



**P O Box 10304, 00100 Nairobi, Kenya; Tel: 254-20-3514426**  
**E-mail: [director@icpac.net](mailto:director@icpac.net) Website: [www.icpac.net](http://www.icpac.net)**

IGAD Climate Prediction and Applications Centre (ICPAC) is a specialized Institution of the Inter-Governmental Authority on Development (IGAD). The mission of ICPAC is to provide climate information, prediction and timely early warning for applications in support of environmental management, disaster risk reduction and sustainable development in the Horn of Africa.

IGAD Climate Prediction and Applications Centre (ICPAC) is in the process of pre-qualifying suppliers of various goods and services. Interested suppliers should apply for pre-qualification, indicating the category & description of goods and/or services that they can supply. **Existing suppliers who wish to be retained in the register of suppliers MUST also apply for consideration.**

The pre-qualified list of suppliers will be used by ICPAC for financial year, 2017 - 2019

## **PROVISION OF SERVICES**

### **CATEGORY NO**

### **ITEM DESCRIPTION**

ICPAC/PQ/001/2017-2019	Supply of Computers, Printers, UPS, LCD projectors, Photocopiers, office equipment and fitting.
ICPAC/PQ/002/2017-2019	Supply of Genuine computer toners and computer consumables and accessories.
ICPAC/PQ/003/2017-2019	Provision of Printing services for branded promotional items.
ICPAC/PQ/004/2017-2019	Provision of Air travel agency services (Must be registered with IATA )

Kindly fill in the attached application form.

All applicants must have Personal Identification Number (**P.I.N.**), Value Added Tax (**VAT**), **and Registration** and **Tax Compliance** certificates (Mandatory)

ICPAC reserves the right to accept or reject application(s) either in whole or part.

All applications should be addressed to:

**Director**

IGAD Climate Prediction and Applications Centre (ICPAC)  
P O Box 10304, 00100 Nairobi, Kenya; Tel: 254-20-3514426

The document (s) should be deposited in the tender box situated at IGAD Climate Prediction and Applications Centre (ICPAC) reception so as to be received **on or before 12noon** on **29<sup>th</sup> September 2017**. Two hard copies should be received in plain sealed envelopes and clearly marked '**Pre-Qualification of suppliers- Category No. ICPAC/PQ/00\*/2017-2019**'

**Application Form No. ICPAC/PQ/ \_\_\_\_\_**

**APPLICATION FOR PRE-QUALIFICATION OF SUPPLIERS 2017/2019  
BUSINESS QUESTIONNAIRE**

**I. BUSINESS DETAILS**

**A. Statutory Requirements and Contacts**

1. Business Name: \_\_\_\_\_

2. Type of Business: \_\_\_\_\_

3. Certificate of Registration/Incorporation No. \_\_\_\_\_

4. VAT Registration No. \_\_\_\_\_

5. Tax Compliance Certificate No. \_\_\_\_\_

6. Current Business/Practice License No: \_\_\_\_\_

**B. Company Formation**

**1) Sole Proprietor** (*Name/Nationality*) \_\_\_\_\_

**2) Partnership**

Names and Details of Partners:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**3) Limited Companies**

Names and Details of Directors:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Share Capital: Authorized: Kshs. \_\_\_\_\_ Issued and Paid: Kshs. \_\_\_\_\_

## II. Financial Information

i. Total Assets \_\_\_\_\_

ii. Current Assets \_\_\_\_\_

iii. Total liabilities \_\_\_\_\_

iv. Current liabilities \_\_\_\_\_

N.B. Attach Audited Accounts for the last 2 years.

v. Terms of Payment (maximum credit period) \_\_\_\_\_

vi. Name of Banker \_\_\_\_\_ Address \_\_\_\_\_ Telephone: \_\_\_\_\_

vii) Yearly turnover for the last three years:

Year 1: \_\_\_\_\_

Year 2: \_\_\_\_\_

Year 3: \_\_\_\_\_

**Contact Person (s) NAME DESIGNATION**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**III: Experience:** *(State the organizations to which you have rendered Services having carried out contracts of similar nature)*

**1. Name of Organization:** \_\_\_\_\_

Type of service offered: \_\_\_\_\_

Number of months/years of service to client: \_\_\_\_\_

Name of officer: \_\_\_\_\_

Designation: \_\_\_\_\_

Post Office \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_ tamp: \_\_\_\_\_

**2. Name of Organization:** \_\_\_\_\_

Type of service offered: \_\_\_\_\_

Number of months/years of service to client: \_\_\_\_\_

Name of officer: \_\_\_\_\_

Designation: \_\_\_\_\_

Post Office \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Stamp: \_\_\_\_\_

**3. Name of Organization:** \_\_\_\_\_

Type of service offered: \_\_\_\_\_

Number of months/years of service to client: \_\_\_\_\_

Name of officer: \_\_\_\_\_

Designation: \_\_\_\_\_

Post Office \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Stamp: \_\_\_\_\_

**4. Name of Organization:** \_\_\_\_\_

Type of service offered: \_\_\_\_\_

Number of months/years of service to client: \_\_\_\_\_

Name of officer: \_\_\_\_\_

Designation: \_\_\_\_\_

Post Office \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Stamp: \_\_\_\_\_

**5. Name of Organization:** \_\_\_\_\_

Type of service offered: \_\_\_\_\_

Number of months/years of service to client: \_\_\_\_\_

Name of officer: \_\_\_\_\_

Designation: \_\_\_\_\_

Post Office \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Stamp: \_\_\_\_\_

**6. Name of Organization:** \_\_\_\_\_

Type of service offered: \_\_\_\_\_

Number of months/years of service to client: \_\_\_\_\_

Name of officer: \_\_\_\_\_

Designation: \_\_\_\_\_

Post Office \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Stamp: \_\_\_\_\_

**III. Professional capacity** *(state the number of employees (both permanent and casual) working in the company with for the last three years with their qualification)*

1) Number of permanent employees \_\_\_\_\_

2) Number of casual employees \_\_\_\_\_

**IV. OTHER IMPORTANT PRE-REQUISITES**

i) State if the company is a subject of bankruptcy proceedings, in receivership, administrative receivership, or any other form of liquidation as defined by the applicable law

\_\_\_\_\_

ii) Do you have any contingent liabilities arising from tax, court decree or other sources?

YES/NO \_\_\_\_\_ If YES, give reason(s) and sources for the contingent liabilities

\_\_\_\_\_

iii) Must confirm that the firm, its servants or agents have not offered and shall not offer inducements to the procuring entity.

\_\_\_\_\_

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iv) Enumerate any past litigation and arbitration incidences encountered by the firms in the last three years

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**Attach COPIES of the following documents when submitting your documents:**

- a. Certificate of Registration/Incorporation,**
- b. VAT Registration and**
- c. Current Business Permit/Practice License.**
- d. Tax Compliance Certificate**
- e. Reference letters from companies for which similar service is rendered**

*Note: Tenderers business premises may be inspected by a team of ICPAC officers to verify the above information. Ensure that you stamp all your documents and we encourage that you give valid email address.*

### **III. DECLARATION:-**

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 grounds for removal from or termination of the qualification process.

NAME \_\_\_\_\_

DESIGNATION \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE AND STAMP \_\_\_\_\_