

Machakos University

REGISTRATION OF SUPPLIERS

TENDER NO: MksU/REG/14/2021/2023 SUPPLY AND DELIVERY OF TENTS FOR THE PERIOD 2021~2023

CLOSING/OPENING DATE: FRIDAY, 9TH JULY 2021 10:00 AM.

TENDER/REGISTRATION

Tender No. MksU/REG/14/2021/2023 Tender Title: Supply and Delivery of Tents

REGISTRATION OF SUPPLIERS FOR SUPPLY/PROVISION OF GOODS AND SERVICES FOR THE FINANCIAL YEAR 2021~2023

Machakos University invites applications for **registration** of suppliers for the Supply and Delivery of Tents from interested eligible bidders for the period **2021** ~ **2023**.

Interested and eligible candidates may download documents from www.mksu.ac.ke or www.tenders.go.ke at no cost.

Youth, Women and persons with disability are encouraged to apply pursuant to the Public Procurement and Asset Disposal Act 2015.

To be eligible, the candidates **MUST** prove that they qualify to participate in Public Procurement by providing copies of **MANDATORY** documents as stated in the registration documents.

The applicants **MUST** comply with all instructions, terms and conditions and particularly ensure that forms required are properly completed sealed in a plain envelope and clearly marked "CATEGORY NO. ...FOR SUPPLY/PROVISION OF....." addressed to:

Vice-Chancellor, Machakos University, P. O. Box 136, MACHAKOS,

and deposited in the Tender Box situated at the entrance to the Administration Block, Main Campus so as to reach on or before Friday, 9th July, 2021 at 10.00 a.m. Late applications will not be accepted.

Registration applications will be opened immediately thereafter in the presence of the candidates or their representatives who choose to attend the opening session at Conference Room 11, Main Campus.

PROF. LUCY W. IRUNGU
VICE-CHANCELLOR
&
PROFESSOR OF ENTOMOLOGY

REGISTRATION OF SUPPLIERS

REGISTRATION FORM FOR ENTERPRISES OWNED BY WOMEN, YOUTH AND PERSONS WITH DISABILITY TO SUPPLY GOODS, WORKS AND SERVICES TO PROCURING ENTITIES

ACCESS TO GOVERNMENT PROCUREMENT OPPORTUNITIES (AGPO)

The registration of suppliers is aimed at building a profile for each supplier regarding information on general particulars of the company. You are advised that it is a serious offence to give false information on this form.

PART I: DETAILS OF THE APPLICAL	NT
1.Name of Applicant	
2. Physical Address	
3. Postal Address:	4. Postal Code:
5. E-mail:	6. Mobile Phone No
7. Are you applying for youth, wor	nen or persons with disabilities?
8. Contact Person	
9.Overview of the Enterprise	
Type of	[Sole Proprietor]
ownership	[Partnership]
(please tick one)	[Limited Company]
	[Others Specify] [0-5] [6-25] [26-49] 50-59] [100-
Number of employees	[0~5] [6~25] [26~49] 50~59] [100~ 250]
Initial Investments (KES)	
Total Annual Sales for the	
previous year (Turnover KES)	
Experience in the sector in years	

Type of Ownership Details

Name in Full		Ag	Age		
Identity/Passport	No.				
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Part 9 (b) ~ Parti	-				
NAME	NAT	TONALITY	ID/PASSP ORT NO.	•	% SHARES
Part 9 (C) – Regi	istered C	omnany			
State the nomina			1 of compa	nv	
Nominal KShs			•	Ť	
K5f15	• • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			
Directors' Detail		•••••			
	S	onality	ID/Passpo	ort	% Shares
Directors' Detail	S		_	ort	% Shares
Directors' Detail	S		_	ort	% Shares
Directors' Detail Name	S Nati	onality	No.		
Directors' Detail Name D. Bank Account	s Nati Name:	onality	No.		
Directors' Detail Name O. Bank Account O. Branch of the I	Nati Name:	onality	No.		
Directors' Detail Name O. Bank Account I. Branch of the I 2. Bank Account 3. VAT Registration	Nati Name: Bank: Number on Numb	onality oner:	No.		
Directors' Detail Name D. Bank Account Branch of the I Bank Account Name	Nati Name: Bank: Number on Numb	onality oner:	No.		
Directors' Detail Name O. Bank Account 1. Branch of the I 2. Bank Account 3. VAT Registratio 4. IFMIS Number	Nati Name: Bank: Number on Numb	onality oer:applicable	No.		
Directors' Detail	Nati Name: Bank: Number on Numb	onality oer:applicable	No.	HOS	
Directors' Detail Name O. Bank Account 1. Branch of the I 2. Bank Account 3. VAT Registratio 4. IFMIS Number 5Type of business	Name: Name: Sank: Number on Number where a	onality oer: applicable	No.	HOS	PITALITY&

Signature	Date
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PART II: LIST OF ATTACHMENTS

The following attachments are essential for appraisal and you are required to ensure that they are all attached, failure to which your application may be rejected:

- 1. Copy of certificate of incorporation/registration;
- 2. PIN Certificate;
- 3. Valid Tax Compliance/ Exemption Certificate;
- 4. Business/Company profile;
- 5. Certificate of Registration in a target group issued by the National Treasury;