



Finnlemm is a savings and credit cooperative society for employees of Diplomatic Missions, Non Governmental Organisation and their Affiliates.

## PRE - QUALIFICATION OF SUPPLIERS FOR SUPPLY OF GOODS AND PROVISION OF SERVICES

TENDER CATEGORY

FSS/

You are asked to provide pertinent information as provided in this form where space is provided is inadequate, you may use a separate sheet of paper.

### **PART 1** COMPANY DETAILS

Company Business Name:

Location - Street

Physical Location:

Town:

Postal Address:

P.O. Box

Town

Postal Code

Contact Person(s):

Telephone Number:

Fax Number:

Email Address:

### **PART 2** NATURE OF BUSINESS

*(Tick as appropriate)*

Corporate Company:

Distributor:

Agent:

Contractor/service provider:

Other: (Specify)

Year Established:

Number of employees/staff

List names of key employees

(attach CV of key staff where necessary)

**Part 3 Gross Turnover (sales) details**

Current Year Estimate	Kshs: <input type="text"/>
Year 2016	Kshs: <input type="text"/>
Year 2015	Kshs: <input type="text"/>
Year 2014	Kshs: <input type="text"/>

**PART 4 Major Contracts/ companies you have done bussiness with during the last 2 years**

DATE	PRODUCTS/SERVICES	ORGANIZATION
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**PART 5 REFERENCES LIST**

Please list atleast 3

Client References	Contact Person	ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

- Attach copies of evidences from clients e.g , Contract award,LPO etc.

**PART 6 TERMS OF PAYMENT**

30 Days Credit	<input type="text"/>
Other (specify)	<input type="text"/>

**PART 7 ATTACHMENTS**

Please attach copies of the following:

- Company profile including names of Directors
- Certificate of Registration / Incorporation
- VAT Registration Certificate
- Tax Compliance Certificate / ETR Compliance
- Company PIN Certificate
- Current Trade License
- Cert. or License for the practice (Where applicable)

**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 ground for removal from or termination of the qualification process.

I / We confirm that I /We are not insolvent in receivership, bankrupt or being wound up. Our business activities have not been suspended and we are not the subject of legal proceedings for any of the foregoing.

I / We certify that the information given is correct.

Name: \_\_\_\_\_

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

Title: \_\_\_\_\_

Date \_\_\_\_\_

Company's Stamp/Seal

\_\_\_\_\_

**Witness**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_