



# **GATAMATHI WATER AND SANITATION COMPANY**

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

**TEL: 020-2032602**

Email: [gatamathisp@gmail.com](mailto:gatamathisp@gmail.com)

Website: [www.gatamathisp.co.ke](http://www.gatamathisp.co.ke)

**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-----

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**Part 2(a)-Partnership**

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

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

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**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/012/ 2017-2018 PROVISION OF MOTORCYCLE REPAIR AND MAINTENANCE**

**Service required**

Motor Cycle general repair and servicing for Yamaha 175cc, Yamaha YBR 125cc and Bull-China Make 125cc

The supplier should provide as much information as possible. They may attach extra papers where necessary.

Name of Garage-----

Telephone No. -----

Name of proprietor-----

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

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

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Manpower e.g. M.V.M Grade 1 ----- Grade11-----etc

Type of facilities available -----

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Security measures available-----

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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**