

COUNTY GOVERNMENT OF NYANDARUA

DEPARTMENT OF FINANCE AND ECONOMIC DEVELOPMENT



PO BOX 701-20303 OL'KALOU Telephone: 0202660859



Email: csm@nyandarua.go.ke

TENDER NO: NYA/CG/33/2018-2019

PROVISION OF LEGAL SERVICES

CLOSING DATE: 15TH NOVEMBER 2018, 10.00AM.

THE COUNTY SECRETARY, COUNTY GOVERNMENT OF NYANDARUA, P.O. BOX 701– 20303, OLKALOU.

The following requirements are <u>MANDATORY</u> and shall form the registration criteria.

- 1. Ensure that your document is stamped (all pages) and signed.
- 2. The business questionnaire form **MUST** be completely filled.
- 3. Copy of Business Registration Certificate/ Certificate of Incorporation
- 4. Copy of valid and current Tax Compliance Certificate
- 5. Copy of PIN and VAT certificate
- 6. CR12 for Registered Limited Company
- 7. Must have a valid current practicing certificate.
- 8. Current and valid professional Indemnity cover.
- 9. Certificate of affiliation to Law Society of Kenya (LSK).
- 10. Evidence of a Physical Registered Office (attach a copy of lease agreement / title of the premises).
- 11. Attach identity card for sole proprietorship and partnership
- 12. Attach a valid **E-MAIL ADDRESS** and must be **PRINTED**

Your prequalification documents should be submitted **properly bound**, **filled** and **page numbered**. The County **shall not** be responsible for Loss of documents not bound (loose).

The complete set of Tender document(s) in plain sealed envelope, indicating Tender Number should be deposited in the Tender Box situated at the entrance of the **Governor's office**.

CONFIDENTIAL BUSINESS QUESTIONNAIRE FORM

All Tenderers are requested to give the particulars indicated in Part 1 and either Part 2 (a), 2 (b) or 2 (c) whichever applies to your type of business. Tenderers are advised that it is a serious offence to give false information on this form.

Part 1 – General
Business Name
Location of business premises
Plot NoStreet/ Road
Postal Address Postal Code
Tel No
Facsimile.
Mobile and CDMA No
E-mail:
Nature of your business
Maximum value of business which you can handle at any time KSh
Name of your BankersBranch
Names of Tenderer's contact person(s)
Designation/ capacity of the Tenderer's contact person(s)
Address, Tel, Fax and E-mail of the Tenderer's contact person(s)

Part 2 (a) Sole Proprietor									
Your name in ful	Your name in full								
NationalityCountry of origin									
D (2.4) D (
Part 2 (b) Partn	•								
_	artners as follows: -								
Names	Nationality	Shares (%)							
	stered Company								
	l and issued capital of co								
	h								
*Total Issued KS	Sh								
Give details of al	ll directors as follows								
Name	Nationality	Shares (%)							
1									
2									
3									
4									
5									
1	-	for and on behalf of the Tenderer.							
Signature of the	duly authorized person								

SWORN STATEMENT

Having studied the pre-qualification /registered information for the above project, we/I hereby state:

- a. The information furnished in our application is accurate to the best of our knowledge.
- b. That in case of being registered, we acknowledge that this grants us the right to participate in due time in the submission of a tender or quotation when invited/requested to do so by the County Government.
- c. When the call for quotations is issued, the legal, technical or financial conditions or the contractual capacity of the firm changes, we shall notify the County Government and acknowledge your right to review the registration made.
- d. We enclose all the required documents and information required for the registration evaluation.
- e. We confirm that we have not been debarred from participation in Public Procurement and have no litigation procedure in process.

Date						•••••
Applicant's Na	ame					
••••••		•••••	•••••	•••••	• • • • • • • • • • • • • • • • • • • •	•••••
Represented	hv					
Signature						
• • • • • • • • • • • • • • • • • • • •						
•••••						

(Full name and designation of the person signing and stamp or seal)