

**APPLICATION FOR PRE-QUALIFICATION OF SUPPLIERS 2015/2016  
BUSINESS QUESTIONNAIRE**

**I. BUSINESS DETAILS**

**A. Statutory Requirements and Contacts**

1. Business Name: \_\_\_\_\_
2. Type of Business: \_\_\_\_\_
3. Certificate of Registration/Incorporation No. \_\_\_\_\_
4. VAT Registration No. \_\_\_\_\_
5. Tax Compliance Certificate No. \_\_\_\_\_
6. Current Business/Practice License No: \_\_\_\_\_

**B. Sole Proprietor** (*Name/Nationality*) \_\_\_\_\_

**C. Partnership**

Names and Details of Partners:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**D. Limited Companies**

Names and Details of Directors:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Share Capital: Authorized: Kshs. \_\_\_\_\_ Issued and Paid: Kshs. \_\_\_\_\_

## E. Financial Capability

1. Name of Banker \_\_\_\_\_

Address \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Financial Information i. Total Assets \_\_\_\_\_

ii. Current Assets \_\_\_\_\_

iii. Total liabilities \_\_\_\_\_

iv. Current liabilities \_\_\_\_\_

3. Attach Audited Accounts for the last 2 years

4. Terms of Payment (maximum credit period) \_\_\_\_\_

## F. Contact Person(s) NAME DESIGNATION

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## G: Experience: *Some organizations to which you have rendered similar Services*

**1. Name of Organization:** \_\_\_\_\_

Type of service offered: \_\_\_\_\_ Number of months/years of service to

client: \_\_\_\_\_ Name of

officer: \_\_\_\_\_

Designation: \_\_\_\_\_ Post Office

Address: \_\_\_\_\_ Telephone:

\_\_\_\_\_ Fax: \_\_\_\_\_ Email:

Stamp: \_\_\_\_\_

**2. Name of Organization:** \_\_\_\_\_

Type of service offered: \_\_\_\_\_ Number of months/years of service to

client: \_\_\_\_\_ Name of

officer: \_\_\_\_\_

Designation: \_\_\_\_\_ Post Office

Address: \_\_\_\_\_ Telephone:

\_\_\_\_\_ Fax: \_\_\_\_\_ Email :

Stamp: \_\_\_\_\_

**3. Name of Organization:** \_\_\_\_\_

Type of service offered: \_\_\_\_\_ Number of months/years of service to

client: \_\_\_\_\_ Name of

officer: \_\_\_\_\_

Designation: \_\_\_\_\_ Post Office

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_ Email : \_\_\_\_\_

Stamp: \_\_\_\_\_

**4. Name of Organization:** \_\_\_\_\_

Type of service offered: \_\_\_\_\_ Number of months/years of service to

client: \_\_\_\_\_ Name of

officer: \_\_\_\_\_

Designation: \_\_\_\_\_ Post Office

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_ Email : \_\_\_\_\_

Stamp: \_\_\_\_\_

**5. Name of Organization:** \_\_\_\_\_

Type of service offered: \_\_\_\_\_ Number of months/years of service to

client: \_\_\_\_\_ Name of

officer: \_\_\_\_\_

Designation: \_\_\_\_\_ Post Office

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_ Email : \_\_\_\_\_

Stamp: \_\_\_\_\_

#### **H. OTHER IMPORTANT PRE-REQUISITES**

i) 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ii) Do you have any contingent liabilities arising from tax, court decree or other sources?

YES/NO \_\_\_\_\_ If YES, give reason(s) and sources  
for the contingent liabilities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

iii) Must confirm that the firm, its servants or agents have not offered and shall not offer inducements to the procuring entity.

\_\_\_\_\_

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- iv) Attach Company Profile indicating qualification of key personnel
- v) Enumerate any past litigation and arbitration incidences encountered by the firms in the last three years
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**Attach COPIES of the following documents when submitting your documents:**

- a. Certificate of Registration/Incorporation,**
- b. VAT Registration and**
- c. Current Business Permit/Practice License.**
- d. Tax Compliance Certificate**

***Note: Bidders business premises may be inspected by a team of ICPALD officers to verify the above information.  
Ensure that you stamp all your documents and we encourage that you give valid email address.***

### **III. DECLARATION:-**

I/We have completed this form(s) accurately at the time of reply and it is agreed that all responses can be substantiated, if requested to do so. Any inaccuracy in the information filled herein will be used as grounds for removal from or termination of the qualification process.

**NAME** \_\_\_\_\_ **DESIGNATION** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE AND STAMP** \_\_\_\_\_