PREQUALIFICATION QUESTIONNAIRE FOR THE SELECTION OF BATCH 1 - LOW VOLUME SEAL CONTRACTORS FOR TRAINING

1. Full name of company / firm:	
2. Postal and /Physical address:	
Postal Address and Telephone Number: -	
Physical Address	
Legal Form of the Company (sole trader, partnership or limited company)	
Enclose: - Certified Company Incorporation Certificate / Business License	
4. Names of Directors / Owner(s)	
Name	<u>p</u>
1	
2	
3	
4	
Enclose certified key pages of Articles and Memorandum of Association	
5. A. Registration with NCA	
Yes NO.	
If Yes enclose certified copy of reaistration certificate	
5. B. Registration with Regional Tender Committee	
Yes NO.	
If Yes enclose certified copy of registration letter	
6. Name of Managing Director: Contracts Manager (if not same as MD):	_
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Name and address		No of yrs. v	<u>vith</u>	Accou	nt Title
Staff list (peri	manent or on	contract):			
Name			Designat	ion	
Enclose full CV's ncluding the Dir Office facilitie Fotal area:	ector.	Educational /Training C No of rooms:	ertificates for the pro	1	
		ies of Title Deeds, if ren			
		e last 5 years includin	g ongoing works		
Client	Type of W	ork (Duration months	Value Ksh	Year

If contract(s) not completed, explain why on separate sheet.

11. Current Work load if any

Client	Type of Work	Value Ksh	Expected Completion Date

Attach copies of Contract/LSO/LPO

12. Schedule of assets: Vehicles; Construction Equipment

Description	Model	Year of Manufacture	Value Ksh	Year

Attach copies of proof of ownership e.g. Log / registration books / certificates

13. Annual Turnover for last two years

Year	Turnover

Attach copies of audited accounts

14. Liquid Assets	
Liquid Assets	Ksh:
Attach letters of cre	edit from bank
I certify that the information given above	e, to the best of my knowledge, is correct.
Company stamp:	
Place and date:	Signature.:
	Name: