

NKABUNE TECHNICAL TRAINING INSTITUTE



P.O Box 330, MERU.
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PRE-QUALIFICATION DOCUMENT

PRE-QUALIFICATION FOR SUPPLY OF GOODS AND SERVICES
FY 2021/2023

CATEGORY-----

CLOSING DATE-----



Motto: "Technical Skills for Self Reliance"
ISO 9001:2015 CERTIFIED



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Section B

CONFIDENTIAL, BUSINESS QUESTIONNAIRE

You are requested to give the particulars indicated in part 1 and either part 2(a) ,2(b)or 2 (c) whichever applies to your type of business.

You are advised that it is a serious offence to give false information on this form

Part 1-General:

Business name-----

Location of business premises-----

Plot no. -----Street/road -----

Postal address -----Tel No-----

Nature of business-----

Current trade license No-----Expiring Date-----

Maximum value of business which you can handle at any one time Ksh-----

Name of your bankers -----branch-----

Are you an agent of the Kenya National Trading Corporation? Yes/no-----

Part 2 (a)-sole proprietor:

Your name in full-----age-----

Nationality-----Country of origin-----

*Citizenship details-----

Part 2 (b)-partnership:

Give details of partners as follows:

Name	Nationality	Citizenship Details	Shares
1. -----			
2. -----			
3. -----			
4. -----			
5. -----			



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Part 2 (c) ___ Registered Company:

Private or public-----

State the nominal and issued capital of the company

Nominal KShs-----

Issued KShs-----

Give details of all directors as follows:

Name	Nationality	Citizenship Details	Shares
1. -----	-----	-----	-----
2. -----	-----	-----	-----
3. -----	-----	-----	-----
4. -----	-----	-----	-----
5. -----	-----	-----	-----

Date-----Signature of Tenderer-----

*If Kenya Citizen, indicate under "Citizenship Details" whether by Birth, Naturalization or Registration.

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SECTION C

Full name of applicant-----

Gender: F/M-----Age-----PWD (if any specify)-----

REGISTRATION OF SUPPLIERS APPLICATION FORM

I/We-----

(Name of the sole proprietor/company/firm)

Postal address-----code-----Tel/No-----

Mobile-----

Email Address-----Town-----

Street-----Name of the building-----

Floor no-----Room/Office No-----

Hereby apply for registration as supplier(s)of-----

Signature of applicant-----

Date -----

Official stamp-----

Other branches location includes:

1 -----

2 -----



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SECTION D

STATUS OF COMPLIANCE WITH STATUTORY REQUIREMENTS

1. State VAT Registration No-----

Pins No-----attach proof of being up-to-date in the VAT and income tax returns

2.State any technological innovations or specific attributes which distinguishes you with your competitors-----

State any quality assurance certificate i.e. ISO 9000

Hereby the company-----



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SECTION E FINANCIAL POSITION AND TERMS OF TRADE

1. Assets and liabilities:-

- 1) Total assets in kshs -----
- 2) Current assets in kshs-----
- 3) Total liabilities in kshs-----
- 4) Net worth total assets-total liabilities) -----
- 5) Working capital kshs-----
(Total asset-net worth)

Indicate terms of sales/trade:-

- 1) Cash on delivery
- 2) Credit period yes/no delete appropriate, if yes
- 3) Indicate number of days-----
- 4) Upfront payment/down payment yes/no delete as appropriate, if yes state percentage-----

Referee:-

Name of the company-----
Address -----
Name of contact person-----
Signature and date-----
Company stamp-----

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 so. Any inaccuracy in the information filled herein will be used as ground for removal from or termination of the qualification process.

Signed and sealed-----
For and on behalf of-----
Position in company-----
Date-----



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SECTION F

MANDATORY REQUIREMENTS FOR PERSONS WITH DISABILITIES PWD'S YOUTH AND WOMEN

- I) Attach copy of business registration certificate
- II) Attach copy of pin certificate and VAT Certificate
- III) Registration Certificate by Nation Treasury /County Government (AGPO)
- IV) Duly filled and completed tender submission document

N/B Previous experience is not a requirement for special groups Youth, Women &PWDs audited accounts for this special group is not a requirement .Also under this special group .the bidder should specify on the document whether the firm is owned by Youth ,Women or PWDs (be specific

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NTTI 21/23/04: FRESH MILK

ITEM	DESCRIPTION	UNIT OF PURCHASE
FRESH MILK	FRESH	LITRE
MILK	PROCESSED	PACKET

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