

## REQUIREMENT SPECIFICATIONS

### REQUEST FOR PROPOSAL FOR THE SUPPLY AND DELIVERY OF ORAL NUTRITION SUPPLEMENT (ONS) PROGRAMME

#### 1. Introduction

- 1.1 The National Kidney Foundation (“**NKF**”) wishes to appoint a contractor (the “**Contractor**”) for the supply and delivery of Oral Nutrition Supplement (ONS) Programme as described in these Requirement Specifications (the “**Goods**”), to all its dialysis centres in Singapore.

#### 2. Product Specification

- 2.1 The Goods shall conform to the detail specification in **Annex A1 to Annex A5**.

#### 3. Contract Duration, Quantity Requirements and Delivery Schedule

- 3.1 The Contractor shall supply the Goods over a period of:
- Twenty four (24) months from **01 February 2027 to 31 January 2029**
  - Sixteen (16) months from **01 October 2027 to 31 January 2029**
- 3.2 NKF may extend the Contract Period, on the same terms as those contained herein (including on the same Contract Price), for a further duration not exceeding 24 months, by serving written notice of the Company’s desire to renew the term hereof, which notice shall be given not less than 30 days prior to the expiry of the initial Contract Period.
- 3.3 NKF’s estimated consumption for the Goods over a period of twenty four (24) months and sixteen (16) months is set out as below:

| SN | Item Description                            | Duration                                           | Estimated Quantity          |
|----|---------------------------------------------|----------------------------------------------------|-----------------------------|
| 1  | EONS – Protein Powder (can/tin)             | 01 February 2027 to 31 January 2029<br>(24 months) | Option 1:<br>33,828 can/tin |
|    |                                             |                                                    | Option 2:<br>23,675 can/tin |
|    |                                             |                                                    | Option 3:<br>10,153 can/tin |
| 2  | RONs – Renal Specific ONS                   | 01 October 2027 to 31 January 2029<br>(16 months)  | Option 1:<br>32,496 bottle  |
|    |                                             |                                                    | Option 2:<br>18,816 bottle  |
|    |                                             |                                                    | Option 3:<br>13,680 bottle  |
|    |                                             |                                                    |                             |
| 3  | RONs – Protein Powder (sachet)              |                                                    | 38,700 sachet               |
| 4  | RONs – Clear Fluid and Fruity Flavoured     |                                                    | 4,224 bottle                |
| 5  | RONs – High Electrolytes, Non-Vanilla Taste |                                                    | 5,232 bottle                |

Authorised Signature: \_\_\_\_\_ Vendor’s stamp : \_\_\_\_\_

- 3.3 The Goods shall be delivered monthly to such of NKF's dialysis centres as NKF shall stipulate from time to time. Please refer to **Annex B** for the detail list of NKF's Dialysis Centres (as at date of this RFP). For the avoidance of doubt, NKF reserves the right at any time to increase or decrease the number of and to vary and /or change the location of any or all of the listed Dialysis Centres. Avoid delivery from: 1300hours to 1400hours

**4. Submission of RFP bids**

- 4.1 Each Vendor should provide the price quote in the Price Schedule.
- 4.2 All quotations submitted by the Vendor must indicate the prices applicable for the estimated numbers of Goods specified in paragraph 3.2 above.
- 4.3 The Vendor, at the point of submission of its RFP bids, is required to supply at its own costs the required samples as provided in point 5 for each offered product stipulated in its RFP bids. The NKF shall be at liberty to call for further submission of such samples as required until the samples submitted are in accordance with the requirements of the RFP. Samples after approval shall indicate the standards to be maintained for the duration of the Contract.
- 4.4 Each vendor is required to indicate the following information for the proposed products in the Price Schedule:
- 4.4.1 The minimum delivery lead time
  - 4.4.2 Country of manufacturer
  - 4.4.3 Location of storage, including alternative site

**5. Submission of samples**

- 5.1 Each vendor shall submit **3 cans/bottles/sachets** of samples for each of the item in the full range of products set out in the proposal requirement in respect of which they are quoting, free-of charge and non-returnable, to the Company at the following address:

**National Kidney Foundation**

81 Kim Keat Road

Singapore 328836

Attention: Ms Mavis Tan

Department: Purchasing

- 5.2 Each set of samples must be labelled individually with the following information:
- RFP Number
  - Item S/N (as per price schedule S/No)
  - Company Name
  - Product Code Number
- 5.3 The samples are to be submitted **within four (4) weeks from the Request For Proposal opening date**, or such extended time period as the Company may agree to in writing upon request by the Company, **after the submission of the Request For Proposal**. The vendor may be rejected if samples are not submitted on time.
- 5.4 If more sample are required, as may be requested by NKF from time to time, on the terms and conditions set out in the Request For Proposal.

Authorised Signature: \_\_\_\_\_ Vendor's stamp : \_\_\_\_\_

## REQUIREMENT SPECIFICATIONS

| S/N | Specification and Requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Comply (YES / NO / N.A) | Vendor remark (if any) |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------|
| 1   | <b><u>Product Description</u></b><br><b>EONS – Protein Powder (Can/Tin)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                        |
| 2   | <b><u>General Specifications</u></b><br>a. Single nutrition with high protein and low electrolyte supplement<br>b. Low lactose or lactose free<br>c. Powder form<br>d. HALAL certified preferred                                                                                                                                                                                                                                                                                                                                                                                                     |                         |                        |
| 3   | <b><u>Packing Requirement</u></b><br>a. To provide product in Can or Tin<br>b. Each can/tin must have clear indication of the batch number/lot number, manufacturing date and expiry date<br>c. Nutritional fact or Product Information (PI) is required                                                                                                                                                                                                                                                                                                                                             |                         |                        |
| 4   | <b><u>Brochures / Catalogues/ MSDS</u></b><br>Vendor shall complete and provide all necessary information including but not limited to brochures, catalogues or MSDS related to the products.                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                        |
| 5   | <b><u>Certification Requirement</u></b><br>a. Is product HSA registered?<br>Vendors to provide HSA registration and classification / attach screenshot from Singapore Medical Device Information Communication System (MEDICS) for registered and exempted products<br>b. Product licence / manufacturing license with HSA<br>c. Vendors to indicate and attach the quality standards and regulatory approval for the product<br>d. Any other relevant certification or clinical papers necessary for the product                                                                                    |                         |                        |
| 6   | <b><u>Submission of Samples</u></b><br>Vendor shall submit <b>3 cans/tins of sample</b> for each of the items in the full range of products set out in the requirement in respect of which vendor is quoting, free-of-charge and non-returnable, to the following address no later <b>than 08 October 2026</b> :<br><br>National Kidney Foundation<br>81 Kim Keat Road,<br>Singapore 328836<br><br>Each sample must be labelled individually with the following information:<br><ul style="list-style-type: none"> <li>• RFP Ref No: 20260901</li> <li>• Item S/N</li> <li>• Company Name</li> </ul> |                         |                        |

Authorised Signature: \_\_\_\_\_ Vendor's stamp : \_\_\_\_\_

## REQUIREMENT SPECIFICATIONS

| S/N | Specification and Requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Comply (YES / NO / N.A) | Vendor remark (if any) |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------|
| 1   | <b><u>Product Description</u></b><br><b>RONs – Renal Specific ONs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                        |
| 2   | <b><u>General Specifications</u></b><br>a. Complete nutrition with high protein and low electrolyte supplement drink<br>b. Low lactose or lactose free<br>c. Ready to drink form<br>d. HALAL certified preferred                                                                                                                                                                                                                                                                                                                                                                               |                         |                        |
| 3   | <b><u>Packing Requirement</u></b><br>a. Each product must have clear indication of the batch number/lot number, manufacturing date and expiry date<br>b. Nutritional fact or Product Information (PI) is required                                                                                                                                                                                                                                                                                                                                                                              |                         |                        |
| 4   | <b><u>Brochures / Catalogues/ MSDS</u></b><br>Vendor shall complete and provide all necessary information including but not limited to brochures, catalogues or MSDS related to the products.                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                        |
| 5   | <b><u>Certification Requirement</u></b><br>a. Is product HSA registered?<br>Vendors to provide HSA registration and classification / attach screenshot from Singapore Medical Device Information Communication System (MEDICS) for registered and exempted products<br>b. Product licence / manufacturing license with HSA<br>c. Vendors to indicate and attach the quality standards and regulatory approval for the product<br>d. Any other relevant certification or clinical papers necessary for the product                                                                              |                         |                        |
| 6   | <b><u>Submission of Samples</u></b><br>Vendor shall submit <b>3 bottles of sample</b> for each of the items in the full range of products set out in the requirement in respect of which vendor is quoting, free-of-charge and non-returnable, to the following address no later than <b>08 October 2026</b> :<br><br>National Kidney Foundation<br>81 Kim Keat Road,<br>Singapore 328836<br><br>Each sample must be labelled individually with the following information:<br><ul style="list-style-type: none"><li>• RFP Ref No: 20260901</li><li>• Item S/N</li><li>• Company Name</li></ul> |                         |                        |

Authorised Signature: \_\_\_\_\_

Vendor's stamp : \_\_\_\_\_

# REQUIREMENT SPECIFICATIONS

| S/N | Specification and Requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Comply (YES / NO / N.A) | Vendor remark (if any) |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------|
| 1   | <b><u>Product Description</u></b><br><b>RONs – Protein Powder (Sachet)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                        |
| 2   | <b><u>General Specifications</u></b><br>a. Single nutrition with high protein and low electrolyte supplement<br>b. Low lactose or lactose free<br>c. Powder form<br>d. HALAL certified preferred                                                                                                                                                                                                                                                                                                                                                                                         |                         |                        |
| 3   | <b><u>Packing Requirement</u></b><br>a. Packaging to be in individual sachet form<br>b. Each product must have clear indication of the batch number/lot number, manufacturing date and expiry date<br>c. Nutritional fact or Product Information (PI) is required                                                                                                                                                                                                                                                                                                                        |                         |                        |
| 4   | <b><u>Brochures / Catalogues/ MSDS</u></b><br>Vendor shall complete and provide all necessary information including but not limited to brochures, catalogues or MSDS related to the products.                                                                                                                                                                                                                                                                                                                                                                                            |                         |                        |
| 5   | <b><u>Certification Requirement</u></b><br>a. Is product HSA registered?<br>Vendors to provide HSA registration and classification / attach screenshot from Singapore Medical Device Information Communication System (MEDICS) for registered and exempted products<br>b. Product licence / manufacturing license with HSA<br>c. Vendors to indicate and attach the quality standards and regulatory approval for the product<br>d. Any other relevant certification or clinical papers necessary for the product                                                                        |                         |                        |
| 6   | <b><u>Submission of Samples</u></b><br>Vendor shall submit <b>3 sachets of sample</b> for each of the items in the full range of products set out in the requirement in respect of which vendor is quoting, free-of-charge and non-returnable, to the following address no later than <b>08 October 2026</b> :<br><br>National Kidney Foundation<br>81 Kim Keat Road,<br>Singapore 328836<br><br>Each sample must be labelled individually with the following information:<br><ul style="list-style-type: none"><li>RFP Ref No: 20260901</li><li>Item S/N</li><li>Company Name</li></ul> |                         |                        |

Authorised Signature: \_\_\_\_\_ Vendor's stamp : \_\_\_\_\_

# REQUIREMENT SPECIFICATIONS

| S/N | Specification and Requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Comply (YES / NO / N.A) | Vendor remark (if any) |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------|
| 1   | <b><u>Product Description</u></b><br><b>RONs – Clear Fluid and Fruity Flavoured</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                        |
| 2   | <b><u>General Specifications</u></b><br>a. Transparent/ clear-fluid consistency, designed to provide additional energy and protein, with or without vitamins, minerals and electrolytes<br>b. Clear fluid fruity flavoured<br>c. Low lactose or lactose free<br>d. Ready to drink form<br>e. HALAL certified preferred                                                                                                                                                                                                                                                                       |                         |                        |
| 3   | <b><u>Packing Requirement</u></b><br>a. Each product must have clear indication of the batch number/lot number, manufacturing date and expiry date<br>b. Nutritional fact or Product Information (PI) is required                                                                                                                                                                                                                                                                                                                                                                            |                         |                        |
| 4   | <b><u>Brochures / Catalogues/ MSDS</u></b><br>Vendor shall complete and provide all necessary information including but not limited to brochures, catalogues or MSDS related to the products.                                                                                                                                                                                                                                                                                                                                                                                                |                         |                        |
| 5   | <b><u>Certification Requirement</u></b><br>a. Is product HSA registered?<br>Vendors to provide HSA registration and classification / attach screenshot from Singapore Medical Device Information Communication System (MEDICS) for registered and exempted products<br>b. Product licence / manufacturing license with HSA<br>c. Vendors to indicate and attach the quality standards and regulatory approval for the product<br>d. Any other relevant certification or clinical papers necessary for the product                                                                            |                         |                        |
| 6   | <b><u>Submission of Samples</u></b><br>Vendor shall submit <b>3 bottles of sample</b> for each of the items in the full range of products set out in the requirement in respect of which vendor is quoting, free-of-charge and non-returnable, to the following address no later than <b>08 October 2026</b> :<br><br>National Kidney Foundation<br>81 Kim Keat Road,<br>Singapore 328836<br><br>Each sample must be labelled individually with the following information:<br><ul style="list-style-type: none"> <li>RFP Ref No: 20260901</li> <li>Item S/N</li> <li>Company Name</li> </ul> |                         |                        |

Authorised Signature: \_\_\_\_\_

Vendor's stamp : \_\_\_\_\_

# **REQUIREMENT SPECIFICATIONS**

**Annex A5**

| S/N | Specification and Requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Comply (YES / NO / N.A) | Vendor remark (if any) |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------|
| 1   | <b><u>Product Description</u></b><br><b>RONs – High Electrolytes, Non-Vanilla Taste</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         |                        |
| 2   | <b><u>General Specifications</u></b><br>a. Complete nutrition with high protein and high electrolyte supplement drink<br>b. Non- vanilla taste<br>c. Low lactose or lactose free<br>d. Ready to drink form<br>e. HALAL certified preferred                                                                                                                                                                                                                                                                                                                                                   |                         |                        |
| 3   | <b><u>Packing Requirement</u></b><br>c. Each product must have clear indication of the batch number/lot number, manufacturing date and expiry date<br>d. Nutritional fact or Product Information (PI) is required                                                                                                                                                                                                                                                                                                                                                                            |                         |                        |
| 4   | <b><u>Brochures / Catalogues/ MSDS</u></b><br>Vendor shall complete and provide all necessary information including but not limited to brochures, catalogues or MSDS related to the products.                                                                                                                                                                                                                                                                                                                                                                                                |                         |                        |
| 5   | <b><u>Certification Requirement</u></b><br>e. Is product HSA registered?<br>Vendors to provide HSA registration and classification / attach screenshot from Singapore Medical Device Information Communication System (MEDICS) for registered and exempted products<br>f. Product licence / manufacturing license with HSA<br>g. Vendors to indicate and attach the quality standards and regulatory approval for the product<br>h. Any other relevant certification or clinical papers necessary for the product                                                                            |                         |                        |
| 6   | <b><u>Submission of Samples</u></b><br>Vendor shall submit <b>3 bottles of sample</b> for each of the items in the full range of products set out in the requirement in respect of which vendor is quoting, free-of-charge and non-returnable, to the following address no later than <b>08 October 2026</b> :<br><br>National Kidney Foundation<br>81 Kim Keat Road,<br>Singapore 328836<br><br>Each sample must be labelled individually with the following information:<br><ul style="list-style-type: none"> <li>RFP Ref No: 20260901</li> <li>Item S/N</li> <li>Company Name</li> </ul> |                         |                        |

Authorised Signature: \_\_\_\_\_

Vendor's stamp : \_\_\_\_\_

Annex B

### LIST OF NKF DIALYSIS CENTRES

#### NKF DC ADDRESS LIST

|              |                                                                                                                                                                                        |              |                                                                                                                                                                                         |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ADT</b>   | <b>761 WOODLANDS</b><br>The Hour Glass-NKF Dialysis Centre (Admiralty Branch)<br>BLK 761 Woodlands Ave 6. #01-108. S (730761)<br>Tel : 6362 2153 / Fax : 6362 2360                     | <b>MSD</b>   | <b>204 MARSILING</b><br>Jo & Gerry Essery-NKF Dialysis Centre<br>BLK 204 Marsiling Drive. #01-188. S (730204)<br>Tel : 6368 0291/ Fax : 6368 0267                                       |
| <b>ALJ</b>   | <b>102 ALJUNIED</b><br>NKF Dialysis Centre Supported by Hong Leong Foundation<br>BLK 102 Aljunied Crescent. #01-265. S (380102)<br>Tel : 6743 3572 / Fax : 6743 0817                   | <b>★ PNG</b> | <b>PUNGGOL OASIS TERRACE</b><br>NKF Dialysis Centre Supported by Ngiam Kia Hum & Family<br>BLK 681 Punggol Drive. #02-02. S (820681).<br>Tel : 62437020 / Fax : 62437022                |
| <b>AM2</b>   | <b>633 ANG MO KIO</b><br>NKF Dialysis Centre<br>BLK 633 Ang Mo Kio Ave 6. #01-5155. S (560633)<br>Tel : 6459 0113 / Fax : 6552 1697                                                    | <b>★ PN2</b> | <b>ONE PUNGGOL</b><br>NKF Dialysis Centre Supported by Kwan Im Thong Hood Cho Temple<br>1 Punggol Drive. #04-08. S (828629)<br>Tel : 6970 8130 / Fax : 6970 8134                        |
| <b>AM3</b>   | <b>565 ANG MO KIO</b><br>Pei Hwa Foundation-NKF Dialysis Centre<br>BLK 565 Ang Mo Kio Ave 3. #01-3401. S (560565)<br>Tel : 6552 6569 / Fax : 6552 6539                                 | <b>PSR</b>   | <b>180 PASIR RIS</b><br>Tampines Chinese Temple-NKF Dialysis Centre<br>BLK 180 Pasir Ris St 11. #01-06. S (510180)<br>Tel : 6583 9500 / Fax : 6583 0779                                 |
| <b>★ BB2</b> | <b>113A BUKIT BATOK</b><br>NKF Dialysis Centre Supported by Singapore Buddhist Youth Mission<br>BLK 113A Bt Batok West Ave 6. #01-01. S (651113)<br>Tel : 6513 6873 / Fax : 6322 7715  | <b>PR2</b>   | <b>427 PASIR RIS</b><br>NKF Dialysis Centre Supported by TL Whang Foundation<br>BLK 427 Pasir Ris Drive 6. #01-35/43. S (510427)<br>Tel : 6243 1008 / Fax : 6243 4332                   |
| <b>BED</b>   | <b>27 NEW UPPER CHANGI</b><br>NKF Dialysis Centre Supported by San Wang Wu Ti Religious Society<br>BLK 27 New Upper Changi Rd. #01-694 S (462027)<br>Tel : 6444 4278 / Fax : 6444 4978 | <b>QT1</b>   | <b>55 STRATHMORE</b><br>NKF Dialysis Centre Supported by San Wang Wu Ti Religious Society<br>BLK 55 Strathmore Ave. #01-145. S (140055)<br>Tel : 6778 0330 / Fax : 6777 6155            |
| <b>BD2</b>   | <b>105 BEDOK</b><br>NKF Dialysis Centre Supported by Man Fatt Lam Buddhist Temple<br>BLK 105 Bedok North Ave 4. #01-2168. S (460105)<br>Tel : 6243 7349 / Fax : 6214 0210              | <b>SKG</b>   | <b>SENGKANG COMMUNITY HOSPITAL</b><br>NKF Dialysis Centre Supported by San Wang Wu Ti Religious Society<br>BLK 1 Anchorvale St. #01-26. S (544835)<br>Tel : 6908 4501 / Fax : 6908 4504 |
| <b>BDR</b>   | <b>213 BIDADARI</b><br>NKF Dialysis Centre Supported by Lorong Koo Chye Sheng Hong Temple<br>BLK 213 Bidadari Park Drive. #03-14 S (360213)<br>Tel : 6550 4459 / Fax : 6550 4462       | <b>SMI</b>   | <b>101 SIMEI</b><br>NKF Dialysis Centre Supported by Kwan Im Thong Hood Cho Temple<br>BLK 101 Simei St 1. #01-892. S (520101)<br>Tel : 6785 9882 / Fax : 6786 6268                      |
| <b>BM2</b>   | <b>128 BUKIT MERAH</b><br>NKF Dialysis Centre Supported by The Singapore Buddhist Lodge<br>BLK 128 Bukit Merah View. #01-22 S (150128)<br>Tel : 6878 0552 / Fax : 6878 0021            | <b>SRG</b>   | <b>Temporary Closure from 4th May 2026 onwards</b>                                                                                                                                      |
| <b>BPJ</b>   | <b>274 BANGKIT</b><br>NKF Dialysis Centre Supported by New Creation Church<br>BLK 274 Bangkit Rd. #01-54. S (670274)<br>Tel : 6764 6400 / Fax : 6764 2004                              | <b>TM1</b>   | <b>935 TAMPINES</b><br>NKF Dialysis Centre Supported by Guan Choon Foundation<br>BLK 935 Tampines St 91. #01-333. S (520935)<br>Tel : 6789 8534 / Fax : 6784 5244                       |
| <b>BP2</b>   | <b>275 BANGKIT</b><br>NKF Dialysis Centre Supported by Le Champ (S.E.A.)<br>BLK 275 Bangkit Rd. #01-96. S (670275)<br>Tel : 6891 2782 / Fax : 6891 2592                                | <b>TM2</b>   | <b>271 TAMPINES</b><br>NKF Dialysis Centre Supported by Wong Sui Ha Edna<br>BLK 271 Tampines St 21. #01-99. S (520271)<br>Tel : 6789 9878 / Fax : 6789 7336                             |
| <b>★ CLE</b> | <b>326 CLEMENTI</b><br>Lew Foundation-NKF Dialysis Centre<br>BLK 326 Clementi Ave 5. #01-175. S (120326)<br>Tel : 6775 0668 / Fax : 6775 0891                                          | <b>TPH</b>   | <b>225 TOA PAYOH</b><br>NKF Dialysis Centre Supported by Toa Payoh Seu Teck Sean Tong<br>BLK 225 Toa Payoh Lorong 8. #01-54. S (310225)<br>Tel : 6254 2066 / Fax : 6251 9484            |
| <b>★ CP1</b> | <b>IRC LEVEL 1</b><br>NKF IRC Supported by The Sirivadhanabhakdi Foundation<br>500 Corporation Road Level 1 S (649808)<br>Tel : 6359 3610 / Fax : 6251 4174                            | <b>TP2</b>   | <b>TOA PAYOH WEST CC</b><br>Seck Hong Choon-NKF Dialysis Centre<br>BLK 200 Toa Payoh Lorong 2. #03-01. S (319642)<br>Tel : 6970 4190 / Fax : 6970 4195                                  |
| <b>★ CP2</b> | <b>IRC LEVEL 2</b><br>NKF IRC Supported by The Sirivadhanabhakdi Foundation<br>500 Corporation Road Level 2 S (649808)<br>Tel : 6359 3620 / Fax : 6251 4175                            | <b>TWY</b>   | <b>113 TECK WHYE</b><br>Leong Hwa Chan Si Temple-NKF Dialysis Centre<br>BLK 113 Teck Whye Lane. #01-666. S (680113)<br>Tel : 6769 0178 / Fax : 6769 9231                                |

Authorised Signature: \_\_\_\_\_

Vendor's stamp : \_\_\_\_\_

|            |                                                                                                                                                                                        |            |                                                                                                                                                                                                          |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FNV</b> | <b>465 FERNVALE</b><br>NKFDialysis Centre Supported by Christopher Heng Tiaw Boon Memorial Fund<br>BLK 465 Fernvale Road. #01-07. S(790465)<br>Tel : 6550 4439 / Fax : 6550 4457       | <b>UBK</b> | <b>19 UPPER BOON KENG</b><br>NKF Dialysis Centre Supported by Sakyadhita<br>Blk 19 Upper Boon Keng Rd #01-1220. S (380019)<br>Tel : 6743 1278 / Fax : 6743 1237                                          |
| <b>GMH</b> | <b>Temporary Closure from 2nd Mar 2026 onwards</b>                                                                                                                                     | <b>URD</b> | <b>311 UBI</b><br>Foo Hai-NKF Dialysis Centre<br>BLK 311 Ubi Ave 1. #01-383 S (400311)<br>Tel : 6747 8864 / Fax : 6747 8823                                                                              |
| <b>HG1</b> | <b>114 HOUGANG</b><br>NKF Dialysis Centre Supported by Singapore Buddhist Welfare Services<br>BLK 114 Hougang Ave 1. #01-1298. S (530114)<br>Tel : 6382 6332 / Fax : 6383 0203         | <b>WCR</b> | <b>701 WEST COAST</b><br>The Hour Glass-NKF Dialysis Centre (West Coast Branch)<br>Blk 701 West Coast Rd #01-323. S (120701)<br>Tel : 6560 1184 / Fax : 6560 1076                                        |
| <b>HG2</b> | <b>628 HOUGANG</b><br>NKF Hougang-Punggol Dialysis Centre<br>BLK 628, Hougang Ave 8. #01-108. S (530628)<br>Tel : 6284 1877 / Fax : 6284 0867                                          | <b>WD1</b> | <b>825 WOODLANDS</b><br>Thong Teck Sian Tong Lian Sin Sia-NKF Dialysis Centre<br>BLK 825 Woodlands St 81. #01-30. S (730825)<br>Tel : 6365 1810 / Fax : 6365 4179                                        |
| <b>JE1</b> | <b>240C JURONG EAST</b><br>NKF Dialysis Centre Supported by Yuhua Grassroots Organisations<br>BLK 240C Jurong East Ave 1. #01-01. S (603240)<br>Tel : 6970 1847 / Fax : 6970 1849      | <b>WD2</b> | <b>365 WOODLANDS</b><br>NKFDialysis Centre Supported by The Singapore Contractors Association Ltd(SCAL)<br>BLK 365 Woodlands Ave 5. #01-490. S (730365)<br>Tel : 6362 4905 / 6362 3956 / Fax : 6362 5849 |
| <b>JW1</b> | <b>744 JURONG WEST</b><br>Sheng Hong Temple-NKF Dialysis Centre<br>BLK 744 Jurong West St 73. #01-19. S (640744)<br>Tel : 6794 1061 / Fax : 6794 1071                                  | <b>YS1</b> | <b>Temporary Closure from 8th Mar 2026 onwards</b>                                                                                                                                                       |
| <b>JW2</b> | <b>940 JURONG WEST</b><br>NKF Dialysis Centre Supported by The Sirivadhanabhakdi Foundation<br>Blk 940 Jurong West Street 91. #01-441. S (640940)<br>Tel : 6316 6246 / Fax : 6316 6194 | <b>YS2</b> | <b>639 YISHUN</b><br>Le Champ-NKF Dialysis Centre (Yishun Branch)<br>BLK 639, Yishun St 61. #01-168, S (760639)<br>Tel: 6257 1860 / Fax: 6257 1650                                                       |

Authorised Signature: \_\_\_\_\_ Vendor's stamp : \_\_\_\_\_