



PHARMACY AND POISONS BOARD

REGISTRATION OF SUPPLIERS/CONTRACTORS FOR

SUPPLY/ PROVISION OF

GOODS/ WORKS/SERVICES

FOR

FINANCIAL YEAR 2017-2018

CATEGORY NO.

ITEM DESCRIPTION.

JANUARY 2018

SUPPLIER REGISTRATION QUESTIONNAIRE

THIS REGISTRATION QUESTIONNAIRE IS TO BE COMPLETED BY PROSPECTIVE SUPPLIERS WHO WISH TO PROVIDE GOODS OR SERVICES TO PHARMACY AND POISONS BOARD.

THE INFORMATION IS STRICTLY CONFIDENTIAL AND SOLELY FOR THE USE OF PPB

**Company Name/Business Name-----
- Postal**

Address-----

Tel/Fax-----

E-mail-----

All applicants **MUST** indicate the details below:

Item Category code: -----

Item Category Description: ----- Date Submitted: -

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SECTION I: INVITATION FOR REGISTRATION

REGISTRATION OF SUPPLIERS FOR GOODS, WORKS AND SERVICES FOR THE FINANCIAL YEARS 2017-2018 AND 2017 – 2018

The Pharmacy and Poisons Board invites applications from competent firms to be considered for registration as suppliers of goods, works and services for the period 2016 - 2017 and 2017 - 2018. Existing Suppliers who wish to be retained in the pre-qualified list MUST apply and submit information requested in the current pre-qualification document.

CATEGORY NO.	CATEGORY DESCRIPTION	ELIGIBILITY
CATEGORY C– OPEN GROUP		
PPB/S/001/2017-2018	PRE-QUALIFICATION OF CONSULTANCY AND EVALUATION OF MEDICAL DOSSIER.	OPEN

Registration documents with detailed information may be viewed and collected at the Pharmacy and Poisons Board Headquarters on Lenana Road during normal working hours (8:00 a.m. - 1:00 p.m. and between 2:00 p.m. – 5:00 p.m.) at no cost. Prospective suppliers may also view and download the Documents from the PPB's website www.pharmacyboardkenya.org free of charge. Those who download the documents from the websites must forward the category number applied, name of firm, address and telephone number immediately for records to procurement@pharmacyboardkenya.org

Completed registration documents must be submitted enclosed in plain sealed Envelopes, clearly marked with the Tender name, number, category number and Category as provided in the document and deposited in the Tender box located at the Reception, so as to be received on or before **Wednesday, 16th November, 2016** at **11.30 a.m.** Applications will be opened immediately thereafter in the presence of the candidate representatives who choose to attend at PPB Boardroom on 1st Floor of the same building.

Late applications shall be rejected.

Youth, Women and Persons with Disabilities are encouraged to apply in all the categories

For further enquiries, please call: Tel: +254 720 608811/+254 733 884411
+254 20 3562107

**THE REGISTRAR
PHARMACY & POISONS
BOARD P.O.BOX
27663-00506 NAIROBI.**

SECTION II - INSTRUCTIONS TO CANDIDATES

2.1. Scope of Tender

2.1.1. Pharmacy and Poisons Board, hereinafter referred to as the procuring entity intends to register suppliers for Goods, Works and Services for the **Financial Years 2016/2017 & 2017/2018**. It is expected that registration applications will be submitted so as to be received by the procuring entity not later than **Wednesday 16th November, 2016 at 11.30 a.m.**

2.1.2. Registration is open to eligible firms and voluntarily formed joint ventures as indicated in appendix to instructions to candidates.

2.1.3. General information on the candidates' qualification, human resource capital, facilities, financial capabilities to be provided are as specified in the appendix to instructions to candidates.

2.2. Submission of Application

2.2.1. Applications for registration shall be submitted in sealed envelopes marked with the category name and reference number and deposited in the Tender Box located at the Reception, so as to be received on or before **Wednesday, 14th February, 2018 at 11.30 a.m.** or be addressed and posted to address below:

**THE REGISTRAR
PHARMACY &
POISONS BOARD
P.O.BOX 27663-
00506 NAIROBI.**

2.2.2. The name and mailing address of the applicant may be marked on the envelope.

2.2.3. 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.

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

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 and as indicated in the appendix to instructions to candidates.

2.3.2. All firms found capable of performing the contract satisfactorily in accordance to the set registration criteria shall be registered.

2.4. **Qualification Criteria**

2.4.1. Registration will be based on meeting the minimum requirements to pass in the criteria set as shown below. The declaration will be either pass or fail regarding the applicant's general and particular experience, personnel and equipment capabilities and financial position as demonstrated by the applicant's response in the forms provided in Section IV and submitted with the letter of application. Pharmacy and Poisons Board reserves the right to waive minor deviations if they do not materially affect the capability of an applicant to perform the contract.

2.4.2. **General Experience.** The applicant shall meet the following minimum criteria

a) Average annual turnover as a supplier over the last three (3) years of Kshs. 2,500,000.00.

b) Successful experience in execution of at least 3 assignments of a similar nature in the last three (3) years.

Youth, Women and Persons with Disabilities firms are exempted from (a) and (b) requirements.

2.4.3. **Personnel capabilities.** The applicant must have

suitably qualified personnel to fill the following positions. Indicate key staff, professional qualification, experience and their functions.

2.4.4. The audited Accounts for the last three (3) years shall be submitted and must demonstrate the soundness of the applicant's financial position, showing long-term profitability. ***Youth, Women and Persons with Disabilities firms are exempted from this requirement.***

2.4.5. Litigation history the applicant should provide accurate information on any litigation or arbitration resulting from contracts completed or under its execution over the last five years.

2.5. Payment

All local purchase shall be on credit of a minimum of thirty (30) days or as may be stipulated in the Contract Agreement

Notes on the appendix to instructions to Candidates

1. The appendix to candidates to tenderers is intended to assist the Pharmacy and Poisons Board in providing specific information which may not be adequately covered by the clauses in the instructions to candidates.
2. The appendix may amend any information in the instructions to candidates.
3. The Pharmacy and Poisons Board shall use the appendix to ensure that all relevant information to the candidates relating to a particular registration is included

SECTION III LETTER OF REGISTRATION

Registration Category Ref

No.....

To:

**THE REGISTRAR
PHARMACY & POISONS
BOARD P.O.BOX
27663-00506 NAIROBI.**

Dear Sir/Madam,

1. Having examined the application documents including Addenda Nos..... of which is hereby duly acknowledged, we the undersigned, offer to supply and deliver to Pharmacy and Poisons Board and as may otherwise be directed,.....
(Category). And conformity with the said application documents all or part of the items/services in this category or such other items that may be required and are within our capability to supply.
2. We undertake if our application is acceptable to deliver goods/services with accordance with the delivery schedule in the schedule of requirement or official order signed by authorized officer(s) of the institution.
3. We agree to abide by this application for the period of processing the applications and prepared and executed, this application together with written acceptance thereof shall constitute a binding agreement between us.
4. We understand:-
 - a) That this is not a tender or quotation but an application for consideration to be registered as Pharmacy and

Poisons Board suppliers for goods, works and services included or related to this category For the Financial year 2016-2018.

- b) That you are not bound to accept this application or any that you may receive.
5. We Have Attached to this letter copies of original documents of:
- a) Registration/Certificate of Incorporation
 - b) PIN Certificate

- c) Valid Tax Compliance Certificate
- d) Audited accounts for the last three (3) financial years
- e) CR 12 for limited companies or partnership deed for partnership business
- f) National Council for Persons with Disabilities Certificate where applicable g)

6. We make this application with the full understanding that;

- a) Bids by registered applicants will be subject to verification of all information submitted.
- b) Pharmacy and Poisons Board reserves the right to accept or reject any application, cancel the registration process and reject all applications.
- c) Request for quotations and bids will only be called from registered bidders who meet the requirements.

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

Sign and stamp..... In the presence of:

Name..... Sign

.....

Designation Date.....

SECTION IV – APPLICATION FORMS

FORM I - CONFIDENTIAL BUSINESS QUESTIONNAIRE FORM

Part 1 – General:

Business Name

Location of business premises.

Plot No..... Street/RoadPostal Address

Tel No. Fax E mail Cell No.....

Nature of Business,

Registration Certificate No. **(ATTACH COPY)**.....

Maximum value of business which you can handle at any one time – Kshs.....

Business permit No.....**(ATTACH COPY)**

Name of your bankers

Branch

KRA Tax Compliance Certificate No(ATTACH COPY)

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
1.	
2.	
3.	
4.	

Part 2 (c) – Registered Company

Private or Public

State the nominal and issued capital of company-

Nominal Kshs.

Issued Kshs.

Given details of all directors as follows

Name	Nationality	Citizenship Details	Shares
1
2.
3.
4.

Date

Signature of Candidate

If a Kenya Citizen, indicate under “Citizenship Details”
whether by Birth or Naturalization

1. What products/services do you want to be considered to supply?

.....
.....

.....
.....

.....
.....

2. How many employees do you have?

How many are permanent?

How many are temporary?

3. Which quality standards certification have you attained in the last two years? (Attach copies).....

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

4. Are you a manufacturer/wholesaler/retailer/other? (Please Specify)

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

5. To what extent is your firm /company electronically-enabled with your clients and suppliers and how do you intend to carry out business Pharmacy and Poisons Board

.....

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.....
.....

6. What is your average response time to a request for quotation/proposal?

.....
.....

7. What is your average response to delivery of goods/services after issuance of an LPO?.....

.....

8. Have you at any one time been requested to quote for the supply of goods or services and failed to return the quotation without assigning reason for your action?

.....
.....

If you are a current or previous supplier of goods and services to Pharmacy and Poisons Board have you at any one time been issued with an LPO and failed to supply goods within the agreed time or supplied inferior goods not within the specifications?.....

FORM III - EXPERIENCE

Applicant's three (3) reputable clients in the last three (3) years

Applicants attach proof of experience relevant to the category they choose to apply for by attaching any of the following documents:

1. Copies of LPOs
2. Completion certificates
3. Contract documents etc.

FORM IV – FINANCIAL CAPABILITY

Name of Applicant

The applicant shall demonstrate that it has access to, or has available liquid assets, unencumbered real assets; lines of credit and other financial means sufficient to meet the supply.

Attach a copy of firm's three years Audited Accounts/certified financial statements giving summary of assets and current liabilities/or any other financial support.

FORM V – ELIGIBILITY & LITIGATION HISTORY

1. Is the firm making this application or any of its directors been debarred or suspended from participating in public procurement by the Public Procurement Regulatory Authority or related public bodies?

.....

2. Have you or your principals been subject of legal proceedings for insolvency, bankruptcy, receivership or your business activities suspended for related reasons?..... (If yes, you must present legal documentary evidence that you are cleared and your business is now solvent).

3. Applicants, including each of the partners, should provide information of any history of litigation or arbitration resulting from contracts executed in the last five years or currently under execution in the table below.

Year	Award for or against applicant	Name of client, cause of litigation,	Disputed amount

FORM VI - PERSONNEL CAPABILITY

FORMAT OF CURRICULUM VITAE (CV) FOR PROFESSIONAL STAFF

Position:

.....
..... Name of Firm:
..... Name
of Staff:
.....

Profession:

.....
..... Date of Birth:
.....
..... Years with Firm:
.....

Nationality:

.....
..... Membership in Professional Societies:
..... Detailed Tasks

Assigned:

.....
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.....

Key Qualifications:

Give an outline of staff member's experience and training most pertinent to tasks on assignment. Describe degree of responsibility held by staff member on relevant previous assignments and give dates and locations.

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.....

Full name of authorized representative:

SECTION V - EVALUATION CRITERIA

The Pharmacy and Poisons Board will examine the tenders to determine completeness, general orderliness and sufficiency in responsiveness. The points given to evaluation criteria are as per the following evaluation criteria matrixes below:

EVALUATION CRITERIA I – For AGPO Registered Special Groups

A	MANDATORY REQUIREMENTS	COMPLIANCE (YES / NO)
A 1	Valid Certificate of Incorporation/Business Registration (Attach copy)	
A 2	Personal Identification Number (PIN) Certificate for the group enterprise as obtained free of charge from the KRA portal (Attach copy)	
A 3	Certificate of Registration of Youth, Women & PWD owned Enterprises issued by the National treasury/Other (Attach copy)	
A 4	Current/Valid Tax Compliant Certificate for the group/enterprise as obtained free of charge from the KRA portal (Attach copy)	

EVALUATION CRITERIA II – General Public

The method of evaluation will be Merit Point System

The criteria of evaluation and the points to be awarded on each criterion will be as follows:

B	MANDATORY REQUIREMENTS	COMPLIANCE (YES / NO)
B 1	Valid Certificate of Incorporation/Business Registration (Attach copy)	
B 2	Personal Identification Number (PIN) Certificate (Attach copy)	
B 3	Current Business Permit/License (Attach copy)	
B 4	Current/Valid Tax Compliant Certificate	
B 5	Physical location of business premises (see business questionnaire)	

C	GENERAL REQUIREMENTS	
C1	<p>Supplier Availability:</p> <p>- Postal Address (2.5) - Telephone number (2.5)</p> <p>- Website (2.5) - Email Address (2.5)</p>	10
C2	<p>Business Ownership</p> <p>Company/Business Profile</p> <p>Disclosure of Directors/Partners/Sole Proprietor</p>	10
C3	<p>Financial Capability</p> <p>Audited accounts for the last three years.</p>	10
C4	<p>Personnel capability</p> <p>Indicate qualification of key personnel. Education, Professional qualifications, experience and their functions</p>	20
C5	<p>Experience</p> <p>Indicate having undertaken similar assignment with at least 3 firms (Attach proof: copies of LPO's, completion certificates, contracts)</p>	20
C6	<p>Supply capacity</p> <p>Maximum volume of business handled in the last two years</p> <p>- 2 million and above (12)</p> <p>- 1 – 2 million (9)</p> <p>- 250,000 – 1. million (6)</p>	12

C 7	Credit period Indicate credit period willing to offer - 90 days (12) - 60 days (9) - 30 days(6)	12
C 8	Eligibility and Disclosure of Litigation history (signed & stamped)	6
	TOTAL	100

NB: Bidders must meet all the mandatory requirements to qualify.

THE PASS MARK FOR REGISTRATION SHALL BE 85%

(The Evaluation Team will verify the information submitted by applicants and may visit the physical premises of the applicants. This will form part of the evaluation process).

Declaration (For the Tenderer only)

(The tenderer is expected to state categorically whether he/she will/will not accept to be evaluated on the above criteria)

Q. Will you accept your bid to be evaluated based on the above criteria and abide by them during the entire period of the tender? (Tick appropriately below)

NO

YES

Official stamp..... Sign
.....

For Official Use Only

(The evaluator will make comments below based on the findings about the tenderer)

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.....

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.....

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.....

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.....

.....
.....

Accept the firm

Reject the firm

Sign Date
.....

Approved /

Not Approved/

SECTION VI – DECLARATIONS

DECLARATION OF CONFLICT

OF INTEREST

For the purpose of transparency and fair dealing, all vendors shall make full disclosure of any existing business relationship with any Pharmacy an Poisons Board employee.

Do you have a relationship with any Pharmacy and Poisons Board employee that would cause conflict of interest?

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.....

I.....declare, for
and on behalf of

.....
.....

(company/firm) that all the information furnished to Pharmacy and Poisons Board in connection with this registration is true and accurate in all material respect. Pharmacy and Poisons Board hereby authorized to make such inquiries to the said

information including with the firms/company's clients and bankers as it may deem necessary without prior notice to the firm/company.

Information submitted by
.....

Title
.....
.....

Signature
.....
.....

Stamp
.....
.....

SECTION VII – SWORN STATEMENT

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

- a) The information furnished in our application is accurate to the best of our knowledge.
- b) That in case of being Registered we acknowledge that this grants us the right to participate in due time in the submission of a tender or quotation on the basis of provisions in the tender or quotation documents to follow.
- c) When the call for Tenders/Quotations is issued the legal technical or financial conditions or the contractual capacity of the firm changes we come ourselves to inform you and acknowledge your right to review the registration made.
- d) We enclose all the required documents and information required for the Registration evaluation.
- e) We accept liability / penalty arising from Misleading or incorrect Information / Documentation submitted and on the basis of which the Procurement Entity Unknowing relies on it to register our Firm/Company. We are aware that Pharmacy and Poisons Board is at liberty to Institute legal proceedings as stipulated in the Public Procurement laws and Regulations.
- f) We understand that the information submitted for registration will be subjected to verification and this may include visit of our business premises by a team of officers from the Pharmacy and Poisons Board.

Date

.....

.....

Applicant's name

.....
.....

Designation

.....
.....

Signature

.....
.....

Dated

.....Stamp/seal.....
.....