

# **REPUBLIC OF KENYA**



## **OFFICE OF THE PRESIDENT MINISTRY OF INTERIOR AND COORDINATION OF NATIONAL GOVERNMENT DEPUTY COUNTY COMMISSIONER - JOMVU SUBCOUNTY**

**TENDER NO. JMV/27/2026 - 2028**

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### **PROVISION FOR SUPPLY AND DELIVERY OF DOG FOOD**

The following Documents **MUST** be attached

- a) Provide valid tax compliance certificate
- b) Provide PIN and V.A.T certificates
- c) Provide proof of registration as a company
- d) Business permit/license(attach copy)physical location of business
- e) Provide Cr12 and copy of ID for Sole Proprietors
- f) Fully fill, Sign and Stamp attached business questionnaire/Forms
- g) Serialize Pages

**CLOSING DATE: 17<sup>TH</sup> JULY, 2026 - TIME: 10.00 A.M.**

## **SECTION 8. STANDARD FORMS**

### **Notes on the sample Forms**

1. Form of Tender -The form of tender must be completed by the tenderer and submitted with the tender documents. It must also be duly signed by duly authorized representatives of the tenderer.
2. Confidential Business Questionnaire Form - This form must be completed by the tenderer and submitted with the tender documents.
3. Tender Security Form -When required by the tender documents the tender shall provide the tender security either in the form included herein or in another format acceptable to the procuring entity.
4. Contract Form -The Contract Form shall not be completed by the tenderer at the time of submitting the tender. The Contract Form shall be completed after contract award and should incorporate the accepted contract price.
5. Performance Security Form -The performance security form should not be completed by the tenderers at the time of tender preparation. Only the successful tenderer will be required to provide performance security in the form provided herein or in another form acceptable to the procuring entity.
6. Bank Guarantee for Advance Payment Form -When Advance payment is requested for by the successful bidder and agreed by the procuring entity, this form must be completed fully and duly signed by the authorized officials of the bank.
7. Manufacturers Authorization Form -When required by the Tender documents this form must be completed and submitted with the tender documents. This form will be completed by the manufacturer of the goods where the tenderer is an agent.

## 8.1 FORM OF TENDER

Date \_\_\_\_\_  
Tender No. \_\_\_\_\_

To: The Deputy County Commissioner  
P. O. Box 93400-80102  
Jomvu, Mombasa

Gentlemen and/or Ladies:

1. Having examined the tender documents including Addenda Nos. .... *[insert numbers]*. the receipt of which is hereby duly acknowledged, we, the undersigned, offer to supply deliver, install and commission ( ..... *(insert equipment description)* in conformity with the said tender documents for the sum of ..... *(total tender amount in words and figures)* or such other sums as may be ascertained in accordance with the Schedule of Prices attached herewith and made part of this Tender.

2. We undertake, if our Tender is accepted, to deliver install and commission the equipment in accordance with the delivery schedule specified in the Schedule of Requirements.

3. If our Tender is accepted, we will obtain the guarantee of a bank in a sum of equivalent to \_\_\_\_\_ percent of the Contract Price for the due performance of the Contract , in the form prescribed by ..... *(Procuring entity)*.

4. We agree to a bid by this Tender for a period of ..... *[number]* days from the date fixed for tender opening of the Instructions to tenderers, and it shall remain binding upon us and may be accepted at any time before the expiration of that period.

5. This Tender, together with your written acceptance thereof and your notification of award, shall constitute a Contract, between us. Subject to signing of the Contract by the parties.

6. We understand that you are not bound to accept the lowest or any tender you may receive.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
[signature]

\_\_\_\_\_  
[in the capacity of]

Duly authorized to sign tender for an on behalf of \_\_\_\_\_

## 8.2 CONFIDENTIAL BUSINESS QUESTIONNAIRE FORM

You are requested to give the particulars indicated in Part 1 and either Part 2(a), 2(b) or 2 (c ) whichever applied 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.

.....

Plot No..... Street/Road

.....

Postal Address ..... Tel No. .... Fax .....

Email .....

Nature of Business

.....

Registration Certificate No.

.....

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

.....

Name of your bankers ..... Branch

.....

|         | <p style="text-align: right;">Part 2 (a) – Sole Proprietor</p> <p>Your name in full ..... Age</p> <p>.....</p> <p>Nationality ..... Country of origin</p> <p>.....</p> <ul style="list-style-type: none"> <li>• Citizenship details</li> <li>.....</li> <li>.....</li> <li>•</li> </ul>                                                                                                                                                                                                                                                                                     |             |             |             |         |        |  |         |       |       |         |       |       |       |       |       |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|---------|--------|--|---------|-------|-------|---------|-------|-------|-------|-------|-------|
|         | <p style="text-align: right;">Part 2 (b) Partnership</p> <p>Given details of partners as follows:</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Nationality</th> <th style="text-align: left;">Citizenship</th> </tr> </thead> <tbody> <tr> <td>Details</td> <td>Shares</td> <td></td> </tr> <tr> <td>1. ....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>2. ....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table> | Name        | Nationality | Citizenship | Details | Shares |  | 1. .... | ..... | ..... | 2. .... | ..... | ..... | ..... | ..... | ..... |
| Name    | Nationality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Citizenship |             |             |         |        |  |         |       |       |         |       |       |       |       |       |
| Details | Shares                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |             |             |         |        |  |         |       |       |         |       |       |       |       |       |
| 1. .... | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | .....       |             |             |         |        |  |         |       |       |         |       |       |       |       |       |
| 2. .... | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | .....       |             |             |         |        |  |         |       |       |         |       |       |       |       |       |
| .....   | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | .....       |             |             |         |        |  |         |       |       |         |       |       |       |       |       |

|        | <p>3. ....</p> <p>4. ....</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                     |             |                     |        |  |  |  |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |   |       |  |  |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------|-------------|---------------------|--------|--|--|--|----|-------|--|--|----|-------|--|--|----|-------|--|--|----|-------|--|--|---|-------|--|--|
|        | <p style="text-align: right;">Part 2 (c ) – Registered Company</p> <p>Private or Public .....</p> <p>State the nominal and issued capital of company-</p> <p style="padding-left: 40px;">Nominal Kshs. ....</p> <p style="padding-left: 40px;">Issued Kshs. ....</p> <p>Given details of all directors as follows</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 40%;">Name</th> <th style="width: 30%;">Nationality</th> <th style="width: 20%;">Citizenship Details</th> </tr> </thead> <tbody> <tr> <td>Shares</td><td></td><td></td><td></td></tr> <tr> <td>1.</td><td>.....</td><td></td><td></td></tr> <tr> <td>2.</td><td>.....</td><td></td><td></td></tr> <tr> <td>3.</td><td>.....</td><td></td><td></td></tr> <tr> <td>4.</td><td>.....</td><td></td><td></td></tr> <tr> <td>5</td><td>.....</td><td></td><td></td></tr> </tbody> </table> |             | Name                | Nationality | Citizenship Details | Shares |  |  |  | 1. | ..... |  |  | 2. | ..... |  |  | 3. | ..... |  |  | 4. | ..... |  |  | 5 | ..... |  |  |
|        | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Nationality | Citizenship Details |             |                     |        |  |  |  |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |   |       |  |  |
| Shares |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |                     |             |                     |        |  |  |  |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |   |       |  |  |
| 1.     | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                     |             |                     |        |  |  |  |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |   |       |  |  |
| 2.     | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                     |             |                     |        |  |  |  |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |   |       |  |  |
| 3.     | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                     |             |                     |        |  |  |  |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |   |       |  |  |
| 4.     | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                     |             |                     |        |  |  |  |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |   |       |  |  |
| 5      | .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                     |             |                     |        |  |  |  |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |   |       |  |  |
|        | <p>Date ..... Signature of Candidate</p> <p>.....</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                     |             |                     |        |  |  |  |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |   |       |  |  |

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