

SUPPLIER'S EVALUATION FORM (PUR 01)

A. COMPANY DETAILS:

COMPANY NAME _____

LIST OF DIRECTORS/PARTNERS:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

POSTAL ADDRESS _____

POST CODE _____

CITY/TOWN _____

PHYSICAL LOCATION _____

TELEPHONE NO. _____

FAX NO. _____

EMAIL _____

PIN NO _____

B. AREA OF SPECIALIZATION:

OTHER AREAS OF BUSINESS _____

REQUIRED LEADTIME _____

TURNOVER IN KSHS FOR LAST THREE YEARS

YEAR 1 _____

YEAR 2 _____

YEAR 3 _____

C. SUPPLY TERMS:

CREDIT PERIOD (DAYS) _____

CREDIT LIMIT (AMOUNT KES/USD) _____

OTHER _____

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D. ATTACH COPIES OF DOCUMENTS LISTED BELOW

- 1.CERTIFICATE OF REGISTRATION/INCORPORATION
- 2.MEMORUNDUM AND ARTICLES OF ASSOCIATION/PARTNERSHIP DEED
3. PIN CERTIFICATE
4. VAT CERTIFICATE
5. AUDITED ACCOUNTS FOR THE LAST THREE YEARS

E. BANKING DETAILS

BANK NAME _____

BRANCH _____

CITY/TOWN _____

ACCOUNT NAME _____

ACCOUNT NO _____

F. LIST OF 5 MAJOR CLIENTS IN THE LAST FINANCIAL YEAR

(Attach recommendation letters)

1) _____

2) _____

3) _____

4) _____

5) _____

G. PLEASE INDICATED THE DOCUMENTED SYSTEMS YOU HAVE FOR MANAGING:

1) QUALITY _____

2) ENVIROMENT, HEALTH AND SAFETY _____

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H. OTHER DETAILS (To be verified during the site visit)

1) MANAGEMENT(Attach organogram)

2) NUMBER OF STAFF _____

3) WORKING SPACE FOR: (In Square Metres)

i. OFFICE _____

ii. WAREHOUSE _____

iii. FACTORY _____

4) EQUIPMENT/VEHICLES OWNED BY THE COMPANY (Attach list)

SIGNATURE 1

NAME: _____

DESIGNATION: _____

SIGNATURE: _____

DATE: _____

SIGNATURE 2

NAME: _____

DESIGNATION: _____

SIGNATURE: _____

DATE: _____

COMPANY STAMP:

