



AGRICULTURAL
SOCIETY OF
KENYA

SOUTHERN KENYA (KISII) BRANCH SHOW

P.O. BOX 1327-40200, KISII.

Mobile: 0717354743

Email kisii@ask.co.ke; Website: www.ask.co.ke

PRE-QUALIFICATION DOCUMENT FOR 2023 SUPPLIERS AND SERVICE PROVIDERS

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 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 from 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 have completed these forms accurately at the time of application and we can 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.