



Kenya National Highways Authority

Quality Highways, Better Connections

Blue Shield Towers, Hospital Road, Upper Hill P.O. Box 49712 – 00100 Nairobi
Tel 020 – 8013842 Email dq@kenha.co.ke / info@kenha.co.ke Website www.kenha.co.ke

**REGISTRATION OF CONTRACTORS FOR ROAD MAINTENANCE
WORKS FOR THE PERIOD ENDING 30TH SEPTEMBER, 2020.**

ELIGIBILITY – SPECIAL GROUP

**(WOMEN, YOUTH AND PERSONS LIVING
WITH DISABILITY – PWD)**

CONTINUOUS PROCESS

**DEPUTY DIRECTOR – SUPPLY CHAIN
MANAGEMENT
KENYA NATIONAL HIGHWAYS
AUTHORITY
P.O. BOX 49712-00100
NAIROBI**

**DIRECTOR GENERAL
KENYA NATIONAL HIGHWAYS
AUTHORITY
P.O. BOX 49712-00100
NAIROBI**

SECTION 1: INVITATION FOR REGISTRATION (IFR)

TENDER NAME: REGISTRATION OF ALL CONTRACTORS FOR ROAD MAINTENANCE FOR THE PERIOD ENDING 30TH SEPTEMBER, 2020

The Kenya National Highways Authority (KeNHA) is a State Corporation established under the Kenya Roads Act, 2007, with the responsibility for management, development, rehabilitation and maintenance of national roads. The Authority hereinafter referred as “Procuring Entity” intends to conduct registration of contractors for the period ending **30TH SEPTEMBER, 2020**.

The Authority hereby invites eligible Construction Companies to apply for the Registration for maintenance of the national roads network for the period ending **30TH SEPTEMBER, 2020**.

The following are the respective requirements for registration:

MANDATORY REQUIREMENTS FOR REGISTRATION

Applicants shall provide the following as applicable:-

- a) Copy of Certificate of Incorporation/Registration
- b) Copy of **Valid** Certificate of Registration with the National Construction Authority (NCA)
- c) Copy of **Valid** Practicing License from NCA
- d) **Valid** Tax Compliance Certificate (Will be verified in the KRA TCC Checker).
- e) Copy of Single Business Permit.
- f) Copy of CR 12 form from Registrar of Companies.
- g) Copies of Passport/IDs for the Directors.
- h) Duly filled Letter of Application and other attached Application forms.
- i) Duly filled confidential business questionnaire

All the above details must be submitted for the applicant to be Registered and included in the list of Registered contractors for the period ending 30TH SEPTEMBER, 2020. However, selection for individual contracts shall be based on the post-qualification method.

Interested eligible candidates may obtain further information and inspect Registration documents from KeNHA Head Office, Supply Chain Office and KeNHA Regional Supply Chain Offices, during normal working hours or download from KeNHA Website: www.kenha.co.ke

Registration documents can be obtained from KeNHA Headquarters, Blue Shield Towers, Upper Hill Road, 1st Floor, KeNHA Regional Offices and KeNHA website **free of charge**.

Please note that:-

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1. Contractors shall submit **only one (1)** Registration document stating the Region(s) of choice and category (Section III of Letter of Application).
2. Contractors shall be required to:-
 - (a) Indicate the Region(s) of choice up to a **maximum of three (3)**.

Registration documents may be obtained by downloading from KeNHA Website: www.kenha.co.ke or from KeNHA Headquarters, Blue Shield Towers, Upper Hill Road, Ground Floor or Regional Supply Chain Offices as detailed below:-

KeNHA Headquarters & KeNHA Regional Offices

Office	Addresses
1. KeNHA Head Office	The Director General Kenya National Highways Authority Blue Shield Towers, Upper Hill Road, Ground Floor, Supply Chain Office P. O. Box 49712-00100, Nairobi
2. Nairobi Region	The Regional Director Kenya National Highways Authority Machakos Road, Industrial Area P. O. Box 42267-00100, Nairobi
3. Central Region	The Regional Director Kenya National Highways Authority Chania River, MOR Building P. O. Box 372-10100, Nyeri
4. Upper Eastern Region	The Regional Director Kenya National Highways Authority P. O. Box 325-60300, Isiolo
5. Lower Eastern Region	The Regional Director Kenya National Highways Authority P. O. Box 2603-90100, Machakos
6. North Eastern Region	The Regional Director Kenya National Highways Authority P. O. Box 41-70100, Garissa
7. Coast Region	The Regional Director Kenya National Highways Authority Public Works Building, Shimanzi Road P. O. Box 90663-80100, Mombasa

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8. South Rift Region	The Regional Director Kenya National Highways Authority MOR Building, Prison Road P. O. Box 17752-20100, Nakuru
9. North Rift Region	The Regional Director Kenya National Highways Authority MOR Building P. O. Box 2708-30100, Eldoret
10. Western Region	The Regional Director Kenya National Highways Authority MOR Building, Kisumu-Kakamega Road P. O. Box 14-50100, KAKAMEGA
11. Nyanza Region	The Regional Director Kenya National Highways Authority MOR Building, Kisumu-Busia Road P. O. Box 317-40100, Kisumu

Candidates are reminded that they are required to submit only one (1) Registration document.

The registration process shall be continuous and submission of registration document may be received any time during official working hours from the following offices.

DD-SCM

For: DIRECTOR GENERAL

SECTION 2: INSTRUCTIONS TO CANDIDATES

PRELIMINARY EVALUATION (MANDATORY REQUIREMENTS)

	Requirements	Score	Confirmation of Requisite Documents (For official use only to be filled by KeNHA Staff)
1	Copy of Certificate of Incorporation/Registration	Mandatory	
2	Copy of Valid Certificate of Registration with the National Construction Authority (NCA)	Mandatory	
3	Copy of Valid Practicing License from NCA	Mandatory	
4	Copy of CR 12 form from Registrar of Companies	Mandatory	
5	Valid Tax Compliance Certificate (Will be verified in the KRA TCC Checker)	Mandatory	
6	Copy of Single business permit	Mandatory	
7	Copies of Passport/IDs for the Directors	Mandatory	
8	Duly filled Letter of Application and other attached Application forms	Mandatory	
9	Duly filled Confidential Business Questionnaire	Mandatory	

Documents Checked By:
(N/B - For official use only by KeNHA Staff)

Name:

Signature:

SECTION III: LETTER OF APPLICATION

Date

To

.....

.....

(name and address of the procuring entity)

Ladies and/or Gentlemen

1. Being duly authorized to represent and act on behalf of _____
(name of firm) (hereinafter referred to as “the Applicant”), and having reviewed and fully understood all of the Registration information provided, the undersigned hereby apply to be Registered by yourselves as a Contractor for Tender No. KeNHA/2002/2018 for the period ending 30TH SEPTEMBER, 2020 in the following Region (s):-

(i) Region

(ii) Region

(iii) Region

Category of Registration (Youth, Women of PWD)

2. Attached to this letter are copies of original documents defining (for Non-Disadvantaged Groups)

- (a) the Applicant’s legal status
- (b) the principal place of business and
- (c) the place of incorporation (for applicants who are corporations), or the place of registration and the nationality of the owners (for applicants who are partnerships or individually-owned firms).

3. Your Agency and its authorized representatives are hereby authorized to conduct any inquiries or investigations to verify the statements, documents, and information submitted in connection with this application, and to seek clarification from our bankers and clients regarding any financial and technical aspects. This letter of Application will also serve as authorization to any individual or authorized representative of any institution referred to in the supporting information, to provide such information deemed necessary and as requested by yourselves to verify statements and information provided in this application, such as the resources, experience, and competence of the Applicant.

4. Your Agency and its authorized representatives may contact the following persons for further information.

General and managerial inquiries	
Contact person(s)	Telephone

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5. This application is made with the full understanding that:
- (a) Bids by registered applicants will be subject to verification of all information submitted for Registration at the time of bidding.
 - (b) Your Agency reserves the right to:
 - amend the scope and value of any contracts bid under this project; in such event, bids will only be called from registered bidders who meet the revised requirements; and
 - reject or accept any application, cancel the Registration process, and reject all applications
 - (c) Your Agency shall not be liable for any such actions and shall be under no obligation to inform the Applicant of the grounds for them.
6. Appended to this application, (in case of a joint venture) we give details of the participation of each Party, including capital contribution and profit/loss agreements, in the joint venture or association. We also specify the financial commitment in terms of the percentage of the value of each contract, and the responsibilities for execution of each contract.
7. We confirm that if we bid, that bid, as well as any resulting contract, will be:
- (a) signed so as to legally bind all partners, jointly and severally; and
 - (b) Submitted with a joint venture agreement providing the joint and several liability of all partners in the event the contract is awarded to us.
8. Details of the Applicant

1.	Name of firm	
2.	Head office address	
3.	Branch Office Address	
4.	Telephone Landline Mobile	Contact Person (1) Telephone Contact Person (2) Telephone
5.	Fax	E-mail
6.	Place of incorporation/registration	Year of incorporation/registration
7.	Category of NCA Registration (Either NCA 1, 2, 3, 4, 5, 6, 7 or 8)	

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Details of the Directors			
	Name	% shares owned	Nationality
1.			
2.			
3.			
4.			
5.			

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

Signed	Signed
.....
Name	Name
For and on behalf of (name of Applicant)	For and on behalf of (name of the Applicant)

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 applies 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.

Nature of business.....

.....

Current Trade Licence No.Expiring date

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

Kshs.....

Name of your bankers

Branch.....

Part 2(a) - Sole Proprietor:

Your name in full

.....

Age.....

NationalityCountry of origin

*Citizenship details

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2020*

Part 2(b) - Partnership:

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 Kshs.

Issued Kshs.

Give details of all directors as follows:

Name	Nationality	Citizenship Details*	Shares
1.....			
2.....			
3.....			
4.....			
5.....			