



**Kenya Bureau of
Standards**

Standards for quality life

QUOTATION NO. KEBS/QUOTE/417/2020/2021: SUPPLY OF DRUGS FOR KEBS STAFF CLINIC.

KENYA BUREAU OF STANDARDS

HEAD OFFICE

P.O. Box 54974-00200

NAIROBI

27TH MAY 2021

1. You are invited to submit your Bid on the service listed above.
2. Completed Bid documents are to be enclosed in plain sealed envelopes marked with Tender reference number and be deposited in the **Quotation box** provided in the main reception at KEBS Headquarters on or before 10:00 a.m. **04th June, 2021**
3. **The expiry date for the drugs should be at least three (3) years with returnable option of 3months to expiry.**
4. Your Bid should include **all government taxes**

1. QUOTATION PRICE

Kenya shillings (in words)

In figures

2. VALIDITY PERIOD

The bid shall remain valid for a period of 180 (one hundred and eighty) days from the date of submission.

TERMS OF REFERENCE:

| COD E NO. | ITEM DESCRIPTION | UNIT | QTY REQUIRED | UNIT PRICE | TOTAL COST | DELIV ERY TIME | REMAR KS |
|-----------------|--------------------------------------|---------|-----------------|---------------|---------------|----------------------|-------------|
| 1 | Azithrax 500mg tablets | 1x3s | 100 x3s | | | | |
| 2 | Cefarct (cefuroxime) 500mg tables | 1x10s | 20 x10s | | | | |
| 3 | Augmentin 625 mg tablets | 1x14s | 20 x10s | | | | |
| 4 | Cetirizine tablets | 100s | 2 x100s | | | | |
| 5 | Paracetamol blister | 1x100s | 5 x100s | | | | |
| 6 | Betadine Antiseptic Solution | Bott | 6 | | | | |
| 7 | Deep heat spray | Bottle | 10 | | | | |
| 8 | Sterile gloves | 15pairs | 15 pairs | | | | |
| 9 | Vitamin C 1000mg | 30s | 100x30s | | | | |
| 10 | Zinc Tablets | 30s | 100x30s | | | | |
| 11 | Normal Saline | 500ml | 5 | | | | |
| 12 | Ventolin Solution (nebulizer) | Vial | 1 | | | | |

1. STATUTORY/MANDATORY REQUIREMENTS

All bidders are required to attach copies of the following mandatory statutory documents:

- i. Valid Business Registration certificate/Certificate of incorporation.
- ii. Valid KRA Compliance certificate.
- iii. Valid VAT registration Certificate.
- iv. Dully filled, signed and stamped Business Questionnaire.

NOTE: only those quotations that meet mandatory requirements will proceed to financial evaluation.

SECTION B: CONFIDENTIAL BUSINESS QUESTIONNAIRE

You are requested to give the particulars indicated in part 1(a) and either part 2(a), 2(b) or 2(c) whichever applies to your type of business.

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

Part 1- General:

Business Name:

Location of business premises:

Plot No:

Postal address:

Nature of business:

Current trade license: Expiring date

Maximum value of business which you can handle at any one time: Ksh.

Name of your bankers: Branch

Part 2 (a) – Sole Proprietors:

Your Name in full Age

Nationality Country of origin

Citizenship details

Part 2 (b)

Give details of partners as follows:

| | Name | Nationality | Citizenship details | Shares |
|----|-------|-------------|---------------------|--------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |



Part 2 (c) – Registered Company

Private or Public.....

State the nominal and issued capital of the

company- Nominal Ksh.

Issued Ksh.

Give details of all directors as follows

| | Name | Nationality | Citizenship details | Shares |
|----|-------|-------------|---------------------|--------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

Date Signature of tenderer

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

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

