

RQ-IREGISTRATION

DATA SUPPLIERS APPLICATION FORM

1/We hereby apply for registration

(Name of Company/Firm)

As suppliers of _____
(Item Description)

Category No _____

Other branches and location _____

Organization & Business Information

Management Personnel _____ Job Title.....

Partnership (if applicable)

Names of Partners

.....

Indicate terms of trade/ sale [Payment

.....

Enclose copy of profile of the firm indicating the main fields of activities



RQ-2

CONFIDENTIAL BUSINESS QUESTIONNAIRE

You are requested to give the particulars indicated in Part I 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.....

Plot No.....

Location of Business Premises.....

Street/Road.....

Postal Address..... Tel No.....

Nature of Business..... Current Trade license.....

Expiring.....

Maximum Value of Business, which you can handle at Any Given Time: Ksh.....

Name of Your Bankers..... Branch.....

Part 2 (a) Sole Proprietor

Your Name in Full..... Age.....

Nationality..... Country of Origin.....

Citizenship Details.....

Part 2 (b) Partnership

Given Details of partners as follows:

Name	Nationality	Citizenship Details	Shares
.....
.....
.....
.....
.....



FORM RQ-3 PAST EXPERIENCE NAMES OF AT LEAST THREE CLIENTS

1. 1st Client

- i. Name of 1st Client (organization)
- ii. Address of Client (organization)
- iii. Name of Contact Person at the Client (organization)
- iv. Telephone No. of Client.....
- v. Duration of Contract (date)
- vi. Signature and Stamp of Organization.....

2. 2nd Client

- i. Name of 2nd Client (organization)
- ii. Address of Client (organization)
- iii. Name of Contact Person at the Client (organization)
- iv. Telephone No. of Client
- v. Duration of Contract (date)
- vi. Signature and Stamp of Organization

3. 3rd Client

- i. Name of 3rd Client (organization)
- ii. Address of Client (organization)
- iii. Name of Contact Person at the Client (organization) iv.
- Telephone No. of Client
- v. Duration of Contract (date)
- vi. Signature and Stamp of Organization.....



FORM RQ-4 SWORN STATEMENT

I having studied the Registration information for the above project we/Thereby state:

- a. That the information furnished in our/my application is accurate to the best of my/our knowledge.
- b. That in case of being registered, we/I acknowledge that this grants us the right to participate in due time in the submission of a tenders or quotations on the basis of provisions in the tender or quotation documents to follow.
- c. When the legal status, financial conditions, technical or contractual capacity of the firm changes such that it affects our/my ability to respond to participate in quotations/tenders, we commit ourselves to inform you and acknowledge your right to review the Registration made.
- d. We/I enclose all the required documents and information required for the Registration evaluation.

Applicant's Name/Company

Name.....

Represented By

Name.....

Date.....

Signature & Stamp.....

(Full name and designation of the person signing and stamp or seal)

