

# **KENYA MEDICAL TRAINING COLLEGE**

# PRE-QUALIFICATION OF SUPPLIERS FOR SUPPLY OF SKILLS LAB ITEMS

TENDER NUMBER KMTC/PRQ/17/2024 -2025 FOR THE FINANCIAL YEARS 2024/2025 TO 2025/2026.

**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.

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

1. REGISTRATION OF SU	PPLIERS.	
TENDER NUMBER	DESCRIPTION OF GOODS, WORKS & SERVICES	TARGETED CATEGORY
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
2. PRE- QUALIFICATION	OF SUPPLIERS.	
2.1 TEACHING AND LEARN	ING MATERIALS/ITEMS	
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	General
	Technology items	
KMTC/PRQ/19/2024-2025	Supply of Pharmacy and	General
	Pharmaceutical related items	
2.2 CONSULTANCY SE	RVICES.	
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	General
	Management Related Services	
KMTC/PRQ/23/2024- 2025	Provision of Architectural Services	General
2.3 WORKS/GENERAL SEI	RVICES.	
KMTC/PRQ/24/2024- 2025	Provision of Renovations and Repairs	General
	for Buildings and other Infrastructures	
KMTC/PRQ/25/2024- 2025	Provision of Constructions and Building	General
	Works	
KMTC/PRQ/26/2024- 2025	Provision of repairs and service for	General
	motor vehicles	
KMTC/PRQ/27/2024- 2025	Provision of ICT Services	Youth, PWD & Women
KMTC/PRQ/28/2024- 2025	Repairs, Services and Maintenance of	Youth, PWD & Women
	Office Equipment, Fax Machines,	
	Printers and Computers	
KMTC/PRQ/29/2024- 2025	Provision of Air Travel Ticketing	Youth, PWD & Women
	Services	
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	General
	Services	
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 <a href="www.kmtc.ac.ke">www.kmtc.ac.ke</a> or <a href="http://tenders.go.ke">http://tenders.go.ke</a> 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 pregualification/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**, **2025** 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

#### 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 d u r i n g 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

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 Prequalification/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 skills lab items and mannequins 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
	Total/Maximum Score	100 %

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)	
FaxEmail ( 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 fullAgeAge	
Nationalitycountry of Origin	
Citizenship details	
Youth/Woman/Person with Disability (indicate)	
Youth/Woman/Person with Disability (indicate)	
Youth/Woman/Person with Disability (indicate)  Citizen contactor(indicate)  Give details of partners as follows  Part 2 (b) Partnership	
Youth/Woman/Person with Disability (indicate)  Citizen contactor(indicate)  Give details of partners as follows  Name Nationality Citizen details Shares	
Youth/Woman/Person with Disability (indicate)  Citizen contactor(indicate)  Give details of partners as follows  Name Nationality Citizen details Shares  1	
Youth/Woman/Person with Disability (indicate)  Citizen contactor(indicate)  Give details of partners as follows  Name Nationality Citizen details Shares  1	
Youth/Woman/Person with Disability (indicate)  Citizen contactor(indicate)  Give details of partners as follows Name Nationality Citizen details Shares  1	
Youth/Woman/Person with Disability (indicate)	
Youth/Woman/Person with Disability (indicate)  Citizen contactor(indicate)  Give details of partners as follows Name Nationality Citizen details Shares  1	
Youth/Woman/Person with Disability (indicate)	
Youth/Woman/Person with Disability (indicate)	
Youth/Woman/Person with Disability (indicate)  Citizen contactor(indicate)  Give details of partners as follows Name Nationality Citizen details Shares  1  2  3  4  Youth/Woman/Person with Disability (indicate)  Part 2 (c) Registered company	_
Youth/Woman/Person with Disability (indicate)	
Youth/Woman/Person with Disability (indicate)	

give details o	f all directors as follows		
Name	Nationality	Citizenship Details	Shares
1			
2			
3			
		ate)	
Citizen contactor	(indicate)		
	•		

# Certification

I, the undersigned, certify that these data of qualifications, and my experience.	correctly describe my
· · · · · · · · · · · · · · · · · · ·	_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.
(A	ttach copy registration certificate)
Lo	cation
	Business Location
	Name of Building Plot No.
	Road/Street Name
	Floor No. Room No.
В.	Address
	Postal Address
	Telephone Nos.
	Fax No.
	Mobile Nos.
	Website & e-mail
PA	RT III
<u>C(</u>	OMPANY DETAILS
A.	Nature of Institution
	Company
	Partnership
	Sole Proprietorship
	Other (Specify)
	(Tick where applicable)

١	lames	Nationality	Citizenship	Share
			Details	
•				
. F	Registration with Registrar of Comp	panies (where applica	ble in reference t	o the evaluation c
<u>F</u>	Registration with Registrar of Comp		<b>ble in reference t</b> o	
. <u>F</u>	Date of Registration		No	
<u>F</u>	Date of Registration	Registration	No	
<u>F</u>	Date of Registration	Registration  pies of registration constants  s and Public Works (for	Noertificate) building contracto	ors) and
- <u>F</u>	Date of Registration	Registration  pies of registration costs  s and Public Works (for  Registration	No  ertificate)  building contracto  No	ors) and
F	Date of Registration	Registration  pies of registration control  s and Public Works (for  Registration  of current registration  ody e.g. AAK, AIBK, MI	No	ors) and ommissioner of Ins
F	Cattach copy / copies  Registration with Ministry of Roads indication of NCA categories.  Date of Registration	Registration of current registration of eight ei	No	ors) and ommissioner of Ins
F	CPAK, ACPSK etc (where applicable	Registration of current registration of current registration of current registration and page 1. AAK, AIBK, MI of the control of the current registration and page 1. AAK, AIBK, MI of the current registration and the cur	No	ors) and ommissioner of Ins
F	Date of Registration	Registration of current registration of current registration of current registration and page 1. AAK, AIBK, MI of the control of the current registration and page 1. AAK, AIBK, MI of the current registration and the cur	No	ors) and ommissioner of Ins

B. Ownership

# **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.

	<u>Provider</u>	Importer/Manufacturer/Distributor/Agent/Service
1.		
2.		
3.		
4.		
5.		
6.		
	List some specific types of goods	you supply or specialty of services you render
1.		
2.		
3.		
В.	For Contractors, state your area of sp	ecialization. (Type of construction work)
1.		
2.		
3.		
4.		
5.		

# PART V

# **FINANCIAL INVESTMENT**

A.	Со	mpany'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
		/ accreditation)
	.RT AN	VI POWER (AS IT MAY BE APPLICABLE)
a)	Na	me of Chief Executive Officer/Principal Officer
b)	Nu	mber of employees
c)	Nu	mber of Technical Staff
d)	Nu	mber of shifts
e)	Nu	mber of utility vehicles
f)	Ple	ease indicate names and attach CV's of key management, professional/technical
	per	rsonnel 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)
В.	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).
PA	ART IX
P/	AST EXPERIENCE
	AME OF APPLICANTS, OTHER CLIENTS AND VALUES OF CONTRACT / RDERS IN LAST TWELVE MONTHS
1.	First client (organization)
i)	Name of 1st client (Organization)
ii)	Address of client (organization)
iii)	Telephone No. of client
iv)	Facsimile No. of client
v)	E-mail address of client
v) vi)	
•	Name of contract person at the client (Organization)

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 prequalification evaluation.

Applicant's Registered Name
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# **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.

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

# **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
	rectly, any inducement or reward to any public
officer, their relations or business asso	
	for or in the subsequent performance of the
contract if I/We am/are successful.	·
Signed byChie	f Executive Officer or Authorized Representative.
Name	
Designation	
Signature	
Date	
In case of sub-contracting	
Signed byChie	f 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
Officia
Position
Date
Affix Company Stamp:

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**

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1.	Applic	ation Submiss	sion Letter		
Dat	te:		[insert day, mo	onth, and year]	
	oly to be No re	pre-qualified fo		nd declare that:	, the undersigned, pre-qualification Document,
b)	No co	onflict of interest	:: YES/NO		
c)	been		the Procuring Entity ba		s as stated and we have not a Tender/Proposal-Securing
	manu by an PPR	ufacturers, or sel ny entity or indivi A. Further, we a	rvice providers for any par dual that is subject to, a te	t of the contract, are not emporary suspension or e Kenya laws or official	ctors, suppliers, consultants, subject to, and not controlled a debarment imposed by the regulations or pursuant to a
		•	se or institution: [We are n se or institution but meet t		orise or institution] / [We are a qualification as a supplier
	e)	activities and/o any of the ke Prequalification	r parts of the works or sup by activities identified wh	ply contracts: pich the Procuring Entite Applicant intends to sub	ubcontract the following key
(g)	been	paid or are to be			ions, gratuities, or fees have the corresponding Tendering
	<u>Name</u>	of Recipient	<u>Address</u>	Reason	<u>Amount</u>
	-	full name for 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	[insertsignature(s)ofanauthorizedrepresentative(s)oftheApplicant]
	[insert full name of person signing the Application][insert capacity of person signing the Application]
	cation for and on behalf of: Applicant's [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]