



SUPPLIER PREQUALIFICATION FORM

1. COMPANY INFORMATION

Company Name: _____

Trading Name (if different): _____

Business Registration Number: _____

Country of Incorporation: _____

Year Established: _____

Tax Identification Number (PIN): _____

Physical Address: _____

Phone Number: _____

Email Address: _____

Website: _____

Contact Person:

Name: _____

Position: _____

Phone: _____

Email Address: _____

2. TYPE OF BUSINESS (Tick Appropriately)

- Sole Proprietorship
- Partnership
- Corporation

- Limited Liability Company
- Other (Specify)

3. NATURE OF BUSINESS / SERVICES OFFERED

Briefly describe your core business and the goods/services you offer:

4. ELIGIBILITY COMPLIANCE (Tick the ones provided by your business in the response for Prequalification)

- Valid business license
- Tax compliance certificate
- Audited financial statements (last 3 years)
- Proof of past performance (contracts/references)
- Production/supply capacity and technical capability

5. TECHNICAL & FINANCIAL CAPACITY

Annual Turnover (last 3 years):

Year _____: KES _____

Year _____: KES _____

Year _____: KES _____



Key Equipment and Resources Available:

Relevant Certifications and Accreditations:

Staff Strength and Key Personnel:

List of Major Clients and Projects (Past 3 years):

1. _____
2. _____
3. _____



6. ATTACHMENTS CHECKLIST

- [] Company Profile
- [] Copy of Business Registration Certificate
- [] Tax Compliance Certificate
- [] CR12 Document
- [] Audited Financial Statements (last 3 years)
- [] Past Contracts and References
- [] Technical Capability Statement
- [] Relevant Certifications

7. DECLARATION

I hereby declare that the information provided is accurate and true to the best of my knowledge. I understand that any misrepresentation may lead to disqualification.

Authorized Representative Name: _____

Designation: _____

Signature: _____ Date: _____

