



*"Empowering children through communities"*

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**PREQUALIFICATION FOR SUPPLY  
OF GOODS AND PROVISION OF  
SERVICES FINANCIAL YEAR**

**2024-2026**

**Category Code** \_\_\_\_\_

**Category Ref** \_\_\_\_\_

**Attach a copy of Bank Slip**

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## INVITATION TO PREQUALIFICATION

Dear Sir / Madam

You are invited to be prequalified for the provision of goods and services. Please find attached to this letter the tender documents and requirements.

Your reply should be submitted in the format requested. Your sealed tender documents should be dropped in the tender box at **Central Rift Community Development Program Office located at Kituro Centre next to Kituro Youth Polytechnic by 4.00pm on 11th Oct 2024 addressed to:**

**Procurement Committee,**

**Central Rift Community Development Program,**

**P.O. BOX 106 – 30400, Tel: 0110 548 817**

**KABARNET**

The Successful Prequalified supplier will be notified in writing and will be provided with opportunities to submit quotation for works.

Acceptance of your bid and any subsequent contract are subjected to Central Rift Community Development Program terms and conditions of procurement.

Central Rift Community Development Program reserves the right to accept or reject any application and is not bound to give any reason for its rejection.

Yours Faithfully,

Procurement Committee

**Central Rift Community Development Program**

**PRE – QUALIFICATION OF SUPPLIERS FOR SUPPLY OF GOODS AND PROVISION OF SERVICES**

You are asked to provide pertinent information as provided in this form where space provided is inadequate, you may use a separate sheet of paper.

**PART 1      COMPANY DETAILS**

✓ Company Business Name:

\_\_\_\_\_

✓ Location – Street

\_\_\_\_\_

✓ Building:

\_\_\_\_\_

✓ Physical Address:

\_\_\_\_\_

✓ Contact Person(s):

\_\_\_\_\_

✓ Telephone Number:

\_\_\_\_\_

✓ Email Address:

\_\_\_\_\_

✓ Website Address (if any):

\_\_\_\_\_

**PART 2     NATURE OF BUSINESS**

✓ Manufacturing Company:

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✓ Distributor:

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✓ Agent:

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✓ Year Established:

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**Part 3 Gross Turnover details**

<b>Gross Turnover</b>	<b>Current Year Estimate</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>

Number of employees: \_\_\_\_\_

**PART 4 Major Contracts during the last 2 years**

<b>DATE</b>	<b>VALUE</b>	<b>PRODUCTS/DESTINATION</b>	<b>ORGANISATION</b>

**PART 5 Bank Details**

<b>NAME OF YOUR BANK</b>	<b>BRANCH</b>	<b>BANK ADDRESS</b>	<b>ACCOUNT NO.</b>

- Please provide bank statement in the name of the firm for the last six (6) Months.



**PART 6 REFERENCES LIST**

PLEASE LIST ATLEAST 3 REFERENCES PREFERABLY NGO'S

CLIENT REFERENCES	CONTACT PERSON	TELEPHONE NUMBERS	ADRESS

- Attach copies of evidences from clients e.g. LPO, Contracts

## PART 7 TERMS OF PAYMENT

- ✓ 30 Days Credit Period
- 

- ✓ Others \_\_\_\_\_

- ✓ Attach copies of the following:

- ✓ Company profile including names of Directors
- ✓ Certificate of Registration / Incorporation
- ✓ VAT Registration Certificate
- ✓ Tax Compliance Certificate / ETR Compliance
- ✓ Company PIN Certificate
- ✓ Current Trade License
- ✓ Certificate or License for the practice (pharmaceuticals, Medical applicants, contractors)
- ✓ 3 years Audited Accounts

## DECLARATION

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I / We have completed this form (s) accurately at the time of reply and it is agreed that all responses can be substantiated if requested to do so ANY inaccuracy in the information filled herein will be used as ground for removal from or termination of the qualification process.

I / We confirm that I / We are not insolvent in receivership, bankrupt or being wound up. Our business activities have not been suspended and we are not the subject of legal proceedings for any of the foregoing.

I / We certify that the information given is correct.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date \_\_\_\_\_

Company's Stamp/Seal

\_\_\_\_\_

Witness

Name: \_\_\_\_\_

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