



GATAMATHI WATER AND SANITATION COMPANY

P.O. BOX 93 -10204, KIRIA-INI.

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TENDER NO-----

JUNE 2017

**GENERAL MANAGER,
GATAMATHI WATER AND SANITATION COMPANY**

PO BOX 93-10204

KIRIA-INI.

CONFIDENTIAL BUSINESS QUESTIONARE FORM

You 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. You are advised that it is a serious criminal offence to give false information on this form.

Part 1.General Information

Business Name-----

Plot No-----

Street/Road-----

Postal Address-----Tel.No-----Fax-----

Email -----

Nature of Business-----

Registration Certificate No-----

VAT No-----PIN No-----

Maximum value of business which you can handle at any one time Ksh-----

Name of your bankers-----Branch-----

Part 2(a)-Partnership

Your name in full-----Age-----

Nationality-----Country of origin-----

Part 2(a) Proprietor

Give details of Partners as follows

Name, nationality and shares

Name	Nationality	shares
1. -----		
2. -----		
3. -----		
4. -----		

Part 2(c) Registered Company

Private or Public-----

State the Nominal and issued Capital of the company:-

Nominal Kshs-----

Issued Kshs-----

Give details of all Directors as follows:-

Name, Nationality and Shares

Name	Nationality	Shares
1. -----		
2. -----		
3. -----		
4. -----		

Signature of tenderer-----Date-----

GTM/011/2017-2018 PROVISION OF MOTOR VEHICLE REPAIR AND MAINTENANCE

Services are required for the following vehicle

Isuzu Double Cabin

Mitsubishi Pajero

Land Rover 109 series

No.	Description
1	Motor Vehicle repair and servicing
2	General mechanical repair
3	Motor Vehicle body repair and painting

The supplier should provide as much information as possible. You may attach extra papers if necessary.

Name of Garage-----

Telephone No. -----

Name of proprietor-----

Location of Business/plot No. -----

Any specified work (Give details) -----

Manpower e.g. M.V.M Grade 1 ----- Grade 11-----etc

Type of facilities available -----

Security measures available-----

Insurance policy Certificate NO----- (attach copy)

Current Trade License NO ----- (attach copy)

Do you repair vehicles for any company/parastatal?

If yes give details-----

Officer's Name.....

Supplier/Manufacturer.....

Signature.....

Date..... **Official Stamp**