



FORM 1

BUSINESS QUESTIONNAIRE

Part 1 - General Information

I/We hereby apply for registration
(Name of company/firm)

as supplier(s) of

(Item Description)

(Category No.)

Physical Location of Business Premises:

.....

Postal Address.....

Business Registration Ref No:.....

Date of registration of business: KRA Pin.....

KRA Vat certificate (where applicable)

Mobile No/s:

E-mail:

Nature of Business:

Name of applicant.....

Other business branches (if any)

Part 2 (a) - Sole Proprietors

Name: Age:

Nationality:ID/Passport No:

Part 2 (b) - Partnership

Give details of partners as follows:

No	Name	Citizenship	Residence	Shares
1				
2				
3				
4				

5				
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Part 2 (c) - Registered Company

Private or Public Company:

Please state Nominal and Issued capital for the Company:

Nominal Kshs.

Issued Kshs. :

Give details of all Directors as Follows:

No	Name	Citizenship	Residence	Shares
1				
2				
3				
4				
5				

Part 3 - Names of All Associated or Holding Companies (if any)

1

2

3

NB: If more companies are applicable, please give the information on a separate sheet of paper

FORM 2

FINANCIAL POSITION

Attach a copy of firm's latest certified audited financial statements giving summary of assets and liabilities, income and expenditure, cash flow statement.

FORM 3

PAST EXPERIENCE- REFERENCES

Names of at three Key Clients with Whom the Applicant Has Done Business in the Last Two Years Including the Values of Contracts/Orders. Provide at least three references.

	Organization 1	Organization 2	Organization 3
Name of Organization			
Address of client			
Name of contact person			
MOBILE No. of client			
Value of Contract			
Duration of Contract/Work			

(Attach documental evidence of existence of contract)

FORM 4

HUMAN, TECHNICAL AND LOGISTICAL CAPACITY

Please provide the following and any other evidence of your firm’s physical, human, technical and logistical capacity to supply and deliver should you be awarded a tender

Managerial and key Personnel Competency

List the key managerial and technical staff of your organization (attach their CVs)

Name of Key Staff	Position held	Position Held from (Date)

Part 2

STATUS OF COMPLIANCE WITH STATUTORY REQUIREMENTS (a)

VAT Registration Number

PIN Number

State if the Company is a subject of bankruptcy proceedings, in receivership, Administrative receivership or any other form of liquidation as defined by the applicable law.

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(e) Assets and Liabilities: -

Total Assets in Kshs

Current Assets in Kshs

Total Liabilities in Kshs

Net Worth (Total Assets-Total Liabilities)

Working Capital
.....

(f) Terms of Sale / Trade: - Credit Period Yes/ No (If

Yes Please Indicate Number of Credit Days)

(g) Name of Bankers and Branch

Part 3
DECLARATION

Having studied the pre-qualification information for the above exercise, I/we hereby state that the information furnished in our application is accurate to the best of our knowledge.

Name

For and on behalf of

Position.....

Signature.....Date

Stamp