

**APPLICATION FOR PRE-QUALIFICATION OF SUPPLIERS FOR THE
FINANCIAL YEARS 2019 - 2021**

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. TIN No. _____
6. Tax Compliance/Clearance Certificate No. _____
7. Current Business/Practice License No: _____
8. Current Place of Business (Physical Address): _____

B. Sole Proprietor (*Name/Nationality*) _____

C. Partnership

Names and Contact Details of Partners:

1. _____
2. _____
3. _____
4. _____
5. _____

D. Limited Companies

Names and Details of Directors:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

E. Financial Capability

1. Name of Banker _____

Address _____ Telephone: _____

2. Financial Information

i. Total Assets _____

ii. Current Assets _____

iii. Total liabilities _____

iv. Current liabilities _____

3. Terms of Payment (maximum credit period) _____

F. Contact Person (s)

| NAME | DESIGNATION | EMAIL & TELEPHONE |
|----------|-------------|-------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

G: Experience: *Some clients/organizations to which you have rendered similar Services*

1. Name of Organization: _____

Type of service offered: _____

Number of months/years of service to client: _____

Name of contact person of the organization/client: _____

Designation: _____

Post Office Address: _____

Telephone: _____ Fax: _____

Email: _____

Client/Organisation's Stamp:

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: _____

Client/Organisation's Stamp:

3. Name of Organization: _____

Type of service offered: _____

Number of months/years of service to client: _____

Name of officer: _____

Designation: _____

Naguru Teenage Information and Health Centre
Spring Road Bugolobi, P.O Box 27572, Kampala
Telephone: +256393216467
info@ntihc.or.ug

Post Office Address: _____

Telephone: _____ Fax: _____

Email: _____

Client/Organisation's 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: _____

Client/Organisation's 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: _____

Client/Organisation's Stamp:

H. 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.

b). Attach **COPIES** of the following documents when returning this questionnaire:

- a. Dully filled bid submission sheet
- b. A valid Trading License
- c. Tax identification number
- d. Valid income tax clearance
- e. Stamped Bank statement for the last three months
- f. Copy of Audited Accounts for the last one year
- g. Company profile & CV for Service Provider
- h. Reference and contacts from at least three reputable organization
- i. National ID for individual consultants

Note: Tenderer's business premises may be inspected by a team of officers from the Naguru Teenage Information and Health Centre 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 _____

TELEPHONE CONTACT _____

SIGNATURE _____

DATE AND STAMP _____