

KENYA NUTRITION ISTS AND DIETICIANS INST.

GOODS AND WORKS FOR THE PERIOD

ENDING JUNE 2021

TENDER NO: TENDER NO. KNDI/011/34/Vol 1(1)

JULY, 2019

CEO KENYA NUTRITIONISTS AND DIETICIANS INSTITUTE, P.O BOX 20346-00100, NAIROBI, KENYA

CATEGORY CODE ······
CATEGORY NAME·····
REGION

REGISTRATION OF SUPPLIERS FOR GOODS AND WORKS FOR THE PERIOD ENDING JUNE, 2021

SECTION 1: INVITATION FOR REGISTRATION (IFR)

TENDER NO: TENDER NO. KNDI/011/34/Vol 1(1)

TENDER NAME: REGISTRATION OF SUPPLIERS AND CONSULTANTS OF GOODS, WORKS AND SERVICES FOR THE PERIOD STARTING JULY, 2019 ENDING JUNE 2021

The Kenya Nutritionists and Dieticians Institute was established by an Act of Parliament No.18 of 2007 (CAP 253B), to provide for training, registration and licensing of nutritionists and dieticians, to provide for the regulation of the standards, and practice of the profession to ensure their effective participation in matters relating to nutrition and dietetics and for related purposes. The Institute hereinafter referred as "Procuring Entity intends to conduct registration of suppliers for goods, works and services for the period starting July,2019 and ending 30th June, 2021.

The Institute hereby invites eligible supply companies to apply.

A complete set of registration documents may be downloaded by interested Candidates from our website www.kndi.institute or and/or IFMIS Suppliers Portal: www.supplier.treasury.go.ke free of charge.

Suppliers will be registered for the following categories:

	CATEGOTY A- SUPPLY OF	GOODS
CODE	SUB-CATEGORY	LOCATION
KNDI/G/1	Supply of Cement	Syokimau
KNDI/G/2	Supply of Electrical items	Syokimau
KNDI/G/3	Supply of Sand	Syokimau
KNDI/G/4	Supply of Ballast	Syokimau
KNDI/G/5	Supply of Timber	Syokimau
KNDI/G/6	Supply of GI Sheets	Syokimau
KNDI/G/7	Supply of Steel	Syokimau
KNDI/G/8	Supply of Building Stones	Syokimau
KeRRA/G/9	Supply of Windows and Doors	Syokimau

KNDI/G/10	-	Syokimau
KNDI/G/10	Supply of Tiles	
KNDI/G/11		Syokimau
	Supply of Hardware items	
KNDI/G/12		Syokimau
=KNDI/G/12	Supply of Mechanical Items and Sanitary Fittings	
KNDI/G/13		Syokimau
KNDI/G/13	Supply of Labour Building Contract Works	·

Applicants Must provide the following: -

- a) Copy of Certificate of Incorporation/Registration
- b) **Valid** Tax Compliance Certificate (Will be verified in the KRA TCC Checker).
- c) Copy of Current CR 12 form from Registrar of Companies.
- d) Copies of Passport/IDs for the Directors.
- e) Certificate from Professional Regulator/body e.g. IATA, EBK, LSK etc. where applicable.
- f) Duly filled Letter of Application
- g) Duly filled confidential business questionnaire
- h) Proof of having a bank account
- i) A copy of Valid Current Trade license from local authorities
- j) Proof of similar experience with at least 2 clients for which similar goods/services have been undertaken
- k) Letter of recommendation from at least two (2) clients
- 1) Key Professional and Technical Personnel (Provide CVs and Certificates).

All completed registration documents are to be enclosed in plain sealed envelope clearly marked Category name and the region and deposited in the Tender Box of the KNDI Offices on the 3rd Floor of Commodore Office Suites along Ngong Road Opposite Prestige Plaza to:

CEO

Kenya Nutritionists and Dieticians Institute,

P.O BOX 20346-00100,

Nairobi, Kenya

so as to be received on or before Wednesday, 31stJuly, 2019 at 11.00 am.

Registration documents will be opened immediately thereafter in the presence of the Candidates or their representatives who choose to attend at the respective venues.

SUPPY CHAIN MANAGEMENT **FOR CEO**

SECTION 11: INSTRUCTIONS TO TENDERERS:

2.1 Scope of Tender

2.1.1 Kenya Nutritionists and Dieticians Institute (KNDI) hereinafter referred to as the procuring entity intends to register suppliers for goods, works and services for the period starting July,2019 and ending 30thJune, 2021.

2.2 Submission of Application

- 2.2.1 Applications for registration shall be submitted in sealed envelopes submitted enclosed in plain sealed envelopes, marked with the Region name and category name and deposited at the tender box of the respective region or at the Headquarters or so as to be received not later than the opening date.
- 2.2.2 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 translation of its pertinent parts into English language. The translation will govern and will be used for interpreting the information.
- 2.2.3 Failure to provide information that is essential for effective evaluation of the applicant's qualifications or to provide timely clarification or sub substantiation of the information supplied may result in the applicant's disqualification.

2.3 Eligible Candidates

- 2.3.1 This invitation for registration is open to all candidates who are eligible as defined in Kenya's Public Procurement Law and regulations.
- 2.3.2 KNDI's Employees, Committee members, Board members and their relative (spouse and children) are not eligible to participate in the tender unless where specially allowed under section 59(1) of the Public Procurement and Asset Disposal Act 2015
- 2.3.3 All terms found capable of performing the contract satisfactorily in accordance to the set registration criteria shall be registered.

2.4 Registration Criteria

2.4.1 Registration will be based on meeting the minimum requirements to pass in the criteria set out in mandatory requirement section. The procuring entity reserves the right to waive minor deviations if they do not materially affect the capability of an applicant to perform the contract.

2.5 Updating registration Information

2.6.1 Registered candidates shall be required to update the information used at the time of submitting their bids. A bid shall be rejected if the applicant's qualification thresholds are no longer met at the time of bidding.

SECTION III- QUALIFICATION CRITERIA (MANDATORY)

Α.	LETTER OF APPLICATION
	Date
То	CEO
	Kenya Nutritionists and Dieticians Institute
	P.O. Box 20346- 00100 Nairobi.
Ladies	and/or Gentlemen
	ng duly authorized to represent and act on behalf of
registe	after referred to as "the Applicant"), and having reviewed and fully understood all of the red information provided, the undersigned hereby apply to be registered by yourselves as a ctor for;
Categ	ory Code ······
Categ	ory Name······.
Regio	n········

- 2. Your Agency and its authorized representatives are hereby authorized to conduct any inquiries or investigations to verify the statements, documents, and information submitted in connection with this application, and to seek clarification from our bankers and clients regarding any financial and technical aspects. This letter of Application will also serve as authorization to any individual or authorized representative of any institution referred to in the supporting information, to provide such information deemed necessary and as requested by yourselves to verify statements and information provided in this application, such as the resources, experience, and competence of the Applicant.
- 3. Your Agency and its authorized representatives may contact the following persons for further information.

General and managerial inquiries	
Contact person(s)	Telephone

- 4. This application is made with the full understanding that:
 - (a) Your Agency reserves the right to Reject or accept any application, cancel the Registration process, and reject all applications
 - (b) Your Agency shall not be liable for any such actions and shall be under no obligation to inform the Applicant of the grounds for them.

5.	Details	of the	App	licant
•	Details	or the	Δpp	manı

	Name of firm	
	Contact Person (1)	Contact Person (2)
	Telephone	Telephone
2.	Physical office address	
3.	Telephone Landline . Mobile	
5.	E-mail address	
6.	Place of Incorporation/Registration	Year of Incorporation/Registration
7.	Category of NCA Registration (Either NCA 1, 2, 3, 4, 5, 6, 7 or 8)	

The undersigned declare that the statements made and the information provided in the duly completed application are complete, true, and correct in every detail.

Signed	Signed
Name	Name
For and on behalf of (name of Applicant)	For and on behalf of (name of the Applicant)

Declaration

I/We have completed this form(s) accurately at the time of reply and it is agreed that all responses can be substantiated, if requested to do so. Any accuracy in the information filled herein will be used as grounds for removal form or termination of the registration process.

I/We confirm that we are not insolvent, in receivership, bankrupt or being wound up, our business activities have not been suspended, and we are not subject of legal proceedings for any of the foregoing.

I/We confirm that I/We have fulfilled our obligations to pay taxes and social security contributions.
Signed and sealed
For and on behalf of
Position of the company
Date
Official receipt No
Date

B). CONFIDENTIAL BUSINESS QUESTIONNAIRE:

You 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.

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

Part 1 – General
Business Name · · · · · · · · · · · · · · · · · · ·
Location of business premises; Town
Plot No·····Street/Road ·····
Postal Address·····Tel No······.
Nature of Business·····
Current Trade Licensee No (if applicable) Expiring date
Maximum value of business which you can handle at any time: Kshs
Branch
Part 2 (a) – Sole Proprietor
Your name in full······Age·····
Nationality·····Country of Origin·····
Citizenship details
Part 2 (b) – Partnership
Give details ofpartners as follows: Name infull Nationality Citizenship Details Shares
1
2
3
Part 2 (c)—Registered Company
Private or public

Signature of Tenderer.

Yes / No (delete as necessary) If Yes give details.

Date:

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