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
3.	Legal Form of the Company (sole trader, partnership or limited company)
E	nclose: - Certified Company Incorporation Certificate / Business License
4.	Names of Directors / Owner(s)
	Name <u>% Share Ownership</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 registration 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):

Name and add	ress	No of yrs. v	<u>vith</u>	Accou	nt Title
Staff list (perr	nanent or on	contract):			
Name			Designat	ion	
Enclose full CV's ncluding the Dire	ector.	Educational /Training C	ertificates for the pro	oposed super	visors,
Total area:		No of rooms:	Owned:	Rented:	
		ies of Title Deeds, if rent e last 5 years including		agreements	
lient	Type of W	ork (Duration months	Value Ksh	Year
	1	ttach copies of Completic	on Cortificates		

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: