTIVE OFFICER,**

SECTION C: PREQUALIFICATION CRITERIA

Mandatory Requirements

No.	Required information	Remarks
1	Registration documentation <ul style="list-style-type: none">• Certificate of incorporation	
2	PIN Certificate	
3	Valid Tax Compliance Certificate	
4	ICT Authority Certificate	

Score Evaluation

	Required information	Allocated scores
1	Registration documentation <ul style="list-style-type: none">• Certificate of incorporation/Registration certificate• PIN Certificate	5 5
2	Valid Tax Compliance Certificate	20
3	Financial capacity <ul style="list-style-type: none">• Audited reports for the last 3 years (General)• Mode of payment & willingness to give credit	5 5
4	Past experience & performance <ul style="list-style-type: none">• No. of years in business (General)• Five referees (mostly clients) attach proof (General)	5 5
5	Confidential business questionnaire <ul style="list-style-type: none">• Dully filled• Fixed premises with telephone facilities (will be inspected/verified by a team from KMPDC officers)	10 5
6	Litigation History (General)	5
7	Other certificates e.g. ICT Authority, registration with MOPW, Professional bodies certification (IATA a must for Air Travel Agent) (General)	5
8	Manpower and expertise (General)	10

9	Past performance (for KMPDC Past/Current suppliers)	10
10	Declaration and Company stamp	5
	TOTAL	100

NB: Lack of any of the mandatory requirements Above Documents will lead to automatic disqualification

SECTION D: APPLICATION FORM

REGISTRATION OF SUPPLIERS APPLICATION FORM

I/We (**Firm Name**) hereby
apply for registration as a supplier for

(Category No.)

Postal Address

Telephone Number (Fixed Line) Mobile

Email Address Fax

Town Street

Building Floor Room/Office

Other branches/Locations

Full name of authorized signatory.....

Designation.....

Official Rubber Stamp and Signature

SECTION E: 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 I – General:

Business Name

Location of business premises

Plot No. Street/Road

Postal Address Tel. No.

Nature of Business

Current Trade Licence No. Expiry Date

Maximum value of business that you can handle at any one time: Kes.

Name of your bankers Branch

Are you an agent of the Kenya National trading Corporation? YES/NO

Part 2 (a) – Sole Proprietor:

Your name in full Age

Nationality Country of origin

Citizenship details

Part 2 (b)- Partnership:

Give details of partners as follows:

	<i>Name</i>	<i>Nationality</i>	<i>Citizenship</i>	<i>Details</i>	<i>Shares</i>
1.....					
2.....					

Part 2 (c) – Registered Company

Private or Public

State the nominal and issued capital of the company –

Nominal K£

.....

Issued K£

Give details of all directors as follows:

<i>Name</i>	<i>Nationality</i>	<i>Citizenship Details</i>	<i>Shares</i>
-------------	--------------------	----------------------------	---------------

1.....

2.....

Date Signature of Tenderer

If Kenyan Citizen, indicate under “Citizenship Details” whether by Birth, Naturalization or Registration.

YOU ARE ADVISED THAT IT IS A SERIOUS OFFENCE TO GIVE FALSE INFORMATION ON THIS FORM

PART 1: GENERAL INFORMATION

Business Name	
Physical Location of Business Premises (Note that a visit to your office may be made to confirm information provided as part of the Evaluation)	Town..... Street..... Building..... Floor.....
Business operations	Year established Duration of business operations.....
Principal Contact Person	Name.....

	Position.....
Postal Address	P.O. Box.....Code.....
Nature of Business	
Maximum value of business which you can handle at any one 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

Give details of partners as follows:

No	Name	Nationality	Citizenship details	Share
1				
2				
3				
4				
5				

PART 2(C) – REGISTERED COMPANY

Private or Public			
State the nominal and issued capital of the company	Nominal Kshs.....			
	Issued.....			
Give details of all directors	Name	Nationality	Citizenship details	Share

Date.....Signature of tenderer.....

If Kenyan, indicate “citizenship details”, whether by Birth, Naturalization or Registration.

(You may attach a separate sheet if space is required. The attachment must be duly signed and stamped)

SECTION F: STATUS OF COMPLIANCE WITH STATUTORY REQUIREMENTS

- 1. Certificate of Registration/ Incorporation... (Attach copy)
- 2. Valid Trade License... (Attach copy)
- 3. State VAT Registration No... (Attach copy)
- 4. PIN NO ... (Attach copy)
- 5. Attach proof of being up to date in VAT and Income Tax Returns (Attach copy Of current Tax Compliance Certificate)

1. State if the company is a subject of bankruptcy proceeding, in receivership, administrative receivership, or any other form of liquidation as defined by the applicable law

.....
.....
.....

2. State whether you are a Manufacturer, Dealer or Appointed Distributor (Agent),

Wholesaler, Retailer etc.....

.....
.....

3. State any technological innovations or specific attributes which distinguishes you from your competitors.....

4. Tax Compliance Certificate (Attach copy)

5. ICT Authority Certificate

6. Other important certificates e.g. KEBS, registration with MOPW, Professional bodies certification (IATA a must for Air Travel Agent.) Please attach proof

SECTION G: FINANCIAL POSITION & TERMS OF TRADE
PART I

AUDITED REPORTS

- Attach copies of audited reports for the last 3 years.

PART II

TERMS OF TRADE PAYMENTS

KMPDC would wish to work on deliveries after issuance of a Local Purchase/Service Order and payment after deliveries are made.

Confirm acceptance of this: **Acceptable/Not Acceptable**

SECTION H: LITIGATION/ARBITRATION INCIDENTS

Litigation and Arbitration incidences

1. Enumerate any past litigation and arbitration incidences encountered by the firm.
2. State if the company is/ was a subject of bankruptcy proceedings, in receivership, administration receivership, or any other form of liquidation as defined by the applicable law.

SECTION I: CLIENTS DETAILS

Give details of at least 5 Reputable Organizations where you are supplying the category of goods/service applied for. (Attach Proof)

1. Organization Name.....
Address.....
Tel No.
Contact Person.....
Position in the organization.....
E-mail Address.....
Signature of contact
person.....Date.....

Company Stamp

2. Organization Name.....
Address.....
Tel No.
Contact Person.....
Position in the organization.....
E-mail Address.....
Signature of contact
person.....Date.....

Company Stamp

3. Organization Name.....
Address.....
Tel No.
Contact Person.....
Position in the organization.....
E-mail Address.....
Signature of contact
person.....Date.....

Company Stamp

4. Organization Name.....
Address.....

Tel No.

Contact Person.....

Position in the organization.....

E-mail Address.....

Signature of contact
person.....Date.....

Company Stamp

5. Organization Name.....

Address.....

Tel No.....

Contact Person.....

Position in the organization.....

E-mail Address.....

Signature of contact
person.....Date.....

Company Stamp

SECTION J: MANPOWER AND EXPERTISE OF STAFF

Qualifications and experience of at least five key personnel proposed for administration and execution of the Contract. Attach Curriculum Vitae (CV’s). The CVs should be duly signed by the proposed personnel.

Position	Name	Qualifications	Experience in proposed position

SECTION K: PAST PERFORMANCE

Have you previously been supplying goods/services to Kenya Medical Practitioners & Dentists Council? If yes, give details

.....
.....

Indicate three of the latest orders with KMPDC

.....
.....
.....

Do you have any pending orders with KMPDC? If so give details

.....
.....
.....

Have you ever failed to honor KMPDC LPO/LSO? If so give details

.....

SECTION L: DECLARATION

I/ We have completed these forms accurately at the time application and it is agreed that all responses can be sustained if requested to do so. Any inaccuracy in the information filled herein may be used as grounds for disqualification from further proceedings.

Signed and Stamped

Name.....

Position in the Company.....

Date.....