**LASER PROPERTY SERVICES LIMITED**

# EXPRESSION OF INTEREST / REQUEST FOR EXPRESSION OF INTEREST (REOI)

## FOR STRATEGIC PARTNERSHIP IN THE TECHNICAL DEVELOPMENT AND OPERATION OF A SPECIALIST HOSPITAL AT ANDERSON PARK, KISUMU CITY, KISUMU COUNTY.

*Artist's impression – Hospital entrance and emergency wing, Anderson Park Phase II, Kisumu.*

| | |
|---|---|
| **REOI Reference No.** | REOI/LPS/002/07/2026 |
| **Opportunity** | Opportunity 4 – Strategic Partnership: Operator sought for a specialist hospital at Anderson Park, Kisumu |
| **Client** | Laser Property Services Limited, acting on behalf of its institutional client (the Sponsor) |
| **Deadline for Clarifications** | 24th August 2026 |
| **EOI Submission Deadline** | 31st August 2026 |
| **Submission Channel** | info@laser.or.ke (quote REOI/LPS/002/07/2026 in the subject line) |

# 1. BACKGROUND

Laser Property Services Limited (LASER) is a wholly owned subsidiary of CPF Group, a leading Kenyan financial services institution headquartered in Nairobi, specializing in retirement benefits, pension scheme administration, and diversified financial solutions: Insurance through Laser Insurance Brokers (LIB), ICT & Renewable Energy through Laser Infrastructure & Technology Solutions (LITES), Fintech through Rukisha, Transaction Advisory and REIT Management through CPF Capital, and Asset Management through CPF Asset Management (CPFAM).

LASER is a multidisciplinary property services company offering corporate, residential, and commercial real estate services and solutions. Services offered by LASER include Project and Development Management, Feasibility Studies & Investment Appraisals, Real Estate Agency, Property & Asset Valuation, Property and Facilities Management, EDGE Expert Services, and Strategic Consulting.

As a Development Manager, LASER has successfully structured and executed real estate projects across Kenya, key among them:

- Freedom Heights Mixed Use Development, comprising a shopping mall with retail, office, and recreational spaces; 252 apartments of two-, three-, and four-bedroom units; a playground; a kindergarten; and a utility services plot that supplies power, piped gas, fresh water, and recycled water to the mall and the residences.
- Naserian Ololua Ridge Karen Estate, a gated community comprising 30 No. town houses and a club house.
- Nova School in Eldoret, a boys and girls schools' campus on a 20-acre parcel of land in Eldoret developed on a built-to-suit model.
- Homa Bay County Headquarters, developed on a finance lease-to-own and built-to-suit model.
- Anderson Park, Kisumu – a phased, master-planned mixed-use urban precinct comprising high-density residential blocks, hospitality, retail, structured parking and social infrastructure, of which the proposed specialist hospital forms part of Phase II.

The Company's development management approach is founded on providing end-to-end real estate solutions that maximize asset value while minimizing development and operational risks. From project conception and planning through procurement, construction, commissioning, and operational management, LASER serves as a trusted advisor to investors, developers, financial institutions, and government agencies. Its multidisciplinary capabilities enable clients to make informed investment decisions and achieve optimal returns on their real estate assets.

Recognizing that successful real estate developments require more than quality infrastructure, LASER places significant emphasis on identifying appropriate operational models and strategic partnerships that enhance the long-term performance of assets. In the healthcare sector, this includes advising on service-line positioning, operator selection, clinical governance frameworks, accreditation pathways, payer and insurance arrangements, financial feasibility, and operational sustainability, so that health infrastructure achieves both its clinical mandate and its commercial potential.

## 2. INTRODUCTION

LASER has been engaged by one of its institutional clients (the Sponsor) to identify and procure a suitable hospital operator for a specialist hospital forming part of the Anderson Park Phase II development in Kisumu City, Kisumu County. The objective is to secure a reputable regional or international healthcare operator capable of providing clinical service delivery, management, accreditation and operational expertise, thereby establishing a leading centre of medical excellence in the Lake Region.

Recognizing that sustainable clinical outcomes, patient safety and financial returns result from integrating operational and clinical expertise early into physical design, LASER is inviting reputable, experienced and qualified Hospital Operators to submit Expressions of Interest.

The specialist hospital is planned as a landmark tower rising to eighteen (18) floors, offering approximately 15,000 square metres of clinical, diagnostic and support space, with a rooftop helipad, a dedicated emergency wing and on-site parking. It is conceived as a tertiary-capable referral facility serving Kisumu City, the wider Nyanza and Western Kenya regions, and the cross-border catchment of the Lake Victoria basin.

As a value-add to its engagement as operator, the selected operator will provide technical advisory and development support during design, and will deliver commissioning, clinical service delivery, management, accreditation and operational support during operations. The Operator will therefore be engaged in a dual-phased, seamless capacity:

### Phase I: Technical Advisory & Development Support (Pre-Construction value-add)

- Collaborating with Laser Property Services in undertaking pre-construction feasibility studies, demand and case-mix modelling, and financial modelling.
- Advising Laser Property Services-appointed architectural and engineering consultants to align clinical planning, departmental adjacencies, patient and staff flows, and medical equipment layouts with recognised healthcare standards.
- Reviewing MEP (Mechanical, Electrical and Plumbing) layouts, medical gases, infection control, biomedical infrastructure, and licensing / accreditation requirements.
- Optimizing the operational flow to reduce long-term operating expenditures (OPEX) and lifecycle costs.

### Phase II: Hospital Management & Operations (Post-Construction)

- Full operational management of the hospital under a long-term Hospital Management Agreement (HMA) or an operating lease, including clinical governance and quality assurance.
- Pre-opening commissioning, recruitment and credentialing of medical and support staff, and procurement of medical equipment and supplies.
- Establishing specialist service lines, referral networks, payer and insurance arrangements, and accreditation to recognised standards to drive utilisation and sustainability.

- Deploying clinical information systems, hospital information management systems (HIMS), revenue cycle management and quality reporting frameworks.

# 3. PROJECT LOCATION AND DESCRIPTION

**PROPERTY: KISUMU MUNICIPALITY BLOCK 9/28, ONDIEK HIGHWAY, KISUMU CITY, KISUMU COUNTY**

## Location Map

*Kisumu Municipality Block 9/28, Ondiek Highway, Kisumu City.*

## Size

Kisumu Municipality Block 9/28: 3.057 Hectares / 7.55 Acres

## Situation

The plot is located along Ondiek Highway, southwest of the Lumumba Affordable Housing Project, Kisumu City, Kisumu County, approximately 1.7 kilometres northeast of GPO Kisumu and 6 kilometres from Kisumu International Airport.

## GPS Coordinates

Kisumu Municipality Block 9/28: 0°05′55.5″S 34°45′52.5″E (-0.098737, 34.764576)

## Description

Strategically located along Ondiek Highway in the heart of Kisumu City, the proposed Anderson Park Hospital is envisioned as a world-class healthcare destination that will redefine specialist and tertiary care within Western Kenya and the wider Lake Region.

Situated within the prestigious Anderson Park Estate, a rapidly transforming mixed-use development characterized by modern high-density residential, commercial and institutional investments, the hospital is perfectly positioned to capitalize on Kisumu City's accelerating economic growth and urban renewal.

The development shall form part of Phase II of the Anderson Park Estate masterplan, complementing the successful Phase I, which comprises several 16-storey residential apartment blocks that have significantly enhanced the area's profile and generated a vibrant residential and commercial ecosystem. Phase II further introduces a 100-key hotel, a structured parking silo with rooftop recreation facilities, retail and service accommodation, creating an integrated live-work-heal-stay precinct. This established

catchment creates a ready market for specialist outpatient, inpatient, diagnostic and emergency services, while positioning the hospital as the focal point of one of Kisumu's most ambitious urban developments.

Kisumu City is the principal urban, administrative and commercial centre of Western Kenya and a regional gateway to the Lake Victoria basin, serving a catchment that extends across Nyanza and Western Kenya and into neighbouring countries. Demand for specialist and tertiary-level care in the region currently exceeds locally available capacity, with a significant proportion of complex cases referred to Nairobi or outside the country. The proposed hospital is intended to close that gap and to retain clinical volumes within the region.

### Indicative Development Parameters

The hospital is designed as a stand-alone tower with a dedicated entrance, ambulance set-down and emergency access off the Ondiek Highway frontage, independent of the residential and hospitality components of the precinct. The indicative area schedule is as follows:

| Level | Indicative Use | Floor-to-Floor (mm) | Area (sqm) |
|---|---|---|---|
| Ground Floor | Emergency wing, reception and admitting, triage, pharmacy, imaging and public interface | 4,500 | 800 |
| 1st – 5th Floors | Diagnostics, theatres, critical care, outpatient and specialist clinics | 4,500 | 4,000 |
| 6th – 18th Floors | Inpatient wards, private and high-dependency accommodation, specialist units and support | 3,300 | 10,200 |
| **Total** | **Gross hospital floor area** | **–** | **15,000** |
| Rooftop | Helipad for aeromedical evacuation and referral | – | – |
| Parking | Dedicated hospital surface parking bays (No.) | – | 148 bays |

*The areas, floor heights and uses above are indicative and derived from the current architectural outline for Anderson Park Phase II. They are provided to define the physical envelope only. Bidders are expressly invited to propose the clinical model, service mix, bed complement and case mix that they consider optimal for the catchment, and to indicate any design modifications required to deliver it.*

# 4. SCOPE OF SERVICES

The successful operator will provide technical advisory services during design (including recommending specialist healthcare consultants to support the design team), pre-opening and commissioning services, clinical service delivery, hospital management, quality assurance and accreditation, staff training, marketing and referral development, and financial and operational reporting to the Sponsor. The scope is summarised as below:

- Technical Advisory & Development Support – clinical planning, departmental briefing, equipment planning and design review.
- Pre-Opening, Commissioning & Licensing – regulatory approvals, equipment procurement and installation, recruitment, credentialing and training.
- Hospital Management & Clinical Operations – day-to-day management of clinical and non-clinical services under an agreed governance framework.
- Clinical Governance, Quality Assurance & Accreditation – patient safety, infection prevention and control, clinical audit and pursuit of recognised accreditation.
- Service-Line Development, Referral Networks & Payer Management – building outpatient, inpatient, diagnostic and specialist volumes, and contracting with insurers, SHA/SHIF and corporate payers.
- Asset Enhancement & Owner Reporting – transparent monthly clinical, operational and financial reporting to the Sponsor, and optimization of Net Operating Income (NOI).

## 4.1 Detailed Scope – Phase I (Pre-Construction Technical Advisory)

- Undertake, jointly with LASER, a market and demand assessment for the catchment, including case-mix, payer-mix and referral pattern analysis.
- Prepare or validate the clinical services brief, bed complement, theatre, critical care, imaging and laboratory complement, and the phasing of service lines.
- Review architectural drawings for clinical functionality, departmental adjacency, separation of clean and dirty flows, patient, staff, visitor and materials circulation, and emergency and helipad access.
- Review engineering services for compliance with healthcare standards, including medical gases, HVAC and pressure regimes for theatres and isolation, electrical resilience and back-up power, water quality, medical waste management and biomedical infrastructure.
- Prepare the medical equipment schedule, indicative capital budget and procurement strategy, together with an ICT and hospital information systems brief.
- Advise on statutory and regulatory requirements, including registration and licensing of the facility and practitioners, and on the pathway to international or regional accreditation.
- Advise on OPEX optimization measures, energy efficiency and lifecycle cost reduction to be embedded in the design.

## 4.2 Detailed Scope – Phase II (Operations)

- Full operational management of the hospital, including all clinical departments, diagnostics, pharmacy, emergency services and support services.
- Recruitment, credentialing, privileging, training and continuing professional development of clinical and non-clinical staff.
- Implementation of clinical governance, patient safety, infection prevention and control, clinical audit and morbidity and mortality review frameworks.
- Establishment and management of referral relationships with primary and secondary providers across the region, and of aeromedical and ground ambulance referral pathways.
- Contracting and management of payer relationships, including private insurers, the statutory health financing scheme, corporate accounts and self-pay segments.
- Deployment of hospital information management, electronic medical records, revenue cycle management and clinical reporting systems.
- Preparation and delivery of annual operating and capital budgets, and transparent monthly and annual reporting to the Sponsor.
- Maintenance of the facility, medical equipment and biomedical assets in accordance with agreed standards, and planning of lifecycle replacement.

## 5. COMMERCIAL STRUCTURE

The Sponsor intends to retain ownership of the hospital asset. Interested operators are therefore invited to indicate their preferred commercial structure from the following, and to summarise their indicative commercial terms:

(a) Hospital Management Agreement (HMA) – a long-term management agreement under which the Operator manages the facility on behalf of the Sponsor for a base management fee and an incentive fee linked to agreed performance metrics, with the Sponsor funding working capital and capital expenditure.

(b) Operating Lease – a long-term lease of the completed and equipped facility to the Operator, at an agreed base and/or turnover rent, with the Operator assuming full operational and working capital risk.

Bidders should state clearly which model they are responding under, together with an indicative term, indicative fee or rent structure, the proposed treatment of pre-opening costs and working capital, the extent of any technical service fee for Phase I, and any brand or licence fee proposed. Bidders may respond under both models. Detailed commercial negotiation will take place at the subsequent Request for Proposal (RFP) stage; the indications given at this stage are for evaluation purposes and are not binding.

## 6. WHO SHOULD RESPOND

- International and regional hospital groups and healthcare operators.
- Specialist and tertiary-care providers and referral hospital networks.
- Healthcare management companies operating under management or lease structures.

- Consortia of the above, provided the lead party is clearly identified in accordance with Clause 10.3.

## 7. SUBMISSION REQUIREMENTS

Applicants shall submit a concise Expression of Interest containing, at minimum, the following:

- Company profile – company overview, ownership structure, executive and clinical leadership, group structure and brand architecture portfolio.
- Clinical and operational track record – case studies of at least three (3) comparable hospital assets that the operator currently manages or operates, stating bed complement, service lines, ownership model, date of commissioning and current performance indicators.
- Technical track record – evidence of at least three (3) projects in which the operator provided technical design input or clinical planning advisory during the pre-construction phase and subsequently held management control of the completed facility.
- Proposed clinical and brand strategy – the specific brand proposed for the facility, the indicative clinical model, service lines, bed complement and case mix proposed for the catchment, the phasing of service lines, and any design modifications considered necessary to deliver it.
- Proposed commercial approach – the preferred structure under Clause 5, with a high-level summary of indicative commercial terms (management fee or rent basis, term, technical service fee, pre-opening budget and working capital treatment).
- Quality and accreditation – evidence of accreditation held by the operator or its facilities (for example JCI, COHSASA, SafeCare, ISO 9001 or equivalent), and the operator's clinical governance and quality assurance framework.
- Regulatory standing – evidence of licensing to operate healthcare facilities in the jurisdictions in which the operator is present, and confirmation of the operator's ability and willingness to register the facility and its practitioners with the Kenya Medical Practitioners and Dentists Council (KMPDC) and all other applicable Kenyan regulators.
- Financial and compliance – audited financial statements for the past three (3) years and certified copies of company registration certificates.
- Contact details – the name, position, telephone number and e-mail address of the officer authorised to receive correspondence in respect of this REOI.

## 8. PREQUALIFICATION REQUIREMENTS

- Qualified local and international hospital operators and healthcare groups interested in participating in the upcoming solicitation must fulfil the minimum eligibility criteria set out in this REOI and in the EOI Data Sheet at Annex 1.

### 8.1 Specific Requirements / Information

Interested operators must provide the following documents to evidence their compliance with the specified eligibility criteria:

- A completed Prequalification Application Form (Annex 2), signed by the Applicant or, where the Applicant is a Consortium, by the Lead Member.
- A completed KYC form and document checklist (Annex 3), together with all documentation and information specified in that attachment.
- The shareholding information set out at Annex 4.
- Where applicable, the consortium commitment letter and power of attorney at Annex 5.
- The sworn affidavit at Annex 6.

### 8.2 Guidance on EOI Submission

| Data relevant to the REOI | |
|---|---|
| **General** | The REOI Reference Number of this Bidding Document is: REOI/LPS/002/07/2026 |
| **REOI Document** | The detailed REOI document may be requested from info@laser.or.ke, quoting REOI/LPS/002/07/2026 in the subject line.<br>The EOI documents can also be accessed on https://cpf.or.ke/tenders/ |
| **Clarifications** | For clarification purposes only, send enquiries to info@laser.or.ke |
| **REOI Timeline** | Deadline to receive questions : 24th August 2026<br>EOI submission deadline : 31st August 2026 |
| **Telephone** | 0720 111 117 |

The complete set of documents comprising the submission requirements above must be submitted by e-mail to info@laser.or.ke.

Operators are advised that this REOI does not constitute a solicitation. LASER, on behalf of the client, reserves the right to change or cancel this requirement at any time during the REOI and/or solicitation process.

### 8.3 EOI Instructions

- Operators interested in participating in the planned solicitation process should forward their Expression of Interest (EOI) to LASER by the closing date set forth in this REOI.
- Add the EOI reference number and the company legal name in the subject line of your response e-mail.
- Completing the above step will ensure you receive an acknowledgment e-mail confirming receipt.
- Arrange the files in the order set out in Clause 11 in a single PDF file, a zipped folder, or an accessible download link.

## 9. GENERAL TERMS

LASER reserves the right to accept or reject any submission and is not bound to appoint any operator arising from this EOI.

This Expression of Interest is not a tender, contract, or contractual engagement and creates no binding obligation on any party. Submission of an Expression of Interest shall not entitle any institution to award of any partnership, contract, or fee.

Pre-qualification under this Expression of Interest shall be a precondition to participation in any subsequent procurement process but shall not in itself constitute appointment as a Partner. LASER, acting on behalf of its client, reserves the right to reject any submission, to terminate or vary this process at any stage, and to require additional information or clarification from any applicant, without incurring any liability.

All submissions shall be treated in confidence, save where disclosure is required by law or for the proper administration of the assignment.

All costs incurred by an Applicant in the preparation and submission of an Expression of Interest shall be borne solely by the Applicant.

Images and area schedules contained in this document are indicative only and do not form part of any offer.

## 10. EOI PREPARATION

### 10.1 Language of EOI Application

The EOI Application prepared by the Applicant, and all correspondence and documents related to the EOI Application, shall be submitted in English.

### 10.2 EOI Application and Other Documents

Each Prequalification Applicant shall provide the following with its Prequalification Application:

- A Prequalification Application form signed by the Applicant (or, if the Prequalification Applicant is a Consortium, by the Lead Member) in the form provided in Annex 2.
- The following legal documents and basic information:
    - Basic information on the shareholding structure (or equivalent document) of the Prequalification Applicant (or each member of a Consortium), as detailed in Annex 4, including an up-to-date shareholders' certificate for each shareholder holding 10% or more of the shares in the Prequalification Applicant (or each Consortium member), or equivalent corporate information (e.g. company shares registry) listing such shareholders and their respective shareholdings;
    - Up-to-date company memorandum, articles of association or incorporation and/or bylaws (or equivalent document) of the Prequalification Applicant (or, if the Prequalification Applicant is a Consortium, such information as to each member); and

- A valid extract of the Annual Company Return (or equivalent document) of the Prequalification Applicant (or, if the Prequalification Applicant is a Consortium, such information in relation to each member).

- An Affidavit, in the form of Annex 6, confirming that the Prequalification Applicant or each member of the Consortium (in the event that the Prequalification Applicant is a Consortium): (a) is not in bankruptcy or liquidation proceedings; (b) has not been convicted of fraud, corruption, collusion or money laundering, and is not aware of any pending prosecution, proceedings or legal action against it in such respect; and (c) is not aware of any conflict of interest or potential conflict of interest arising from prior or existing contracts or relationships which could affect its capability to comply with its obligations under the hospital management or lease agreement.
- Evidence of registration or licensing as a healthcare provider or healthcare management company in each jurisdiction in which the Applicant currently operates, and confirmation that neither the Applicant nor any of its clinical leadership is subject to suspension, deregistration or disciplinary proceedings by a healthcare regulator.
- If registered in Kenya, a copy of the company's current CR12 extract from the Registrar of Companies.

### 10.3 Consortia Documents and Requirements

If the Prequalification Applicant is a Consortium, there must be a Lead Member who is duly authorized, through the power of attorney described in Clause 10.4, by all other Consortium members to act on their behalf and proceed with the prequalification procedures. As of the Prequalification Application deadline indicated in the Data Sheet at Annex 1, it is prohibited to undertake any change in the structure, form or members of the Consortium without the prior written consent of LASER. A Prequalification Applicant wishing to qualify as a Consortium shall submit a written commitment, in the form of a letter duly executed by the legal representative of each Consortium member, which: (a) confirms each member's commitment to the Consortium; and (b) identifies the member that will assume the role of Lead Member on behalf of the other members, with the authority to commit all members.

### 10.4 Power of Attorney

If the Prequalification Applicant is a Consortium, each member of the Consortium shall authorize the Lead Member to sign the Prequalification Application documents. Such authorizations – duly notarized, indicating that the person(s) signing the Prequalification Application has/have the authority to sign – shall be provided with the Prequalification Application. If the Prequalification Applicant is a company, the prequalification documents shall include a recent extract of the company's annual return, or equivalent evidence, indicating the person having the right to sign on behalf of the company. The prequalification documents shall be signed by that person or by any other person officially authorized by him or her. Such authorizations – duly notarized – shall be provided along with the Prequalification Application.

## 11. EVALUATION CRITERIA

There will be a two-stage evaluation process capturing the technical and financial aspects of the submission. The Expression of Interest documents will be reviewed and a recommendation or selection made based on the following selection criteria:

| Details | Marks | Score |
|---|---|---|
| **1. Brand Recognition & Clinical Portfolio**<br>A proven regional or international healthcare footprint with established hospital brands actively managed.<br>Evidence of relevant clinical accreditation held by the operator or its facilities (JCI, COHSASA, SafeCare, ISO 9001 or equivalent).<br>Evidence of any relevant awards and/or recognitions. | 15<br>10<br>5 | **30** |
| **2. Development & Technical Track Record**<br>Demonstrable experience of working alongside real estate developers during clinical planning, design, technical service advisory and construction oversight phases.<br>Four (4) relevant reference letters from clients where similar services have been rendered. | 10<br>20 | **30** |
| **3. Financial Capacity**<br>Evidence of institutional financial stability and capability to support pre-opening working capital, medical equipment and recruitment requirements.<br>Current financial statements.<br>Copies of the three (3) most recent sequential audited financial reports (2023, 2024 & 2025), each signed and dated by the auditor and the directors of the operator. | 10<br>5<br>5 | **20** |
| **4. Legal, Regulatory & Compliance**<br>Fully registered corporate structure with appropriate licensing to operate healthcare facilities within East Africa or international jurisdictions, and confirmed ability to register the facility and its practitioners with KMPDC and all other applicable Kenyan regulators. | 20 | **20** |
| **TOTAL** | | **100** |

**ARRANGE FILES IN THE ABOVE ORDER IN A PDF FILE, ZIPPED FOLDER OR AN ACCESSIBLE LINK.**

The operator that scores 70% and above will proceed to the next stage of RFP solicitation.

### 11.1 Evaluation of EOI Applications

The applications will be evaluated by the EOI Evaluation Committee against the following sections:

- Mandatory Requirements
- Technical and Clinical Capacity
- Financial Capability

The evaluation will be carried out on the basis of a scoring matrix on a scale of 100 points, allocated according to the quality, thoroughness and credibility of the technical, clinical and financial capacity elements presented. There are 100 maximum possible points. Any features that Applicants wish to include over and above LASER's stated requirements will not receive any additional points.

Only those Applicants who achieve an overall aggregate score of 70 points on the evaluated Technical and Financial Capability, and a Pass on the Mandatory Requirements, shall be considered as prequalified and shall be designated a "Qualified Partner".

An Applicant whose Application is found not to be in compliance with the criteria specified in this Clause 11 and the other requirements of Clauses 7 and 8 relating to the criteria of the EOI shall be designated a "Non-Qualified Partner".

## 12. ADDITIONAL INSTRUCTIONS

By submitting an Expression of Interest, the Applicant confirms that:

- The operator and none of its partners are listed on any sanctions list or blacklisted globally. The operator (as well as any parent, subsidiary or affiliate companies) is not under formal investigation, nor has it been sanctioned within the preceding three (3) years by any CPF Group member entity, for engaging or having engaged in prescribed practices, including but not limited to corruption, fraud, coercion, collusion, obstruction, or any other unethical practice.
- The operator has not declared bankruptcy and is not involved in bankruptcy or receivership proceedings, and there is no judgment or legal action pending against the operator that could impair its operations in the foreseeable future.
- Neither the operator nor any of its clinical or executive leadership is subject to suspension, deregistration, licence revocation or unresolved disciplinary proceedings by any healthcare regulator in any jurisdiction, and no facility managed by the operator has had its licence suspended or revoked within the preceding three (3) years.
- The operator does not employ, and does not anticipate employing, any person who is, or has been, a CPF Group staff member within the last year, where that CPF Group staff member has or had prior professional dealings with the operator in his or her capacity as a CPF Group staff member within the last three years of service with CPF Group (in accordance with CPF Group post-employment restrictions).
- The operator undertakes not to engage in proscribed practices (including but not limited to corruption, fraud, coercion, collusion, obstruction, or any other unethical

practice) with LASER, CPF Group or any other party, and to conduct business in a manner that averts any financial, operational, reputational or other undue risk.

**IMPORTANT NOTICE: Any false, incomplete or defective vendor registration may result in the rejection of the application or the cancellation of an already existing registration.**

# ANNEXURES

## Annex 1: EOI Data Sheet

| | | |
|---|---|---|
| **1** | **Project Name** | EXPRESSION OF INTEREST (EOI) FOR STRATEGIC PARTNERSHIP IN THE TECHNICAL DEVELOPMENT AND OPERATION OF A SPECIALIST HOSPITAL AT ANDERSON PARK, KISUMU CITY, KISUMU COUNTY, KENYA. |
| **2** | **REOI Reference No.** | REOI/LPS/002/07/2026 |
| **3** | **Client** | Laser Property Services Limited, a subsidiary of CPF Group, acting on behalf of its institutional client. |
| **4** | **Site** | Kisumu Municipality Block 9/28, Ondiek Highway, Kisumu City, Kisumu County – 3.057 Ha / 7.55 Acres. |
| **5** | **Address for Submission of Expression of Interest** | Laser Property Services Limited<br>CPF House, Haile Selassie Avenue, Nairobi<br>P.O. Box 28938-00200, Nairobi<br>E-mail: info@laser.or.ke<br>Tel: 0720 111 117 |
| **6** | **Deadline for Clarifications** | 24th August 2026 |
| **7** | **Submission Deadline** | Submissions shall close on 31st August 2026 at 11:00 a.m. (East African Time), which will be the date on which the Opening Committee convenes to open the Expression of Interest submissions. |
| **8** | **Subject Line** | REOI/LPS/002/07/2026 |

## Annex 2: Prequalification Application Form

*To be completed and signed by the Applicant or, where the Applicant is a Consortium, by the Lead Member.*

| | |
|---|---|
| **Legal name of Applicant** | |
| **Country and date of incorporation** | |
| **Registered office address** | |
| **Applicant type (single entity / consortium)** | |

| | |
|---|---|
| **Lead Member (if a consortium)** | |
| **Other consortium members** | |
| **Brand(s) proposed for the facility** | |
| **Number of hospitals currently managed / operated** | |
| **Total beds currently under management** | |
| **Countries of operation** | |
| **Accreditations held** | |
| **Preferred commercial structure (HMA / operating lease / both)** | |
| **Contact person and position** | |
| **Telephone and e-mail** | |
| **Name and title of authorised signatory** | |
| **Signature and company stamp** | |
| **Date** | |

## Annex 3: KYC Form and Document Checklist

| No. | Document Required | Enclosed (✓) |
|---|---|---|
| 1 | Completed and signed Prequalification Application Form (Annex 2) | |
| 2 | Company profile, ownership structure and leadership team | |
| 3 | Certificate of incorporation / registration | |
| 4 | Memorandum and articles of association or equivalent | |
| 5 | CR12 extract (where registered in Kenya) or equivalent corporate return | |

| No. | Document Required | Enclosed (✓) |
|---|---|---|
| 6 | Shareholding structure and shareholders' certificates for holders of 10% or more (Annex 4) | |
| 7 | Valid tax compliance certificate or equivalent from the home jurisdiction | |
| 8 | Healthcare operating licences for each jurisdiction of operation | |
| 9 | Accreditation certificates (JCI, COHSASA, SafeCare, ISO 9001 or equivalent) | |
| 10 | Case studies of at least three (3) comparable hospital assets under management | |
| 11 | Evidence of at least three (3) pre-construction technical advisory engagements | |
| 12 | Four (4) client reference letters for similar services | |
| 13 | Proposed clinical model, service lines and brand strategy | |
| 14 | Indicative commercial approach under Clause 5 | |
| 15 | Audited financial statements for 2023, 2024 and 2025, signed and dated by the auditor and directors | |
| 16 | Consortium commitment letter and power of attorney, where applicable (Annex 5) | |
| 17 | Sworn affidavit (Annex 6) | |

## Annex 4: Shareholding Structure

*Provide the following in respect of the Applicant and, where the Applicant is a Consortium, in respect of each member.*

| Name of Shareholder | Nationality / Country of Incorporation | % Shareholding | Evidence Attached |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| Name of Shareholder | Nationality / Country of Incorporation | % Shareholding | Evidence Attached |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

### Annex 5: Consortium Commitment Letter and Power of Attorney

Where the Applicant is a Consortium, each member shall submit a letter, executed by its legal representative, confirming (a) that member's commitment to the Consortium, and (b) the identity of the Lead Member authorised to commit all members. A duly notarized power of attorney in favour of the Lead Member, in accordance with Clause 10.4, shall accompany the commitment letters.

### Annex 6: Affidavit

A sworn affidavit, executed by the Applicant and, where the Applicant is a Consortium, by each member, confirming that the deponent:

(a) is not in bankruptcy, receivership or liquidation proceedings;

(b) has not been convicted of fraud, corruption, collusion or money laundering, and is not aware of any pending prosecution, proceedings or legal action against it in such respect;

(c) is not subject to suspension, deregistration or unresolved disciplinary proceedings by any healthcare regulator in any jurisdiction; and

(d) is not aware of any conflict of interest or potential conflict of interest arising from prior or existing contracts or relationships which could affect its capability to comply with its obligations under the hospital management or lease agreement.

Sworn at …… this …… day of …… 2026.

DEPONENT: …… BEFORE ME: ……

COMMISSIONER FOR OATHS / NOTARY PUBLIC