

KENYA MEDICAL RESEARCH INSTITUTE



PRE-QUALIFICATION OF SUPPLIERS FOR 2011 - 2012

CONFIDENTIAL BUSINESS QUESTIONNAIRE

GENERAL INFORMATION

Category applied.....

Receipt Number.....(attach copy)

Company name.....

P. O. Box..... Town..... Post code.....

Telephone number(s).....

Fax number(s).....

Email address.....

Physical address

Building.....Floor.....

Plot number.....Door.....

Street.....

Nature of business.....

Certificate of Registration/Incorporation No.....(attach copy)

Trade license No.....(attach copy)

VAT registration No.....(attach copy)

PIN Certificate No.....(attach copy)

Tax compliance certificate.....(attach copy)

Membership to professional body.....(attach certificate)

Contact persons:

Name..... Position.....

Name..... Position.....

Name..... Position.....

COMPANY PROFILE

A. Names of Directors:

1.....Nationality.....

2.....Nationality.....

3.....Nationality.....

4.....Nationality.....

B. Personnel

Number of staff employed.....

Qualifications.....

Level of experience.....

C. Experience

No. of years the company has been in operation.....

Volume of business transacted in the last 5 years.....

Referees:

1.....

2.....

3.....

Scope of clientele - (attach evidence of the clients you are currently serving)

D. Customer service

Do you have a dedicated customer help desk?.....

Do you carry out customer satisfaction surveys?.....

Do you have a customer technical back up team?.....

NB: You will be required to separately attach a COMPREHENSIVE company profile detailing ALL the requested information & attach documentary evidence. The company profile should be on the company's letterhead.

FINANCIAL

A. Financial position

You will be required to demonstrate that the company's financial position is healthy enough to enable you transact business with KEMRI.

B. Bank statements

Please provide copies of the company's bank statements for the last six months or audited accounts.

C. Magnitude of business

Please indicate the maximum amount of business (in financial terms) your company can handle at any given time.....

D. Credit period

Please indicate the credit period you are willing to offer KEMRI.....

E. Annual turnover

What is your annual turnover?.....

PROCLAMATION

I / We the undersigned, state that, ALL the information we have provided in this document is correct and that I / We hereby give the Kenya Medical Research Institute authority to seek any references it may deem vital while carrying out their evaluation.

Name.....Designation..... Signature.....

Name.....Designation.....Signature.....

Name.....Designation.....Signature.....

Official rubber stamp