

APPLICATION FORM PRE-QUALIFICATION OF SUPPLIERS

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. _____
5. _____

D. Limited Companies

Names and Details of Directors:

1. _____
2. _____

3. _____

4. _____

E. Financial Capability

1. Share capital

- Authorized share capital: As per MEMO AND ARTICLES OF ASSOCIATION

2. Annual value of business under taken in the last two years

Year			
Turn over			

3. Approximate value of current work related to this type of works ,services or supplies

4. Please attach copies of company's audited accounts for the previous two years (profit/loss, assets/liabilities) and any financial data , which you consider to be useful in the short listings. Please list all the attachments below.

5. Name and address of Bankers from which references can be obtained and authority to seek references

F. Contact Person (s)

NAME

DESIGNATION

TELEPHONE

EMAIL

1. _____

2. _____

3. _____

G. RESOURCE PERSONNEL

1. Number of staff:

- Management staff
- Technical staff
- Support staff

2. Please list the present key personnel and management staff. Key Staff and Management

Name	Qualification	Years of relevant experience

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.

Note: Tenderer's business premises may be inspected by a team of officers from the Naguru Teenage Information and Health Centre 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 _____