

**KIPSIGIS HIGHLANDS MULTIPURPOSE  
CO-OPERATIVE SOCIETY LTD  
(Reg. CS/12577)  
P.O BOX1371,**

**KERICHO** Mobile No.0715 481 628 Email:kipsigishmcsl@yahoo.com

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**CONTRACTORS PRE-QUALIFICATION FORM- 2024/2025**

DETAILS OF JOB APPLIED FOR: CATEGORY REFERENCE \_\_\_\_\_

CONTRACT JOB TITLE \_\_\_\_\_

a) BUSINESS/ENTITY NAME (Limited Liability/Business)

Name \_\_\_\_\_

Address \_\_\_\_\_

Tele/Cell Phone \_\_\_\_\_

(Certified copy of registration certificate MUST be attached)

**BANK DETAILS**

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

**DETAILS OF PRINCIPLE(S)/DIRECTOR(S)**

Name (in full) \_\_\_\_\_ Nationality \_\_\_\_\_

Contact Address \_\_\_\_\_ Tele/Cell Phone \_\_\_\_\_

ID No. \_\_\_\_\_

Name (in full) \_\_\_\_\_ Nationality \_\_\_\_\_

Contact Address \_\_\_\_\_ Tele/Cell Phone \_\_\_\_\_

ID No. \_\_\_\_\_

Name (in full) \_\_\_\_\_ Nationality \_\_\_\_\_

Contact Address \_\_\_\_\_ Tele/Cell Phone \_\_\_\_\_

ID No. \_\_\_\_\_

(Use separate sheet of paper where more than three)

**INTEREST IN THE BUSINESS**

Is there any person(s) in Kipsigis Highlands Multi-purpose Co-op Society with interest in this business organization? \_\_\_\_\_

Provide detail if the answer is YES \_\_\_\_\_  
\_\_\_\_\_

**b) KENYA REVENUE AUTHORITY REGISTRATION DETAILS**

Effective Date of Registration (EDR) \_\_\_\_\_

VAT Registration Number \_\_\_\_\_  
(Certified copy of registration certificate MUST be attached)

iTAX Registration/ePIN \_\_\_\_\_  
(Certified copy of registration certificate MUST be attached)

❖ Valid Tax Compliance Certificate MUST be attached

**c) MINISTRY OF LABOUR SOCIAL SECURITY & SERVICES**

Registration of a contractor as an Employer \_\_\_\_\_  
(Certified copy of registration certificate MUST be attached)

Registration Certificate Number (with NSSF) \_\_\_\_\_  
(Certified copy of registration certificate MUST be attached)

Registration Certificate Number (with NHIF) \_\_\_\_\_  
(Certified copy of registration certificate MUST be attached)

Registration of work place with the Directorate of Occupational Safety & Health Department

Effective Date of Registration \_\_\_\_\_

Registration Certificate Number \_\_\_\_\_  
(Certified copy of registration certificate MUST be attached)

**d) MINISTRY OF ROADS & PUBLIC WORKS REGISTRATION DETAILS**

(Applicable to construction jobs)

Registration Certificate Number \_\_\_\_\_  
(Attach certified copy of registration certificate with ministry)

Registration Certificate Number \_\_\_\_\_  
(Attach certified copy of registration certificate with ministry)

e) **PROVEN RELEVANT WORK EXXPERIENCE**

Company/Referee's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Tele/Cell Phone \_\_\_\_\_  
Work Done \_\_\_\_\_  
\_\_\_\_\_

(Attach referee's recommendation if available)

Company/Referee's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Tele/Cell Phone \_\_\_\_\_  
Work Done \_\_\_\_\_  
\_\_\_\_\_

(Attach referee's recommendation if available)

Company/Referee's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Tele/Cell Phone \_\_\_\_\_  
Work Done \_\_\_\_\_  
\_\_\_\_\_

(Attach referee's recommendation if available)

f) **QALIFICATION AND EXPERIENCE OF PERSONNEL ENGAGED BY CONTRACTOR**

Name	Date of Birth	Education/Qualification/Experience
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach copies of relevant certificates and Identity Cards)

g) **ANY OTHER IMPORTANT INFORMATION NOT INCLUDED ABOVE**

(To be filled in by an applicant who feels that certain important information is not included above)

\_\_\_\_\_  
\_\_\_\_\_

h) DECLARATION BY APPLICANT

I wish to declare that the above information is true to the best of my knowledge and believe

_____	_____	_____
FULL NAMES	SIGNATURE	DATE

For and on behalf of –

Company/ Business Name \_\_\_\_\_