



**COAST BRANCH,  
MOMBASA INTERNATIONAL SHOW**

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**PRE-QUALIFICATION DOCUMENT FOR  
2023-2024 SUPPLIERS AND SERVICE PROVIDERS**

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**Name of Supplier / Service Provider** \_\_\_\_\_

**Prequalification Category Ref No:** \_\_\_\_\_

**Category Description:** \_\_\_\_\_

Please Indicate (tick) relevant category of your Company and Registration Number

- |   |                           |
|---|---------------------------|
| <input type="checkbox"/> Women establishment/group: | Registration Number _____ |
| <input type="checkbox"/> Youth establishment/group: | Registration Number _____ |
| <input type="checkbox"/> Disabled:                  | Registration Number _____ |
| <input type="checkbox"/> Other:                     | Registration Number _____ |

## PRE-QUALIFICATION CRITERIA

The society shall use the following certified documents to determine suitability for registration as the society's supplier, service provider or contractor.

1. A valid certificate of incorporation or registration
2. A Valid Tax Compliance certificate
3. Relevant Business Permits from local authority
4. Valid certificate for youth, women, disabled groups where applicable
5. Valid KRA PIN certificate
6. Registration certificate from the National Construction Authority-NCA for contractors
7. Profiles of staff relevant to the business category entered, including highest academic and professional or technical qualifications.
8. References from at least three organisations that you have transacted with in form of any of the following:
  - a. A copy of a contract signed with each of the organisations
  - b. A copy of a Local Purchase Order (LPO) or service order (LSO) from each of the organisations
  - c. A copy of a delivery note or signed job card from each of the organisations
  - d. A letter of recommendation signed by a senior official from each of the organisations.
9. A summary litigation history entered in the *Litigation history* form in this document.
10. A Profile of the organisation contacts and business location (*Refer to business questionnaire form in this document*) including:
  - a. Copy of ownership or lease agreements
  - b. Details of physical location – sketch of location included
  - c. Working fixed and mobile phone numbers, email and website address
  - d. Contacts of relevant personnel
11. State your terms of payment. Also indicate the volume of business that you are capable of handling in one transaction. (*Refer to business questionnaire form in this document*)
12. State your delivery period after issuance of LPO/LSO for the category of business tendered.
13. Other documents required include:
  - a. Two years certified audited accounts
  - b. NSSF Compliance Certificate
  - c. NHIF - remittances for the last 2 months.

**BUSINESS QUESTIONNAIRE [CONFIDENTIAL] – Please provide credible/reliable information.**

**Section 1: General Information**

Business Name \_\_\_\_\_  
Location of Business: Town \_\_\_\_\_ Plot Number \_\_\_\_\_  
Street/Road/Floor \_\_\_\_\_ (attach map/sketch)  
Fixed Telephone Line \_\_\_\_\_ Mobile \_\_\_\_\_  
Valid Licence/Business Permit No. \_\_\_\_\_ Expiry \_\_\_\_\_  
Contact Person Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Email Contact: \_\_\_\_\_ Website \_\_\_\_\_

**Section 2: Nature of Business**

*2a. Sole Proprietor*

Full Name \_\_\_\_\_ Nationality \_\_\_\_\_  
Date of birth \_\_\_\_\_ ID number/Passport Number \_\_\_\_\_

*2b. Partnership (State details as follows)*

	Names	Nationality	ID/Passport Numbers	Shares
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

*2c. Registered Company*

Public/Private \_\_\_\_\_  
State nominal and issued Capital: Nominal (Ksh) \_\_\_\_\_ Issued (ksh) \_\_\_\_\_  
State details of directors as follows

	Names	Nationality	ID/Passport Numbers	Shares
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

**Section 3: Transactions**

Maximum volume of transactions at any given time (Ksh) \_\_\_\_\_  
Your bank name \_\_\_\_\_ Account No. \_\_\_\_\_  
Branch \_\_\_\_\_



**DECLARATION**

I/we the Director(s) of \_\_\_\_\_  
having completed this prequalification document accurately at the time of application do  
hereby confirm that all responses are valid and can be authenticated if required to do  
so. Any inaccuracy and fallacies in the information entered herein will be used as  
grounds for disqualification from further considerations.

Signed

\_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

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

Company Stamp:

\_\_\_\_\_

**NOTE:**

***A bound copy of this document and all attachments  
should be submitted. Loose copies shall not be accepted.***