TENDER NOTICE
RE-ADVERTISEMENT
(THOSE WHO HAD APPLIED NEED NOT RE-APPLY)

TENDER NO: PREQUALIFICATION/CPS/28/10/2019/005

PRE-QUALIFICATION OF CONSULTANCY AND PROFESSIONAL SERVICES FOR
THE PERIOD 2020-2021

CLOSING DATE: TUESDAY 10TH MARCH 2020
# Table of Contents

1. TENDER NOTICE ................................................. Page 2-4
2. PRE-QUALIFICATION INSTRUCTIONS ......................... 4
3. BRIEF CONTRACT REGULATIONS ............................... 5
4. PRE-QUALIFICATION DATA INSTRUCTIONS ................. 5-6
   PRE-QUALIFICATION DOCUMENTS
   - FORM PQ - 1 PREQUALIFICATION DATA .................. 7-10
5. FORM PQ - 2 SUPERVISORY PERSONNEL .................... 10
6. FORM PQ - 3 CONFIDENTIAL BUSINESS QUESTIONNAIRES .. 11-12
7. FORM PQ - 4 PAST EXPERIENCES ............................ 12
8. FORM PQ - 5 LITIGATION HISTORY ......................... 13
9. FORM PQ - 6 SWORN STATEMENT ............................ 14
Amref Health Africa invites applications from interested vendors (including current suppliers/Consultants) for prequalification for the supply of consultancies and professional services to the organization for the period January 2020 to 31st December 2021.

**CATEGORY:** CONSULTANCY & PROFESSIONAL SERVICES

<table>
<thead>
<tr>
<th>Category Code</th>
<th>Category Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHA/CS/001/2020-2021</td>
<td>Project evaluations</td>
</tr>
<tr>
<td>AHA/CS/002/2020-2021</td>
<td>Proposal Development</td>
</tr>
<tr>
<td>AHA/CS/003/2020-2021</td>
<td>Environmental Impact Assessment and Audit</td>
</tr>
<tr>
<td>AHA/CS/004/2020-2021</td>
<td>Hydrological/Geophysical Surveys</td>
</tr>
<tr>
<td>AHA/CS/005/2020-2021</td>
<td>CSOs/SRs Capacity assessment</td>
</tr>
<tr>
<td>AHA/CS/006/2020-2021</td>
<td>Artistic Works, Layout Designs &amp; Illustrations</td>
</tr>
<tr>
<td>AHA/CS/007/2020-2021</td>
<td>Project Documentation, writing, layout and editing</td>
</tr>
<tr>
<td>AHA/CS/008/2020-2021</td>
<td>Medical and Laboratory ISO Accreditation</td>
</tr>
<tr>
<td>AHA/CS/009/2020-2021</td>
<td>Research design</td>
</tr>
<tr>
<td>AHA/CS/010/2020-2021</td>
<td>Strategy development</td>
</tr>
<tr>
<td>AHA/CS/011/2020-2021</td>
<td>Production of Radio and TV Programs, Documentaries, photography and films</td>
</tr>
<tr>
<td>AHA/CS/012/2020-2021</td>
<td>Curriculum Development</td>
</tr>
<tr>
<td>AHA/CS/013/2020-2021</td>
<td>Team Building &amp; Performance Improvement</td>
</tr>
<tr>
<td>AHA/CS/014/2020-2021</td>
<td>Event Management</td>
</tr>
<tr>
<td>AHA/CS/015/2020-2021</td>
<td>Audit and Tax Consultancy Services</td>
</tr>
<tr>
<td>AHA/CS/016/2020-2021</td>
<td>Artistic Works, Layout Designs &amp; Illustrations</td>
</tr>
<tr>
<td>AHA/CS/017/2020-2021</td>
<td>Fire/Safety Services</td>
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<tr>
<td>AHA/CS/018/2020-2021</td>
<td>Psychometric services</td>
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<td>AHA/CS/019/2020-2021</td>
<td>Recruitment Services</td>
</tr>
<tr>
<td>AHA/CS/020/2020-2021</td>
<td>Asset Valuations</td>
</tr>
<tr>
<td>AHA/CS/021/2020-2021</td>
<td>Provision of IT Services, Software developers</td>
</tr>
<tr>
<td>AHA/CS/022/2020-2021</td>
<td>Mapping &amp; Survey Services</td>
</tr>
<tr>
<td>AHA/CS/023/2020-2021</td>
<td>Media monitoring</td>
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<tr>
<td>AHA/CS/024/2020-2021</td>
<td>Statisticians</td>
</tr>
<tr>
<td>Category Code</td>
<td>Category Description</td>
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<tr>
<td>AHA/CS/025/2020-2021</td>
<td>Health Economists</td>
</tr>
<tr>
<td>AHA/CS/026/2021-2021</td>
<td>Technical Editors (Both American and British English)</td>
</tr>
<tr>
<td>AHA/CS/027/2020-2021</td>
<td>Visual graphics</td>
</tr>
<tr>
<td>AHA/CS/028/2020-2021</td>
<td>Contract Management</td>
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<tr>
<td>AHA/CS/029/2020-2021</td>
<td>Quality Assurance</td>
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<tr>
<td>AHA/CS/030/2020-2021</td>
<td>Legal and arbitration services</td>
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<tr>
<td>AHA/CS/031/2020-2021</td>
<td>Digital Media services</td>
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<tr>
<td>AHA/CS/032/2020-2021</td>
<td>Medical Diagnosis and treatment(Medical Specialists)</td>
</tr>
<tr>
<td>AHA/CS/033/2020-2021</td>
<td>Transcription and Translation services (English, Swahili, local languages in Kenya, sign language)</td>
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<tr>
<td>AHA/CS/034/2020-2021</td>
<td>Geographic Information System</td>
</tr>
<tr>
<td>AHA/CS/035/2020-2021</td>
<td>Rapporteur and Facilitation</td>
</tr>
<tr>
<td>AHA/CS/036/2020-2021</td>
<td>Interior Design</td>
</tr>
<tr>
<td>AHA/CS/037/2020-2021</td>
<td>Event Planning &amp; Coordination</td>
</tr>
<tr>
<td>AHA/CS/038/2021-2021</td>
<td>Merchandising</td>
</tr>
<tr>
<td>AHA/CS/039/2020-2021</td>
<td>Branding</td>
</tr>
<tr>
<td>AHA/CS/040/2020-2021</td>
<td>Videography and Photography</td>
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<tr>
<td>AHA/CS/041/2020-2021</td>
<td>Animations and Illustrations</td>
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<tr>
<td>AHA/CS/042/2020-2021</td>
<td>Public Relations Consultancy</td>
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<tr>
<td>AHA/CS/043/2020-2021</td>
<td>Media Relations</td>
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<tr>
<td>AHA/CS/044/2020-2021</td>
<td>Photo and Video Licensing</td>
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<tr>
<td>AHA/CS/045/2020-2021</td>
<td>Editing and Copywriting</td>
</tr>
<tr>
<td>AHA/CS/046/2020-2021</td>
<td>Digitizing Services</td>
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</tbody>
</table>

Interested candidates may download Pre-qualification/Registration of supplier’s documents from Amref Health Africa website link (https://amref.org/tenders/) and pay a non-refundable fee of Kshs. 2000/= per category.

The payment should be made through either of the bank accounts below:
- Kenya Commercial Bank,
  Kipande House Branch
  A/C No. 1111429243
- National Bank of Kenya,
  Wilson Airport Branch
  A/C No. 01020058235400

Candidates should then submit completed pre-qualification documents indicating tender number and category and copy of banking slip through this email address consultancy.kenya@amref.org by/before Tuesday 10th March, 2020 at 12 Noon.

**NB: Only electronic bids will be accepted. Bids without copies of bank deposit slips will be disqualified.**
The email subject line should be: PRE-QUALIFICATION OF SUPPLIERS 2020-2021: TENDER NO………… CATEGORY NO……

Bids will be opened immediately and Amref Health Africa shall communicate to all bidders whether successful or not within 60 days from the closing date.

*Amref reserves the right to accept or reject any or all bids and is not bound to give reasons for its decision*

PRE-QUALIFICATION INSTRUCTIONS

1.1 Introduction

Amref Health Africa referred to as the “Company” would like to invite interested candidates who must qualify by meeting the set criteria as provided by Amref Health Africa to perform the contract of provision of consultancy and professional services to the Company.

1.2 Pre-qualification Objective

The main objective is to provide consultancy and professional services under relevant tenders/quotations to Amref Health Africa as and when required during the stated period.

1.3 Invitation of Pre-qualification

*Suppliers/Consultants registered with Registrar of Companies under the Laws of Kenya in respective merchandise or services OR unregistered individuals operating consulting services* are invited to submit their Pre-Qualification documents to the Group Chief Executive Officer – Amref Health Africa so that they may be pre-qualified for submission of quotations. Bids will be submitted in complete lots singly or in combination. The prospective suppliers are required to supply mandatory information for pre-qualification.

1.4 Experience

Prospective suppliers and consultants must have carried out successful undertaking and delivery of services to Government/Corporation/NGOs/ institutions of similar size and complexity. Potential suppliers/consultants must demonstrate the willingness and commitment to meet the pre-qualification criteria.

1.5 Pre-qualification Document

This document includes questionnaire forms and documents required of prospective suppliers.

1.6 In order to be considered for pre-qualification, prospective suppliers/consultants must submit all the information herein requested and any bidder who does not meet ALL the relevant mandatory requirements will be disqualified.

1.7 Distribution of Pre-Qualification Documents

A copy of the completed pre-qualification data and other requested information should be submitted to the email provided not later than **Tuesday 10th March, 2020 AT 12.00 Noon**

1.8 Questions Arising from Documents
Questions that may arise from the pre-qualification documents should be directed to the Tender Committee through the following address: consultancy.kenya@amref.org

2. **BRIEF CONTRACT REGULATIONS/GUIDELINES**

2.1 Payments

All local purchases shall be on credit of a minimum of sixty to ninety (60-90) days or as may be stipulated in the Contract Agreement.

3. **PRE-QUALIFICATION DATA INSTRUCTIONS**

3.1 Pre-qualification data forms

The attached questionnaire forms PQ-1, PQ-2, PQ-3, PQ-4, PQ-5 and PQ-6, are to be completed by prospective suppliers/consultants who wish to be pre-qualified for submission of tender for the various categories.

3.1.1 The pre-qualified application forms which are not filled out completely and submitted in the prescribed manner will NOT be considered. All the documents that form part of the proposal must be written in English.

3.2 Qualification

3.2.1 It is understood and agreed that the pre-qualification data on prospective bidders is to be used by Amref Health Africa in determining, according to its sole judgment and discretion, the qualifications of prospective bidders to perform in respect to the Tender Category as described by the client.

3.2.2 Prospective bidders will not be considered qualified unless in the judgment of Amref Health Africa they possess capability, experience, qualified personnel available and suitability of equipment and net current assets or working capital sufficient to satisfactorily execute the contract for goods/services.

3.3 **Essential Criteria for Pre-qualification**

3.3.1 **Experience:** Prospective bidders shall have at least 2 years’ experience in the delivery of services and potential supplier/consultant should show competence, willingness and capacity to service the contract.

3.3.2 **Personnel**

The names, pertinent information and CV of the key personnel for individuals or groups to execute the contract must be indicated in form PQ-2.

3.3.3 **Past Performance**

Past performance will be given due consideration in pre-qualifying bidders. Letters of reference from past customers should be included in Form PQ-4 (at least from three organizations - attach copy of LPO/LSO/Contract)
3.4 Statement
Application must include a sworn statement Form PQ-6 by the Tenderer ensuring the accuracy of the information given.

3.5 Withdrawal of Prequalification.
Should a condition arise between the time the firm is pre-qualified to bid and the bid opening date which could substantially change the performance and qualification of the bidder or the ability to perform such as but not limited to bankruptcy, change in ownership or new commitments, then Amref Health Africa reserves the right to reject the tender from such a bidder even though they have been initially pre-qualified.

3.6.1 The firm/consultant must declare any conflict of interest in relation to any member of staff. Amref Health Africa will not seek services from suppliers/consultants where the employees have not declared conflict of interest.

3.6.2 Amref Health Africa will carry out a source audit exercise for the shortlisted prequalified suppliers/consultants.

3.6.3 Any effort by the tenderer to influence Amref Health Africa in the tender evaluation, tender comparison or contract award decisions will result in the rejection of the tenderers’ bid.

3.7 Prequalification Criteria

<table>
<thead>
<tr>
<th>Required Information</th>
<th>Form Type</th>
<th>Points Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-qualification/Consultancy Data</td>
<td>PQ-1</td>
<td>10</td>
</tr>
<tr>
<td>Supervisory Personnel</td>
<td>PQ-2</td>
<td>10</td>
</tr>
<tr>
<td>Confidential Report</td>
<td>PQ-3</td>
<td>9</td>
</tr>
<tr>
<td>Past Experience</td>
<td>PQ-4</td>
<td>10</td>
</tr>
<tr>
<td>Litigation History</td>
<td>PQ-5</td>
<td>10</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>49</strong></td>
</tr>
</tbody>
</table>

3.8 The qualification is 70% and above. Bids getting below 70% will be considered non-responsive.
### FORM PQ-1 - PRE-QUALIFICATION DATA

REGISTRATION FOR OTHER PROFESSIONAL SERVICES APPLICATION FORM

<table>
<thead>
<tr>
<th>CONSULTANT BIOGRAPHICAL DATA SHEET</th>
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<tbody>
<tr>
<td>1. Name of lead consultant <em>(Last, First, Middle)</em> and/or consultancy firm</td>
</tr>
<tr>
<td>2. Contractor's Name</td>
</tr>
<tr>
<td>Name <em>(Last, First, Middle)</em>:</td>
</tr>
<tr>
<td>Consultancy firm: Amref Health Africa in Kenya</td>
</tr>
<tr>
<td>3. Consultant’s Address <em>(include ZIP Code)</em></td>
</tr>
<tr>
<td>4. Consultant’s email address</td>
</tr>
<tr>
<td>5. Consultancy Category Number applied for</td>
</tr>
<tr>
<td>6. Proposed daily consultancy rate <em>(US$)</em></td>
</tr>
<tr>
<td>7. Telephone and cell phone numbers <em>(include area code)</em></td>
</tr>
<tr>
<td>8. Place of Birth</td>
</tr>
<tr>
<td>9. Citizenship <em>(s)</em></td>
</tr>
</tbody>
</table>

| 10. EDUCATION *(include all college or university degrees)* |
| 11. LANGUAGE PROFICIENCY *(see instructions on reverse)* |

<table>
<thead>
<tr>
<th>NAME AND LOCATION OF INSTITUTION</th>
<th>MAJOR</th>
<th>DEGREE</th>
<th>YEAR</th>
<th>LANGUAGE</th>
<th>Proficiency Speaking</th>
<th>Proficiency Reading</th>
</tr>
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</tbody>
</table>

| 12. EMPLOYMENT HISTORY | Give last three *(3)* years. List salaries separate for each year. Continue on separate page if necessary. |

<table>
<thead>
<tr>
<th>POSITION TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYER’S NAME AND ADDRESS</td>
</tr>
<tr>
<td>POINT OF CONTACT &amp; TELEPHONE #</td>
</tr>
<tr>
<td>Employment Period: <em>(most recent first)</em></td>
</tr>
<tr>
<td>Annual Salary in <em>(US$)</em>:</td>
</tr>
<tr>
<td>From</td>
</tr>
<tr>
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<td></td>
</tr>
</tbody>
</table>

| 13. SPECIFIC RELEVANT CONSULTANCY SERVICES | *(give last five *(5)* years)* |
SERVICES PERFORMED  COMPANY’S NAME AND ADDRESS  POINT OF CONTACT & TELEPHONE #  Dates of Service (MM/DD/YY)  Daily Rate (dollars)  Days at Rate

14. CERTIFICATION:

Consultant certifies in submitting this form that consultant has taken reasonable steps to ensure the accuracy of the information contained in this form. Consultant understands that Amref Health Africa in Kenya will make necessary contacts to verify the information. Consultant understands that Amref Health Africa in Kenya may rely on the accuracy of such information in negotiating a rates and/or salary with the consultant. Applicant understands that the making of certifications that are false, fictitious, or fraudulent may result in appropriate remedial action by Amref Health Africa in Kenya, taking into consideration all of the pertinent facts and circumstances, which may include immediate termination of any relationship with Amref Health Africa in Kenya.

Signature:  Date

INSTRUCTIONS

Consultant to complete blocks 1, 3-13, and sign and date block 14.

Indicate your language proficiency in block 11 using the following numeric Interagency Language Roundtable levels (Foreign Service Institute levels). Also, the following provides brief descriptions of proficiency levels 2, 3, 4, and 5. "S" indicates speaking ability and "R" indicates reading ability.

2  Limited working proficiency
S  Able to satisfy routine social demands and limited work requirements.
R  Sufficient comprehension to read simple, authentic written material in a form equivalent to usual printing or typescript on familiar subjects.

3  General professional proficiency
S  Able to speak the language with sufficient structural accuracy and vocabulary to participate effectively in most formal and informal conversations.
R  Able to read within a normal range of speed and with almost complete comprehension.

4  Advanced professional proficiency
S  Able to use the language fluently and accurately on all levels.
R  Nearly native ability to read and understand extremely difficult or abstract prose, colloquialisms and slang.

5  Functional native proficiency
S  Speaking proficiency is functionally equivalent to that of a highly articulate well-educated native speaker.
R  Reading proficiency is functionally equivalent to that of the well-educated native reader.

PAPERWORK REDUCTION ACT INFORMATION

The information requested by this form is necessary for prudent management and administration of public funds. The educational information provides an indication of qualifications; the salary information is used as a means of cost monitoring and to help determine reasonableness of proposed salary/rate.
For others

1/We .......................................................... hereby apply for registration as supplier(s)

(Name of Company/Firm)

of ..........................................................

(Item Description)

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

(Category No.)

Post Office Address

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

Town ..........................................................

Street ..........................................................

Name of building ..........................................................

Room/Office No. ........................................... Floor No. .................

Telephone Nos. ..........................................................

Email address (MUST)..........................................................

Full Name of applicant ..........................................................

Other branches location ..........................................................

Organization & Business Information

Management Personnel ..........................................................

Chief Executive ..........................................................

Secretary ..........................................................

General Manager ..........................................................

Treasurer ..........................................................

Other ..........................................................
Partnership (if applicable)

Names of Partners

3. Business founded or incorporated …………………………………………………………………………..

4. Under present management since …………………………………………………………………………..

5. Net worth equivalent
   Kshs……………………………………………………………………………………

6. Bank reference and address ……………………………………………………………………………………..

7. Enclose copy of organization chart of the firm indicating the main fields of activities
   ……………………………………………………………………………………………………………………..

PQ-2 SUPERVISORY PERSONNEL

Name ……………………………………………………………………………………………………………………..

Age ……………………………………………………………………………………………………………………..

Academic Qualification ………………………………………………………………………………………………..

Under graduate………………………………………………………………………………………………………..

Post graduate………………………………………………………………………………………………………..

Diploma…………………………………………………………………………………………………………………..

High School…………………………………………………………………………………………………………………..

Professional Qualification ………………………………………………………………………………………………..

…………………………………………………………………………………………………………………..

(Attach Certificates)

Length of service with Contractor or Supplier position held

…………………………………………………………………………………………………………………..

(Attach copies of certificates of at least 2 key personnel in the organization)- 5marks each

(10 Points)

PQ-3 REPUBLIC OF KENYA

CONFIDENTIAL BUSINESS QUESTIONNAIRE
You are requested to give the particulars indicated in Part I 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
*if Kenya Citizen, indicate under “Citizenship Details” whether by Birth, Naturalization or Registration.

<table>
<thead>
<tr>
<th>Part I- General</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Name …………………………………………………………………………………</td>
</tr>
<tr>
<td>Location of business premises………………………………………………………………</td>
</tr>
<tr>
<td>Plot No. ……………………………………. Street/Road……………………………………</td>
</tr>
<tr>
<td>Postal Address………………………………………………………………………………</td>
</tr>
<tr>
<td>Email address (MUST)……………………………………………………………………….</td>
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<tr>
<td>Nature of business……………………………………………………………………………..</td>
</tr>
<tr>
<td>Current Trade Licence. No…………………………………. Expiring date………………….</td>
</tr>
<tr>
<td>Maximum value of business which you can handle at any one time: Kshs…………………………</td>
</tr>
<tr>
<td>Name of your bankers………………………………………………………………………..</td>
</tr>
<tr>
<td>Account No……………………….Branch……………………………………………</td>
</tr>
<tr>
<td>Swift code………………………………….Branch code……………………………………</td>
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<tr>
<td>Bank Currency………………</td>
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<thead>
<tr>
<th>Part 2 (b) Partnership</th>
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<tbody>
<tr>
<td>Given details of partners as follows:</td>
</tr>
<tr>
<td>Name</td>
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<td>……………………………………………………………………………………………………..</td>
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<tr>
<th>Part 2 (c) – Registered Company:</th>
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</thead>
<tbody>
<tr>
<td>Private or Public……………………………………………………………………………</td>
</tr>
<tr>
<td>State the nominal and issued capital of company-</td>
</tr>
<tr>
<td>Nominal Kshs………………………………………………………………………………………..</td>
</tr>
<tr>
<td>Issued Kshs…………………………………………………………………………………………</td>
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<tr>
<td>Given details of all directors as follows:-</td>
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<tr>
<td>Name</td>
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</table>
FORM PQ-4 - PAST EXPERIENCE

NAMES OF THE APPLICANTS CLIENTS IN THE LAST TWO YEARS

NAMES OF OTHER CLIENTS AND VALUES OF CONTRACT/ORDERS

1.  
   i) Name of Client (organization) .................................................................
   ii) Address of Client (organization) ............................................................
   iii) Name of Contact Person at the client (organization) ..............................
   iv) Telephone No. of Client .................................................................
   v) Value of Contract ..............................................................................
   vi) Duration of Contract (date) ............................................................

   (Attach documental evidence of existence of contract)

2.  
   Name of 2nd Client (organization)
   
   i) Name of Client (organization) .................................................................
   ii) Address of Client (organization) ............................................................
   iii) Name of Contact Person at the client (organization) ..............................
   iv) Telephone No. of Client .................................................................
   v) Value of Contract ..............................................................................
   vi) Duration of Contract (date) ............................................................

   (Attach documental evidence of existence of contract)

3.  
   Name of 3rd Client (organization)
   
   i) Name of Client (organization) .................................................................
   ii) Address of Client (organization) ............................................................
   iii) Name of Contact Person at the client (organization) ..............................
   iv) Telephone No. of Client .................................................................
v) Value of Contract .................................................................
vi) Duration of Contract (date) .........................................................
      (Attach documentary evidence of existence of contract)

4. Others ..............................................................................................

(10 Points)

3 marks each and an additional point for one other

**FORM PQ-5 - LITIGATION HISTORY**

Name of Contract Supplier

Contractors/Suppliers should provide information on any history of litigation or arbitration resulting from contracts executed in the last five years or currently under execution.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>AWARD FOR OR AGAINST</th>
<th>NAME OF CLIENT CAUSE OF LITIGATION AND MATTER IN DISPUTE</th>
<th>DISPUTED AMOUNT (CURRENT VALUE, KSHS. EQUIVALENT)</th>
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<tbody>
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(10 Points)
FORM PQ-6 - SWORN STATEMENT

Having studied the pre-qualification 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 pre-qualified 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. We enclose all the required documents and information required for the pre-qualification evaluation.

Date ........................................................................................................................................

Applicant’s Name ......................................................................................................................

Represented by .............................................................................................................................

Signature ........................................................................................................................................

(Full name and designation of the person signing and stamp or seal)