

ADDENDUM NO. 1

TENDER FOR PROVISION OF MEDICAL INSURANCE COVER - TENDER NO. NHC/MIC/011/2023-24

The National Housing Corporation (N.H.C) wish to inform all eligible bidders that are willing to participate in the above tender advertised in My Gov Publication of 19th March 2024 to take note of the following additional forms.

TENDERER INFORMATION FORM

[Tri m	- TORW
The Tenderer shall fill in this Form in account	dance with the instructions indicated below. No alterations
to its former to a second	dance with the instructions indicated below N
to its format shall be permitt	ed and no substitutions shall be accepted
	and no substitutions shall be accepted]
Date:	
	[insert date (as day, month and year) of Tender submission
	atte (as day, month and year) of Tender submission
ITT No	
	[insert number of Tendering process]
	rendering process
Alternative No	ert identification No if this is a Tender for an alternative
inse	ert identification No if this is a Tondon f
Contract to the second	a Tender for an alternative
The same of the sa	
Tenderers Name :	
Tenderers Actual or Intended Country of Posice	4
sountry of Regis	tration:
T .	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
1 enderers Year of Registration:	······································
Tenderers Add	n:
renderers Address in the Country of Registratio	in•

Tenderers Authorized Representatives Informati	
atepresentatives informati	ion:
Namo	
Name:	
AND THE STORY OF T	***************************************
Address:	
Address:	

Telenhone:	
Геlephone:	
	The state of the s
Email	
Email:	

TENDERERS QUALIFICATION INFORMATION FORM

	TENDERERS QUALITYON	[attach copy]
Business Reg	istration Certificate Number	[insert]
		[insert]
		[attach]
	of signatory of Tender:	: Fod
•	al volume of services performed in five years, in the internationally traded	currency specified
1.2 Total annua	al volume of services performed	
in the IDS	erformed as prime Insurance Provider on the provision of Services of a simple former of the values should be indicated in the same currency used for	ilar nature and volume
1.3 Services pe	erformed as prime Insurance Provider on the provision of Services of a simulative years. The values should be indicated in the same currency used for	Item 1.2 above. Also list
over the la	st five years. The committed including expected completion dies	a contraction to the second to
	Type of Services	ue of Contract
Item Insured	and name Name of Frovided and Year of	
of Country	Person Completion	
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		1 2011
		1
	l et and loss st	atements, auditors'
1.4	Financial reports for the last five years: balance sheets, profit and loss sta	atements, war
1.4	reports, etc. List and attach copies.	
	Name, address, and telephone, and facsimile numbers of banks that may	1
1.5	Name, address, and telephone, and facsimile faction.	
	provide references if contacted by the Procuring Entity.	
	Information regarding any litigation, current or within the last five year	rs,
1.6	in which the Tenderer is or has been involved.	
	in which the Tenderer is or man	avolved
	Other party(ies) Cause of dispute Details of litigation award Amount in	Ivorveu
	a)	
	b)	
	D)	
1.7	7 Statement of compliance with the requirements	
1.3	8 Any additional information required	
1.0	o Any non	

Selomon Gichohi
For: Managing Director