



First Assurance

For Your Security and Service

GUIDELINES FOR PRE-QUALIFICATION OF SUPPLIERS

FIRST ASSURANCE COMPANY LTD

P. O. BOX 30064-00100

NAIROBI

Visit **FIRST ASSURANCE** Website: www.firstassurance.co.ke for more tender notices and other information.

SUPPLIER PRE-QUALIFICATION QUESTIONNAIRE

THIS PREQUALIFICATION QUESTIONNAIRE IS TO BE COMPLETED BY PROSPECTIVE SUPPLIERS WHO WISH TO PROVIDE GOODS OR SERVICES TO FIRST ASSURANCE COMPANY LTD. THE INFORMATION IS STRICTLY CONFIDENTIAL AND SOLELY FOR THE USE OF FIRST ASSURANCE

Company Name _____

Postal Address _____

Tel/Fax _____

E-mail _____

All applicants must indicate the details below:

Category applied for _____

REF Number _____

Item Description _____

SUBJECT: PRE-QUALIFICATION OF SUPPLIERS

1. First assurance Company invites you to submit sealed applications for **Prequalification of suppliers.**
2. To be eligible, the candidate must prove that they qualify to participate in public procurement by providing the following documents:-
 - a. License of trade and certificate of business registration
 - b. A declaration or certificate that the candidates have fulfilled the obligation to pay taxes- Tax Compliance certificate
 - c. An abstract of the candidate's accounts accompanied by a certificate by a certified Auditor for the previous 2 years.
3. The bidders **MUST** comply with all the instructions, terms and conditions and particularly ensure that all the forms required are properly completed and submitted to the **Procurement department, First Assurance Company P.O BOX 30064-00100 Nairobi, and be deposited into the Tender Box at the reception of First Assurance House – Gitanga Road by 2:00pm on 2nd February 2018.**
5. The Tender closes on **2nd February 2018** and will be opened immediately thereafter in the presence of candidates' representatives who choose to attend at the offices of First Assurance Company Boardroom.
6. This set of guidelines for pre-qualification is obtainable upon payment of a non - refundable fee of Ksh.5, 000/= (Five thousands shillings only) to Account: 2034212883, Bank: Barclays Bank, Branch: Office park (020).
7. This pre-qualification does not amount to any contractual obligation on the part of FIRST ASSURANCE, and FIRST ASSURANCE is not obliged to invite any tenders or quotations from any or all candidates that have expressed their interest by responding to this invitation.
8. First Assurance Company has the right to invite Open Tenders for goods, works or services in any of the categories as and when required in line with the company's own guidelines.
9. FIRST ASSURANCE reserves the right to authenticate information provided herein without reverting to the participant.
10. First Assurance Company reserves the right to accept or reject any tender without assigning any reasons for the decision.

GENERAL INSTRUCTIONS

Carefully read the instructions before completing the questionnaire. Note that Submission of false information will lead to automatic disqualification.

1. Responses to the pre-qualification questionnaire must be in accordance with the requirements for information in the document.
2. Participants should indicate clearly the goods, services or works they would want to be considered for short-listing, drawing reference from the schedule provided.
3. Answers to the questionnaire should be relevant to the goods; service or works applied for and should be as clear and concise as possible.
4. **Submission of tenders:** The application for prequalification should be submitted in sealed envelopes properly labeled with the “**Pre-qualification for goods & services: Category Ref.....**,” as applied for.
5. In selection of suppliers, FIRST ASSURANCE will short-list only those firms that are able to demonstrate their competence to supply the listed products or undertake listed works.

Registered service providers, contractors, manufactures as well as retailers and dealers are encouraged to apply within the lines of their registered business.

6. The document should be signed by the authorized representative of the organization, stamped and submitted with relevant supporting documents such as relevant licenses, references, certificates, and any other information that the applicant may wish to be considered.
7. It is a condition that participants **must** have complied with all statutory requirements in regard to registration for VAT and remission of the required Taxes.

PART 1

OFFICIAL PAYMENT RECEIPT NO. _____

GENERAL AND COMPANY INFORMATION

(A) COMPANY PROFILE

1. Company Name _____

2. Trading Name (if different from above) _____

3. Legal status (partnership/sole proprietor/ Ltd. Company) _____

4. a) Company registration certificate No. _____ (attach copy)

b) Certification by regulatory bodies (eg LSK, ISK etc) (Attach copies)

5. Nature of business licensed to operate _____

6. Current trade license No. _____ Expiring Date _____ (attach copy)

7. (a) VAT No. _____ (Attach copy)

(b) Tax compliance certificate (attach copy)

9. Contact Person: Name _____

Title _____

Contact Email Address:

Tel .No. _____

10. Postal Address: _____

Tel No: _____

Fax: _____

Physical location _____

E-mail address _____

Website _____

11. Names of Directors and their nationality:

Names of partners/shareholders	Nationality/Citizenship	Percentage of shares
1		
2		
3		
4		
5		

12. Name of Bank: _____

Branch: _____ Account No. _____
(Attach reference from bank)

13. Insurers _____

(B) ELIGIBILITY

14. Have you or your principals been subject of legal proceedings for insolvency, bankruptcy, receivership or your business activities suspended for related reasons? _____ If yes, when _____ (if yes, you must present legal documentary evidence that you are cleared and your business is now solvent)

15. Have you fulfilled your obligations to pay taxes and social security contributions for the last three years? _____

16. Are you or your servants or agents subject of legal proceedings for corrupt or unethical business practice or offered any inducement to any procurement entity so that you can be considered for award of a tender? Yes _____ No. _____

17. Is the firm making this application or any of its directors been debarred or suspended from participating in public procurement or have any procurement entity initiated proceedings of that nature against the firm or one of its directors, for any reason whatsoever? _____

(C) CAPABILITY AND COMPETENCE TO DELIVER GOODS OR SERVICES

18. What products/services to do you want to be considered to supply?

(Indicate relevant category and product code)

19. How many employees do you have? _____
How many are permanent? _____ How many are temporary? _____

20. Which quality standards certification have you attained in the last two years?
(Attach copies and give details on a separate sheet of paper)

21. Provide details of your key personnel and attach their CV'S
(Use a separate sheet of paper)
22. What is the country of origin for goods or services? _____
23. Are you a manufacturer/wholesaler/retailer/other (please specify)

24. If a manufacturer or service organization, are your products certified by Kenya Bureau of standards or are you affiliated to a recognized accrediting body?
Yes/No? _____
(Attach documentary evidence of certification)
25. If you are not a manufacturer, are you an authorized dealer? Yes _____ No _____
(attach manufacturers authorization)
26. Who are your 5 major corporate clients for the past 2yrs. State:
a) Clients name
b) Product service provided
c) Value of goods, works or service
d) Value of business per
e) Month
f) Contact person and Contact person TEL. No.
(Attach on a separate sheet)
27. What is your average response time to a request for quotation/RFP

28. What is your average response time to delivery of goods /services after issuance of LPO?

29. What is the maximum value of business, which you can handle at any one time?
Ksh. _____
30. If your firm is pre-qualified and awarded the tender to supply goods or services, will you abide by the agreed delivery period, quality and price as per specifications by First Assurance Company? Yes _____ No _____
31. Attach a price list for the goods/ services you provide and labor cost (where applicable)

(D) PAST AND CURRENT PERFORMANCE AND EXPERIENCE

- a. Is this firm or its directors in any way associated with any other firm that is Currently conducting business with or have applied to be considered for prequalification or any other tender in First Assurance Company?

If yes, please provide the name(s) of those firm(s), their address, their nature of business and indicate the relationship with the company making this application. (Attach details)

- b. Is the firm making this application currently or in previous periods been contracted to supply goods or services to First Assurance Company?

Yes _____ No _____

If yes indicate hereunder the financial year, the goods or services that you supplied and their value;

Financial year	Goods or service supplied	Total Value
_____	_____	_____
(Attach details)		

- c. Have you at any one time been requested to quote for supply of goods and services and failed to return the quotation without assigning reason for your action? _____ (if yes attach details)
- d. Have you at any one time been issued with a purchase order by FIRST ASSURANCE and failed to deliver the goods or services without assigning any reason for your action? _____ (if yes attach details)
- e. If you are a current or previous period supplier of goods and services to FIRST ASSURANCE, have you at any one time been issued with a letter of cancellation of LPO for failure to supply goods within the agreed time or supplying inferior goods not within specifications? _____ (if yes attach details)

PART 2:

Declaration of Business relationship (company owner/management)

For purpose of transparency and fair dealing, all vendors shall make full disclosure of any existing business relationship with any FIRST ASSURANCE employee.

Are you a relative or do you have a relationship with any FRST ASSURANCE employee that would cause any real or perceived conflict of interest?

Yes/No_____ (specify) _____

Information submitted by _____

Title _____

Signature _____ **Stamp:**

Date: _____