

**KMTC/QP-17/PQ**



**KENYA MEDICAL TRAINING COLLEGE**

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**PRE-QUALIFICATION OF SUPPLIERS FOR SUPPLY OF  
DENTAL ITEMS**

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**TENDER NUMBER KMTC/PRQ/10/2024 -2025 FOR THE  
FINANCIAL YEARS 2024/2025 TO 2025/2026.**

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**SUBMISSION DATE: 7<sup>TH</sup> JANUARY, 2025**

**AT 10.00 A.M.**

## **REGISTRATION/PRE-QUALIFICATION NOTICE**

**INVITATION DATE:17<sup>TH</sup> DECEMBER 2024**

### **FOR PRE-QUALIFICATION/ REGISTRATION OF SUPPLIERS FOR GOODS, WORKS AND SERVICES FOR THE PERIOD 2024 – 2025 AND 2025 – 2026 FINANCIAL YEARS.**

Kenya Medical Training College invites eligible firms for pre-qualification/registration of suppliers as described in the table below for provision of goods, works and services for the financial years 2024 – 2025 and 2025 – 2026.

Interested and competent firms specializing in the provision of goods works & services mentioned below are invited to apply.

### **LIST OF GOODS, WORKS & SERVICES TO BE PROCURED IN THE FINANCIAL YEARS 2024 – 2025 AND 2025 – 2026.**

<b>1. REGISTRATION OF SUPPLIERS.</b>		
<b>TENDER NUMBER</b>	<b>DESCRIPTION OF GOODS, WORKS &amp; SERVICES</b>	<b>TARGETED CATEGORY</b>
KMTC/REG/1/2024- 2025	Supply of Staff Uniforms	Youth, PWD & Women
KMTC/REG/2/2024- 2025	Supply of Airtime for mobile phones	Youth, PWD & Women
KMTC/REG/3/2024- 2025	Supply of general and printed stationery items	Youth, PWD & Women
KMTC/REG/4/2024- 2025	Supply of Furniture and Office Equipment	General
KMTC/REG/5/2024- 2025	Supply of Computers and Computer Consumables	Youth, PWD & Women
KMTC/REG/6/2024- 2025	Supply of Cleansing items	Youth, PWD & Women
KMTC/REG/7/2024- 2025	Supply of medical library books and journals	General
KMTC/REG/8/2024- 2025	Supply of Hardware items	Youth, PWD & Women
KMTC/REG/9/2024- 2025	Supply of Electrical items	Youth, PWD & Women
<b>2. PRE- QUALIFICATION OF SUPPLIERS.</b>		
<b>2.1 TEACHING AND LEARNING MATERIALS/ITEMS</b>		
KMTC/PRQ/10/2024- 2025	Supply of Dental items	General
KMTC/PRQ/11/2024- 2025	Supply of Medical Laboratory Sciences items	General
KMTC/PRQ/12/2024- 2025	Supply of Physiotherapy items	General
KMTC/PRQ/13/2024- 2025	Supply of Occupational Therapy items	General
KMTC/PRQ/14/2024- 2025	Supply of Orthopedic items	General
KMTC/PRQ/15/2024- 2025	Supply of Medical Engineering items	General
KMTC/PRQ/16/2024-2025	Supply Orthopedic and Trauma Medicine items	General
KMTC/PRQ/17/2024- 2025	Supply of skills lab items	General

KMTC/PRQ/18/2024-2025	Supply of Emergency Medicine Technology items	General
KMTC/PRQ/19/2024-2025	Supply of Pharmacy and Pharmaceutical related items	General
<b>2.2 CONSULTANCY SERVICES.</b>		
KMTC/PRQ/20/2024- 2025	Provision of Legal Services	General
KMTC/PRQ/21/2024- 2025	Provision of Land Surveying Services	General
KMTC/PRQ/22/2024- 2025	Provision of Assets Valuation and Management Related Services	General
KMTC/PRQ/23/2024- 2025	Provision of Architectural Services	General
<b>2.3WORKS/GENERAL SERVICES.</b>		
KMTC/PRQ/24/2024- 2025	Provision of Renovations and Repairs for Buildings and other Infrastructures	General
KMTC/PRQ/25/2024- 2025	Provision of Constructions and Building Works	General
KMTC/PRQ/26/2024- 2025	Provision of repairs and service for motor vehicles	General
KMTC/PRQ/27/2024- 2025	Provision of ICT Services	Youth, PWD & Women
KMTC/PRQ/28/2024- 2025	Repairs, Services and Maintenance of Office Equipment, Fax Machines, Printers and Computers	Youth, PWD & Women
KMTC/PRQ/29/2024- 2025	Provision of Air Travel Ticketing Services	Youth, PWD & Women
KMTC/PRQ/30/2024- 2025	Provision of Courier Services	General
KMTC/PRQ/31/2024- 2025	Provision of cleaning services	Youth, PWD & Women
KMTC/PRQ/32/2024- 2025	Provision of Hotel & Conference Services	General
KMTC/PRQ/33/2024- 2025	Provision of Catering services	Youth, PWD & Women
KMTC/PRQ/34/2024- 2025	Provision of Sanitary Bins services	Youth, PWD & Women
KMTC/PRQ/35/2024- 2025	Provision of Laundry services	Youth, PWD & Women
KMTC/PRQ/36/2024- 2025	Provision of refuse collection services	Youth, PWD & Women
KMTC/PRQ/37/2024- 2025	Provision of Decoration services	Youth, PWD & Women

It is expected that invitation to bid for the goods & services will be soon after the prequalification evaluation is completed.

Eligible applicants may obtain the prequalification/registration documents from Supplies Department, KMTC Nairobi Campus upon payment of a non-refundable fee of **Kenya Shillings Five hundred only Kshs.500.00** per set of document payable to the Director, Kenya Medical Training College Nairobi, through Bankers cheque or you may download from the KMTC website [www.kmtc.ac.ke](http://www.kmtc.ac.ke) or <http://tenders.go.ke> at no cost. Bidders who download documents from the website should register their tenders at KMTC Headquarters Procurement office during normal working hours, and before the closing date and time.

Requirements for prequalification/registration are set in the prequalification/registration document. Submissions of application for prequalification/registration must be received in sealed plain envelopes and must be dropped in the Tender Box situated at the entrance of the KMTC Administration Block and be addressed to: -

The Chief Executive Officer,  
Kenya Medical Training  
College,  
P. O. Box 30195-00100,  
**NAIROBI.**

so as to reach him on or before **07<sup>th</sup> January, at 10.00 A.M.**

The envelopes must not bear the name of the applicant but should be clearly marked with the details of pre-qualification/registration number as follows: -

The prequalification/registration documents shall be opened immediately thereafter in the Boardroom in the presence of applicants or their representatives who choose to attend and witness the opening.

The college reserves the right to accept or reject any application either in part or in whole and is not bound to give reasons for the decision taken.

**Chief Executive Officer**

## **SECTION II - INSTRUCTIONS TO BIDDERS**

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### **1. SCOPE OF TENDER**

1.1 The KMTC intends to prequalify/register suppliers for the supply and delivery of goods, works and services for various categories. It is expected that prequalification/registration applications will be submitted and be received by KMTC not later than **7<sup>th</sup> January, 2025** at **10.00am**.

### **2. SUBMISSION OF APPLICATION**

2.1 Applications for prequalification/registration shall be submitted in plain sealed envelopes clearly marked with the tender category name and code number and be deposited in the tender box situated at the KMTC Administration Block, Nairobi, so as to be received on or before **7<sup>th</sup> January, 2025** at **10.00am**.

2.2 Incorrectly addressed envelopes will not be opened. Late submissions will also not be accepted.

2.3 All the information requested for shall be provided in English Language. Failure to provide information that is essential for effective evaluation of the applicant's qualification, or provision of false information and documentation, will result in the application being disqualified.

### **3. ELIGIBLE CANDIDATES**

3.1 This invitation for pre-qualification/registration is open to all candidates who are eligible as defined in Kenya's Public Procurement Law and as indicated in the tender document.

3.2 The KMTC employees, committee members, board members and their relatives (spouse and children) are not eligible to participate in the tender

3.3 All Applicants found capable of performing the contract satisfactorily in accordance to the set prequalification/registration criteria shall be prequalified/registered.

### **4. QUALIFICATION CRITERIA**

4.1 Pre-qualification/registration will be based on meeting the minimum requirements to pass in the criteria set in this document. The declaration will either pass or fail based on the applicant's letter of application mandatory requirements, company information, capability and litigation history.

4.2 KMTC requires that tenderers observe highest standards of ethics during the selection and execution of contracts.

The following rules will apply:

a. KMTC will reject a tender for prequalification/registration if it determines that a tenderer has engaged in corrupt or fraudulent activities in competing for the contract in question.

b. We will have the right to inspect the business premises of the tenderer.

- c. We will declare the tender ineligible for pre-qualification/registration if at any time KMTC determines that the tenderer is related to an employee of the KMTC unless otherwise pre-declared to avoid conflict of interest.
- d. We will declare a tender ineligible for prequalification/registration if at any time, it determines that the tenderer has committed an offence relating to procurement, has breached regulations for procurement before in another public entity, has in procurement proceedings given false information about its actions and has been debarred or been blacklisted before by another public entity.

#### **4.3 OBJECTIVE OF THE ASSIGNMENT**

The main objective of pre-qualification/registration of suppliers and service providers is to have a standby list of suppliers'/service providers for the years 2024-2026, for provision of Goods, works and Services for the operations at KMTC.

#### **5. CLARIFICATIONS**

- 5.1 Applicant may request for clarification on the prequalification/registration document up to three days before submission date. Any request for clarification must be sent in writing by mail, to the KMTC HQRs- Nairobi.

#### **5.2 PREPARATIONS OF PRE-QUALIFICATION/REGISTRATION DOCUMENTS**

- 5.3 Applicants are requested to submit an application written in English language

5.4 Applicants are expected to examine the documents comprising this request for pre-qualification/registration in detail. Material deficiencies in providing the information requested will result in rejection of the application.

5.5 Applicants are required to meet the qualification criteria stipulated in the document. Those who do not meet requirements need not to submit the applications. Only applicants who fulfill these requirements will be pre-qualified/registered.

5.6 The Pre-qualification/registration documents shall not include any financial information other than over registered.

#### **5.7 Period of Validity**

The request for pre-qualification/registration must remain valid from the date of submission and candidates shall be pre-qualified/registered for a period of two years.

#### **6 SUBMISSION, RECEIPT AND OPENING OF APPLICATIONS**

- 6.1 The original pre-qualification/registration documents shall be prepared in indelible ink. It shall contain no interlineations or overwriting, except as

necessary to correct errors made by the applicant. Any such corrections must be initialed by the person who sign(s) the pre-qualification/registration document.

6.2 The pre-qualification/registration documents should be prepared and submitted in one original and one (1) copy in a plain sealed envelope clearly marked with the Tender No. and the category so as to be received on or by **7<sup>th</sup> January, 2025 at 10.00 a.m.**

Completed pre—qualification/registration document should be deposited in the Tender Box provided at the entrance of the KMTC Administration Block Nairobi or be addressed and posted to:

**The Chief Executive Officer  
Kenya Medical Training College  
P.O Box 30195-00100  
Nairobi.**

### **6.3 Deadline for submission**

The closing date and time for submission of the Pre-qualification/Registration Document shall be **7<sup>th</sup> January, 2025 at 10.00am.**

### **6.4 Late Applications**

Any Pre-qualifications/registrations documents received after the deadline Shall be rejected as a late application and shall not be considered.

### **6.5 Opening of Applications**

The KMTC Tender Opening Committee shall open immediately after the closing time for submissions of the pre-qualification/registration documents in the presence of applicant's representatives who choose to attend. (The measures taken by the government to avoid spread of covid-19 shall strictly apply.

### **6.6 Litigation History**

The applicant should provide accurate information on any litigation or Arbitration resulting from contracts completed or under its execution Over the last five years

## EVALUATION CRITERIA – GENERAL CATEGORY

N/S	MANDATORY REQUIREMENTS	MARKS %
1.	Certificate of Registration/Incorporation.	10
2.	PIN Certificate.	10
3.	Valid tax compliance certificate from KRA.	10
4.	Valid trade license.	10
5.	Reference/recommendation letter from an existing public medical training institution.	10
6.	Past experience in supply of dental items to public medical training institutions (attach 3 contracts/LPO's)	10
7.	Dully filled anti – Corruption and pledge Declaration Form.	5
8.	Dully filled Confidential Business Questionnaire.	10
9.	Properly serialized/paginated documents in the format 1,2,3,...,n	5
10	Original and copy of the tender document	10
11.	Dully filled Letter of Application	10
	<b>Total/Maximum Score</b>	<b>100 %</b>

**N/B: BIDDERS MUST SCORE 100% TO BE CONSIDERED FOR PRE - QUALIFICATION.**



**PART II 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.

**Part 1 General**

Business name.....

Location of business premises ( a MUST).....

Plot No.,(a MUST).....Street/Road( a MUST).....

Postal Address (MUST).....Tel No (s) (a MUST).....

Fax.....Email ( a MUST).....

Nature of Business .....

Registration Certificate No.....

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

Name of your bankers.....

Branch .....

Note: AMUST) is a requirement for every purpose of easy location and all communications.

**Part 2 (a) Sole Proprietor**

Your name in full.....Age.....

Nationality.....country of Origin.....

Citizenship details.....

Youth/Woman/Person with Disability (indicate).....

Citizen contactor(indicate).....

**Part 2 (b) Partnership**

Give details of partners as follows

	Name	Nationality	Citizen details	Shares
1.....				
2.....				
3.....				
4.....				
Youth/Woman/Person with Disability (indicate).....				
Citizen contactor(indicate).....				

**Part 2 (c) Registered company**

Private or Public

State the nominal and issued capital of company

Nominal Kshs.

Issued Kshs. give details of all directors as follows

Name	Nationality	Citizenship Details	Shares
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1.....

2.....

3.....

Youth/Woman/Person with Disability (indicate).....

Citizen contactor(indicate).....

**Certification**

I, the undersigned, certify that these data correctly describe my qualifications, and my experience.

\_\_\_\_\_Date

\_\_\_\_\_  
(signature of staff member)

\_\_\_\_\_ (Date) \_\_\_\_\_

(signature of authorized representative of the firm)

Full name of staff member. \_\_\_\_\_

Tel No. \_\_\_\_\_

Full name of authorized representative \_\_\_\_\_

**PART II**

**SUPPLIER DETAILS**

A. **Business Name:** .....  
.....  
Pin No. ....  
VAT Reg. No. ....  
Electronic Tax Registration No. ....

***(Attach copy registration certificate)***

**Location**

Business Location .....  
Name of Building ..... Plot No. ....  
Road/Street Name .....  
Floor No. .... Room No. ....

**B. Address**

Postal Address .....  
Telephone Nos. ....  
Fax No. ....  
Mobile Nos. ....  
Website & e-mail .....

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**PART III**

**COMPANY DETAILS**

A. **Nature of Institution**

Company  
Partnership  
Sole Proprietorship  
Other (Specify) .....

(Tick where applicable)

**B. Ownership**

Details of the Directors

<b>Names</b>	<b>Nationality</b>	<b>Citizenship Details</b>	<b>Share</b>
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**(Attach proof of citizenship e.g. ID. No. Passport)**

**C. Registration with Registrar of Companies (where applicable in reference to the evaluation criteria)**

1. Date of Registration ..... Registration No. ....

**(Attach copy / copies of registration certificate)**

2. Registration with Ministry of Roads and Public Works (for building contractors) and indication of NCA categories.

Date of Registration ..... Registration No. ....

Present Category .....

**(Attach copy / copies of current registration certificate)**

- A.** Registration with any other relevant body e.g. AAK, AIBK, MISK, CCK, LSK, Commissioner of Insurance, ICPAK, ACPSK etc **(where applicable in reference to the evaluation criteria)**

1. Date of Registration ..... Registration No. ....

Present Category .....

**(Attach a copy / copies of registration certificates)**

2. Current Practicing Certificates **(Attach copy)**

**PART IV**

**TYPE OF BUSINESS**

A. For Suppliers of goods works or services, state whether you are an importer, manufacturer, distributor, agent, service provider, or a consultant.

<b><u>Goods / Services Provider</u></b>	<b><u>Importer/Manufacturer/Distributor/Agent/Service</u></b>
1. ....	.....
2. ....	.....
3. ....	.....
4. ....	.....
5. ....	.....
6. ....	.....

***List some specific types of goods you supply or specialty of services you render***

1. ....
2. ....
3. ....

B. For Contractors, state your area of specialization. (Type of construction work)

1. ....
2. ....
3. ....
4. ....
5. ....

**PART V**

**FINANCIAL INVESTMENT**

**A. Company's Capital**

- 1. Authorized Shares Kshs. ....
- 2. Issued Shares Kshs ....

**B. Partnership & Sole Proprietorship:**

Total Investments: Kshs. ....

**C. Maximum value of business which you can handle at any time .....**

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*/ accreditation)*

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**PART VI**

**MANPOWER (AS IT MAY BE APPLICABLE)**

- a) Name of Chief Executive Officer/Principal Officer .....
  - b) Number of employees .....
  - c) Number of Technical Staff .....
  - d) Number of shifts .....
  - e) Number of utility vehicles .....
  - f) Please indicate names and attach CV's of key management, professional/technical personnel to carry out specialized works, services, consultancy etc.
-

**PART VII**

**GENERAL INFORMATION**

- a) Name and address of your Bankers  
.....  
.....
- b) Have you ever had an order/contract issued and cancelled in whole or part by the College?  
Yes/No .....  
If yes, give reasons for cancellation .....
- c) Do you have an objection in the College obtaining a confidential financial report from your bankers?  
.....
- d) Has your company ever been involved in litigation/arbitration with clients/consultants? If yes, give details .....
- e) State terms of payment in order of preference
  - i) .....
  - ii) .....
  - iii) .....



**PART VIII**

**DECLARATION**

A. Is there any person(s) working with Kenya Medical Training College who has or have interest in your firm?

**Yes / No**.....**(Delete as necessary)**

B. Attach valid certificates of compliance with the following Acts: - KRA, Tax Compliance, NHIF, NSSF, copies of certificate of Registration / Incorporation, PIN, VAT, copy of current Trade License **(if applicable)**.

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**PART IX**

**PAST EXPERIENCE**

**NAME OF APPLICANTS, OTHER CLIENTS AND VALUES OF CONTRACT / ORDERS IN LAST TWELVE MONTHS**

**1. First client (organization)**

- i) Name of 1<sup>st</sup> client (Organization) .....
- ii) Address of client (organization) .....
- iii) Telephone No. of client .....
- iv) Facsimile No. of client .....
- v) E-mail address of client .....
- vi) Name of contract person at the client (Organization) .....
- vii) Value of contract / orders .....

viii) Duration of ongoing contracts / orders .....

**2. Second client (Organization)**

i) Name of 2<sup>nd</sup> client (Organization) .....

ii) Address of client (organization) .....

iii) Telephone No. of client .....

iv) Facsimile No. of client .....

v) E-mail address of client .....

vi) Name of contract person at the client (Organization) .....

vii) Value of contract / orders .....

viii) Duration of ongoing contracts / orders .....

**3. Third Client (Organization)**

i) Name of 3<sup>rd</sup> client (Organization) .....

ii) Address of client (organization) .....

iii) Telephone No. of client .....

iv) Facsimile No. of client .....

v) E-mail address of client .....

vi) Name of contract person at the client (Organization) .....

vii) Value of contract / orders .....

viii) Duration of ongoing contracts / orders .....

**PART X**

**SWORN STATEMENT**

The undersigned having studied the pre - qualification invitation for the items listed on page one (1):

- a) The information furnished in our application is accurate to the best of our knowledge.
- b) That in case of being registered, we acknowledge that this does not grant us the right to participate in the submission of a tender on the basis of provisions in the tender documents to follow.
- c) When the invitation for tenders is issued, if the legal technical, financial position, or the contractual capacity of the firm changes, we commit ourselves to inform you and acknowledge your sole right to review the registration made.
- d) We enclose all the required documents and information required for the pre - qualification evaluation.

Applicant's Registered Name .....

**PART XI**

**LITIGATION HISTORY: (IF APPLICABLE)**

Applicants, including each of the partners of a joint venture, should provide information of any history of litigation or arbitration resulting from contracts executed in the last five years or currently under execution. A separate sheet should be used for each partner of a joint venture.

<b>YEAR</b>	<b>AWARD FOR OR AGAINST APPLICANT</b>	<b>NAME OF CLIENT, CAUSE OF LITIGATION, AND MATTER IN DISPUTE</b>	<b>DISPUTED AMOUNT (CURRENT VALUE KSHS.)</b>

**PART XII**

**ANTI CORRUPTION DECLARATION / COMMITMENT / PLEDGE FORM**

I/We ..... of Post Office  
Box ..... declare that I/ We recognize that  
Public Procurement is based on a free, fair and competitive tendering process which  
should not be open to abuse.

I/We ..... declare that I/We  
will not offer or facilitate, directly or indirectly, any inducement or reward to any public  
officer, their relations or business associates, in connection with tender No.  
..... for or in the subsequent performance of the  
contract if I/We am/are successful.

Signed by ..... Chief Executive Officer or Authorized Representative.

Name .....

Designation.....

Signature .....

Date .....

In case of sub-contracting

Signed by ..... Chief Executive Officer of the firm to be subcontracted

Name .....

Designation.....

Signature .....

Date .....

**PART XIII**

**CERTIFICATION**

We certify that the above information is correct in all respects.

Full Name

.....

Signature

..... Official

Position .....

Date .....

Stamp:..... Affix Company

.....

Completed application in sealed envelope stating clearly the category of Goods / Works and services and the pre - qualification Number should be addressed to : -

**The Chief Executive Officer  
Kenya Medical Training College  
P.O Box 30195-00100  
Nairobi.**

and be deposited in the Tender Box situated at the entrance of the KMTC HQRS, Administration Block, off Ngong Road, along Old Mbagathi Road, Nairobi so as to be received not later than **7<sup>th</sup> January, 2025 at 10.00am.**

**APPLICATION FORMS**

**1. Application Submission Letter**

Date: .....[insert day, month, and year]

To: .....[insert full name of Procuring Entity] We, the undersigned, apply to be pre-qualified for the referenced tender and declare that:

- a) No reservations: We have examined and have no reservations to the pre-qualification Document, including Addendum(s) No(s),
- b) No conflict of interest: YES/NO
- c) Eligibility: We (and our subcontractors) meet the eligibility requirements as stated and we have not been suspended by the Procuring Entity based on execution of a Tender/Proposal-Securing Declaration in accordance

Suspension and Debarment: We, along with any of our subcontractors, suppliers, consultants, manufacturers, or service providers for any part of the contract, are not subject to, and not controlled by any entity or individual that is subject to, a temporary suspension or a debarment imposed by the PPRA. Further, we are not ineligible under the Kenya laws or official regulations or pursuant to a decision of the United Nations Security Council;

State-owned enterprise or institution: [We are not a state- owned enterprise or institution] / [We are a state-owned enterprise or institution but meet the requirements for prequalification as a supplier

- e) Subcontractors and Specialized Subcontractors: We, plan to subcontract the following key activities and/or parts of the works or supply contracts: ..... [Insert any of the key activities identified which the Procuring Entity has permitted under the Prequalification Document and which the Applicant intends to subcontract along with complete details of the Specialized Subcontractors, their qualification and experience]

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

- g) Commissions, gratuities, fees: We declare that the following commissions, gratuities, or fees have been paid or are to be paid with respect to the prequalification process, the corresponding Tendering process or execution of the Contract:

<u>Name of Recipient</u>	<u>Address</u>	<u>Reason</u>	<u>Amount</u>
[insert full name for each occurrence]	[insert street/ number/city/country]	[indicate reason]	[specify amount currency, value, exchange rate and KENYA SHILLING equivalent]
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

[If no payments are made or promised, add the following statement: “No commissions or gratuities have been or are to be paid by us to agents or any third party relating to this Application]

- (h) Not bound to accept: We understand that you may cancel the pre-qualification process at any time and that you are neither bound to accept any Application that you may receive nor to invite the prequalified Applicants to Tender for the contract subject of this registration process, without incurring any liability to the Applicants.
- (i) True and correct: All information, statements and description contained in the Application are in all respect true, correct and complete to the best of our knowledge and belief.

Signed.....*[insert signature(s) of an authorized representative(s) of the Applicant]*

Name .....*[insert full name of person signing the Application]*

In the capacity of ..... *[insert capacity of person signing the Application]*

Duly authorized to sign the Application for and on behalf of: Applicant's  
Name..... *[insert full name of Applicant or the name of the JV]*

Address ..... *[insert street number/town or city/country address]*

Dated on .....*[insert day number] day of [insert month], [insert year]*

*[For a joint venture, either all members shall sign or only the authorized representative, in which case the power of attorney to sign on behalf of all members shall be attached]*