

GARISSA UNIVERSITY

GaU/REG.SP/29

REGISTRATION OF SUPPLIERS

FOR

PROVISION OF GROUP LIFE INSURANCE (WIBA &GPA)

GARISSA UNIVERSITY P.O. BOX 1801-70100 GARISSA

EMAIL: procurement@gau.ac.ke

WEBSITE: www.gau.ac.ke

INVITATION OF REGISTRATION OF SUPPLIERS

Garissa University intends to invite candidates for the Provision of Group Life Insurance (WIBA &GPA)

- 1. Pursuant to Public Procurement and Asset Disposal Act Sec 71, registration of suppliers is continuous and therefore interested bidders may apply for registration any time.
- 2. Eligible candidates may obtain the tender document **FREE from** the Website www.gau.ac.ke.
- 3. The registration is for new suppliers who are not in our data base and therefore those already registered need **NOT** apply.
- 4. Registered suppliers will be invited to tender/ quote competitively as and when need arises.
- 5. Bidders must provide reliable email addresses and mobile phones in the Confidential Business Questionnaire form attached for communication purposes.
- 6. Bidders should meet the criteria attached and complete the attached documents.
- 7. Registration documents indicating the category the bidder is interested in may be submitted to Procurement Office during working hours or sent by **courier** to:

Garissa University, Procurement Office, P.O. Box 1801-70100, Garissa. Along University way.

NOTE:

GARISSA UNIVERSITY DOES NOT LEVY ANY FEES IN ORDER TO REGISTER BIDDERS OR AWARD TENDERS. THEREFORE, BEWARE OF CONMEN WHO CALL TO SOLICIT FOR MONEY IN ORDER TO BE AWARDED TENDERS.

EVALUATION CRITERIA: FOR PROVISION OF GROUP LIFE INSURANCE (WIBA &GPA)

EVALUATION STAGES

STAGE 1: MANDATORY REQUIREMENTS

S/NO.	BIDDERS MUST ATTACH THE BELOW REQUIREMENTS	ATTACH/FILL/ SIGN & STAMP
1.	A copy of Certificate of Incorporation/ Registration	Attach
2.	A Copy of a Valid Tax Compliance Certificate	Attach
3.	Duly Filled, Signed and Stamped Declaration for Non- Debarment.	Fill, Sign and Stamp attached Form on Page 4
4.	Duly Filled, Signed and Stamped Declaration Not to Engage in Corrupt or Fraudulent Practices	Fill, Sign and stamp attached Form on Page 5
5.	Duly Completed, Signed and Stamped Confidential Business Questionnaire	Fill attached form Fill and Sign attached Form on Page 6
6.	A copy of AGPO Certificate (Where Applicable)	Attach
7.	Must be registered with Insurance Regulatory Authority	Attach a copy of the Current License.

NB: A Bidder who will not meet all the Mandatory Requirements will not proceed for Technical Evaluation:

STAGE 2: TECHNICAL STAGE

S/No.	Particulars	Total Score
1.	Evidence or recommendations from at least three clients that your firm has served in the recent 2 years	30
2.	Audited Copies of financial statements for the last two years OR 6 months bank statements	10
3.	Company profile	10
	TOTAL	50

A bidder shall be registered if they attain a minimum score of 40 out of 50 marks

SELF DECLARATION FORMS

(r.47)

FORM SD1: SELF DECLARATION THAT THE PERSON/TENDERER IS NOT DEBARRED IN THE MATTER OF THE PUBLIC PROCUREMENT AND ASSET DISPOSAL ACT 2015.

I of Post Office	Box	being a
resident ofdo hereby	in	the Republic
a Bidder in respect of Tene (Insert	Officer/Director (Insert name of the C der No tender title/desc	of Company) who is For cription) for
(Insert name of the and competent to make this statement.	Procuring entity) and	duly authorized
2. THAT the aforesaid Bidder, its Direct debarred from participating in procure Act.		
3. THAT what is deponed to hereinabove Information and belief.	e is true to the best of r	ny knowledge,
(Title)	(Signature)	
D.11 O.07 1.14		
Bidder Official Stamp		

FORM SD2: SELF DECLARATION THAT THE PERSON/TENDERER WILL NOT ENGAGE IN ANY CORRUPT OR FRAUDULENT PRACTICE.

I,			of P. O.	Box			
being a resident of	of			in	the	Republic	of
	do hei	eby make a st	atement as	follows:-			
Officer/Dire Company)	ector of who is a B	the Chief didder in respective tender tende	ect of Tenditle/descript	er No tion) for	(Insert	name of(In	the For sert
not engage a pay any ind employees a	in any corr lucement to and/or agen	l Bidder, its soupt or fraudule any memberts of	lent practice r of the Bo	e and has ard, Man	not becagemen	en requeste nt, Staff an	d to d/or
not offered	any induce	Bidder, its sement to any or agents of	member of	the Boar	d, Man	agement, S	Staff
		id Bidder was	_	•			any
5. THAT winformation	-	ned to herein	above is tru	e to the b	pest of	my knowle	dge
(Title)			(Signature	e)		(Date	e)
Bidder's Of	ficial Stam	p					

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 applied to your type of business.

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

Plot No,		Street/Road	
Postal address .	Tel No	Fax Email	
Nature of Busin	 2SS		
	<u>•</u>	handle at any one time – Ksł	
•			
Brancn			
	Part 3	2 (a) – Sole Proprietor	
Your name		Age	
		Country of Origin	
Citizenship			
		• • • • • • • • • • • • • • • • • • • •	
	Par	t 2 (b) – Partnership	
Given detail	s of partners as follows		
		Citizenship details	
			•••••
4	•	e) – Registered Company	
	ublic		
Private or P		oomnony.	
Private or Po	ninal and issued capital of	company	
Private or Private the nor Nominal Ks	minal and issued capital of ths.	company	
Private or Private the nor Nominal Ks Issued Kshs	minal and issued capital of ths.		
Private or Private or Private the nor Nominal Ks Issued Kshs Given detail	minal and issued capital of ths. s of all directors as follows		Shares
Private or Private the nor Nominal Ks Issued Kshs	minal and issued capital of ths.		Shares
Private or Private or Private or Private the nor Nominal Ks Issued Kshs Given detail Name	minal and issued capital of ths. s of all directors as follows		Shares
Private or Private or Private or Private the nor Nominal Ks Issued Kshs Given detail Name 1	minal and issued capital of ths. s of all directors as follows	Citizenship details	Shares