



TRANS ELITE COUNTY SACCO LTD

SACCO PLAZA, ELDORET-KISUMU ROAD, OPPO. KAPSABET COUNTY REFFERAL HOSPITAL
P. O. BOX 547-30300 KAPSABET-KENYA | TEL:0110035634 | Email: info@tecsacco.co.ke

1

**DOCUMENT FOR APPLICATION FOR SUPPLIER PRE-QUALIFICATION
REGISTRATION FOR THE PERIOD STARTING 1ST JANUARY 2024 AND
ENDING 31ST DECEMBER 2025.**

CATEGORY NO:

TEC SACCO/ _____ / _____ / 2024

(ONE SET OF DOCUMENT PER CATEGORY)

DESCRIPTION



a) OBJECTIVE OF THE INVITATION

The main objectives is to identify capable and eligible suppliers for registration as **TRANS ELITE COUNTY SACCO** Suppliers for goods and services during the period ending 31/12/2025.

b) IMPORTANT PRE-QUALIFICATION REQUIREMENTS

Applicants will be evaluated on the basis of the following criteria:-

- ❖ Eligibility
- ❖ Proper completion of tender/application documents
 - i) Applicant questionnaire
 - ii) Confidential questionnaire
 - iii) Sworn statement
 - iv) List of reputable clients
 - v) The name of the contact person
- ❖ Copy of current Trade License
- ❖ Copy of PIN Card
- ❖ Copy of current VAT Registration/VAT Exemption letter from KRA
- ❖ Favorable trade conditions (credit facilities and delivery periods)
- ❖ Physical, Postal Address and Location
- ❖ Previous supply effectiveness if dealt with TRANS ELITE COUNTY SACCO or strong recommendation from your current clients.

GENERAL INFORMATION INTRODUCTION

1. Eligible applicant

- 1.1 This invitation for Supplier Registration application is open to all suppliers and manufacturers eligible as described in the application documents. Successful applicants shall later be contacted for tenders/quotations for supply of goods and services required and at a given period of the financial year.
- 1.2 Applicants shall not be a declaration of ineligibility for corrupt and fraudulent practices.
- 1.3 Applicants shall bear all costs associated with and submission of their applications and TRANS ELITE COUNTY SACCO will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the applying process.
- 1.4 The applicant shall furnish, as part of his/her application, documents perform the contract if he/her is accepted
- 1.5 The documentary evidence of the applicant qualification to perform the contract if the application for registration is accepted shall establish to TRANS ELITE COUNTY SACCO satisfaction:-



TRANS ELITE COUNTY SACCO LTD

3

SACCO PLAZA, ELDORET-KISUMU ROAD, OPPO. KAPSABET COUNTY REFFERAL HOSPITAL

P. O. BOX 547-30300 KAPSABET-KENYA | TEL:0110035634 | Email: info@tecsacco.co.ke

- a) That in the case of an applicant offering goods which the applicant do not manufacture or otherwise produce, the applicant has been duly authorized by the goods' manufacturer or producer to supply them.
- b) That the applicant has financial, technical and production capability necessary to perform the contract
- c) That the applicant has an established physical and postal address for ease of contact and he/she is licensed by Kenyan Government to trade in the category applied for.
- d) That the applicant is willing to do business with TRANS ELITE COUNTY SACCO and shall allow credit facilities and acceptable trade terms.

1.6 The Sacco's employees, committee members, board members and/or their relatives (spouses and children) are not eligible to participate.

1.7 Applicant shall provide the qualification information statement that the Applicant (including all members of a joint venture and subcontractors) is not associated, or have been associated in the past, directly or indirectly, with a firm or any of its affiliates which have been engaged by the Procuring entity to provide consulting services for the preparation of the design, specifications, and other documents to be used for the procurement of the goods under this Invitation for tenders.

1.8 An Applicant that has been debarred by the PPRA from participating in public procurement shall be ineligible to tender or be awarded a contract. The list of debarred firms and individuals is available from the ppra.go.ke

1.9 A Kenyan Applicant shall provide evidence of having fulfilled his/her tax obligations by producing a current tax clearance certificate or tax exemption certificate issued by the Kenya Revenue Authority.

2. GOODS ELIGIBILITY AND CONFORMITY

2.1 The applicant shall furnish as part of this application, documents establishing the eligibility and conformity to the application documents of all goods which the applicant purposes to supply if accepted.

2.2 The documentary evidence of the eligibility of goods and services shall consist of statement in the price schedule, brochure, catalogues of the goods and services offered which in some cases shall be confirmed by a certificate of origin issued at the time of shipment.

2.3 The documentary evidence of conformity of the goods to the application documents may be in the form of literature, drawings and data and shall consist of:-

- a) Where applicable a detailed description of essential technical and performance characteristics of the goods
- b) A list giving full particulars including available sources and current prices of the spare part, special tools etc., necessary for the proper and continuing functioning of the goods for a period of two (2) years following commencement of the use of the goods.



TRANS ELITE COUNTY SACCO LTD

4

**SACCO PLAZA, ELDORET-KISUMU ROAD, OPPO. KAPSABET COUNTY REFERRAL HOSPITAL
P. O. BOX 547-30300 KAPSABET-KENYA | TEL:0110035634 | Email: info@tecsacco.co.ke**

2.4 The goods and/or production processes with characteristics that have been declared by the relevant national environmental protection agency or by other competent authority as harmful to human beings and/or to the environment shall not be eligible for procurement

3. DEADLINE FOR SUBMISSION OF APPLICATION

- 3.1 Application must be received by the Sacco Society at the address specified on the invitation to apply.
- 3.2 The Sacco Society may at its discretion, extend this deadline for the submission application by amending the application documents as per regulation governing amendments of tender documents in which case all rights and obligations of the Sacco and applicants previously subject to the deadline will thereafter be subject to the deadline as extended.
- 3.3 The Sacco Society shall not consider any Application that arrives after the deadline for submission of Applications. Any Application received by the Sacco Society after the deadline for submission of Applications shall be declared late, rejected, and returned unopened to the Applicant.

4. MODIFICATION, SUBSTITUTION AND WITHDRAWAL OF APPLICATION

- 4.1 The applicant may modify, substitute or withdraw his/her application after the submission, provided that written notice of modification, including substitution or withdrawal of the application received by the Sacco prior to the deadline prescribed for submission of application
- 4.2 The applicant's modification or withdrawal notice shall be prepared, sealed, marked "WITHDRAWAL", "SUBSTITUTION" or "MODIFICATION" and dispatched as specified earlier. Withdrawal notice may also be sent by cable, but followed by signed confirmation copy, post marked not later than the deadline for submission of the application.
- 4.3 No application may be withdrawn in the interval between the deadline for submission of the application and expiration of the period of application validity specified on the application form.

5. AMMENDMENT OF APPLICATION DOCUMENT

- 5.1 At any time prior to deadline for submission of Application, the Sacco Society may amend the Application document by issuing addenda.
- 5.2 Any addendum issued shall be part of the Application document and shall be communicated in writing to all who have obtained the Application document
- 5.3 To give the Applicants reasonable time in which to take an addendum into account in preparing their Application, the Sacco Society may, at its own discretion, extend the deadline for submission of Application

6. OPENING AND EVALUATION OF APPLICATIONS

6.1 OPENING



TRANS ELITE COUNTY SACCO LTD

5

SACCO PLAZA, ELDORET-KISUMU ROAD, OPPO. KAPSABET COUNTY REFFERAL HOSPITAL
P. O. BOX 547-30300 KAPSABET-KENYA | TEL:0110035634 | Email: info@tecsacco.co.ke

The Sacco will open all the applications received by the deadline in the presence of applicants or representatives who choose to attend in the boardroom. The applicants' representatives or Applicants who are present shall sign a register evidencing their attendance. The omission of an Applicant's signature on the record shall not invalidate the contents and effect of the record.

6.2 The Applicant's names, application modification, substitution or withdrawals and the presence or absence or requisite details, if the Sacco considers appropriate will be announced at the opening.

6.3 The Sacco will prepare minutes of the tender/quotation opening.

7. CLARIFICATION OF APPLICATION

7.1 To assist in the examination, evaluation and comparison of applicant's, the Sacco may at its discretion ask the applicant for clarification of his/her application. The request for clarification and the response shall be in writing and no change in the substance, including any voluntary increase or decrease in the prices or substance of the Application shall be sort, offered or permitted

7.2 Any effort by the applicant to influence the Sacco in its application, evaluation, and application comparison or acceptance decision may result in the rejection of the applicant's application.

8. EXAMINATION FOR ACCEPTANCE

8.1 Prior to the detailed valuation, the Sacco will determine the substantial, responsiveness of each application on the application documents, substantially responsive application is one which conforms to all the terms and conditions of application documents without material deviations. The Sacco's determination of applicants' responsiveness is to be based on the correction of the non-conformity.

8.2 If an applicant is not substantially responsive, it will be rejected by the Sacco and may not subsequently be made responsive by applicant in the correction of the non-conformity.

9. EVALUATION AND COMPARISON OF APPLICATIONS

9.1 The Sacco will only evaluate and compare the applications that have been determined to be substantially responsive.

9.2 The Sacco evaluation of an application will take into account in addition to the information required on the documents of the following: -

- a) Delivery period offered after receipt of order as compared to delivery requested.
- b) Trade discount allowable
- c) Trade terms (credit facilities and warranty)
- d) Supplier visit report
- e) The cost component, mandatory, spare parts and other clients
- f) Previous Suppliers performance and recommendation by other clients
- g) Valid trade license and proof of payment of government taxes promptly



10. CORRUPT FRADULENT PRACTICES

- 10.1 The Sacco requires that applicants observe the highest standards of ethics during the procurement process and the execution of contract. In pursuance of this policy the Sacco:-
- a) Defines for the purpose of this provision, the terms set forth below as follows:-
 - i) “Corrupt practices” means the offering, giving, receiving or soliciting of anything of value to influence the action of a Sacco official in the procurement process or in contract execution including acceptance of this application.
 - ii) “Fraudulent practice” means a misrepresentation of facts in contract to the detriment of a Sacco and includes collusive practice among suppliers (prior to or after application submission) designed to establish item prices at artificial non-competitive levels and to deprive the Sacco of the benefit of free and open competition.
 - b). **Will** reject a proposal for award if it determines that the applicant recommended for award (acceptance) has engaged in corrupt or fraudulent practices in competing for the application “acceptance in question”.
 - c). **Will** declare an applicant ineligible, either indefinitely or for a stated of period of time to be awarded any Sacco contract if at any time it is determined that the applicant has engaged in corrupt or fraudulent practices in competing for.
- 10.2 The Application submitted by a person shall include a declaration that the person shall not engage in any corrupt or fraudulent practice and a declaration that the person or his or her sub-contractors are not debarred from participating in public procurement proceedings.

11. LANGUAGE OF APPLICATION

- 11.1 The Application, as well as all correspondence and documents relating to the Application exchanged by the Applicant and the Sacco Society, shall be written in English Language. Supporting documents and printed literature that are part of the Application may be in another language provided they are accompanied by an accurate translation of the relevant passages into the English Language, in which Case, for purposes of interpretation of the Application, such translation shall govern.

12. CONFIDENTIALITY

Information relating to the evaluation of Application and recommendation of contract award, shall not be disclosed to Applicants or any other persons not Officially concerned with the Application process until the information on intention to award the Contract is transmitted to all Applicants

- 12.1 Any effort by an Applicant to influence the Sacco Society in the evaluation or contract award decisions may result in the rejection of its Application.
- 12.2 Notwithstanding clause 12.2 above, from the time of Application to the time of Contract Award, if any Applicant wishes to contact the Sacco Society on any matter related to the Application process, it should do so in writing.



TRANS ELITE COUNTY SACCO LTD

SACCO PLAZA, ELDORET-KISUMU ROAD, OPPO. KAPSABET COUNTY REFERRAL HOSPITAL

P. O. BOX 547-30300 KAPSABET-KENYA | TEL:0110035634 | Email: info@tecsacco.co.ke

7

APPLICATION FOR REGISTRATION AS TRANS ELITE COUNTY SACCOLTD SUPPLIERS FOR GOODS AND SERVICES

Form of application

Reference Category No.

Description:

To: **The Chairman**
TRANS ELITE COUNTY SACCO Ltd
P. O. BOX 547-30300
KAPSABET

Dear Sir,

1. Having examined the application documents, we the undersigned, offer to supply and deliver to **TRANS ELITE COUNTY SACCO, KAPSABET** as per the above category and description and in conformity with the said application documents all or part of the items/services in this category or such other items that may be required and are within our capability to supply.
2. We undertake if our application is acceptable to deliver goods/services with accordance with the delivery schedule in the schedule of requirement of official order signed by authorized officer(s) of the Sacco
3. If our application is accepted, we will obtain the guarantee of a bank in sum of equivalent to (5% - 10%) of the contract price for the due performance of the contract in the form prescribed by the Sacco, if needed.
4. We agree to abide by this application for the period of processing the applications and prepared and executed, this application together with written acceptance thereof shall constitute a binding agreement between us.
5. We understand:-
 - a) That this is not a tender or quotation but an application for consideration to be registered as TRANS ELITE COUNTY SACCO suppliers for goods/services included or related to this category during the period of 1st January, 2024 to 31st December, 2025.
 - b) That you are not bound to accept this application or any that you may receive

Signin the presence of

Duly authorized to sign for and on behalf of



TRANS ELITE COUNTY SACCO LTD

SACCO PLAZA, ELDORET-KISUMU ROAD, OPPO. KAPSABET COUNTY REFFERAL HOSPITAL
P. O. BOX 547-30300 KAPSABET-KENYA | TEL:0110035634 | Email: info@tecsacco.co.ke

8

APPLICANT QUESTIONNAIRE

Please fill in **block letters**

1. **Full Business Name:**
2. **Full address of applicant to which correspondence to be sent**
.....
3. **Telephone number(s) of applicant.**.....
4. **E-mail address of applicant**
5. **Details of applicant's representative to be contacted on matter of the supply during the Contract:**
.....
6. **Name of applicant's nominated agent (if any) to receive tender/quotation notices. This is essential if the applicant does not sell direct to consumers (Address, Telephone Number, Fax, E-mail Address etc).**
.....
.....
.....



TRANS ELITE COUNTY SACCO LTD

SACCO PLAZA, ELDORET-KISUMU ROAD, OPPO. KAPSABET COUNTY REFFERAL HOSPITAL
P. O. BOX 547-30300 KAPSABET-KENYA | TEL:0110035634 | Email: info@tecsacco.co.ke

9

CONFIDENTIAL BUSINESS QUESTIONNAIRE

You are requested to give the particulars indicated here below

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

PART 1 – GENERAL

- a) Business Name:
(Attach copy of registration certificate)
- b) Location of business premises Country/town:
- c) Plot Number:
- d) Postal Address: Telephone No.
- e) Current Trade License No.(attach copy)
- f) Pin Number:.....(attach copy)
- g) V A T Certificate Number(attach copy)
- h) Maximum Value of Business which you can handle at any one time
Kshs
- i) Name of your Bankers Branch
- j) Your trade terms (including mode or payment, credit allowed and discount)
- k) Name and Telephone of contact person:
.....

PART 2 (A) – SOLE PROPRIETOR

- a) Your name in full: Age:
- b) Nationality: Country of origin:
- c) Citizenship details:



TRANS ELITE COUNTY SACCO LTD

10

SACCO PLAZA, ELDORET-KISUMU ROAD, OPPO. KAPSABET COUNTY REFFERAL HOSPITAL

P. O. BOX 547-30300 KAPSABET-KENYA | TEL:0110035634 | Email: info@tecsacco.co.ke

PART 2 (B) – PARTNERSHIP

Give details of partners as follows:-

NAME	NATIONALITY	SHARES
1.
2.
3.
4.

PART 2 (C) REGISTERED COMPANY

- a) **Private or Public**..... State the nominal and issued Capital of the company:-

Nominal Kshs.

Issued Kshs.....

- b) **Details of Directors:**

NAME	NATIONALITY	SHARES
1.
2.
3.
4.

If Kenyan Citizen, indicate under “Citizenship Details” whether by birth, naturalization or registration



TRANS ELITE COUNTY SACCO LTD

11

SACCO PLAZA, ELDORET-KISUMU ROAD, OPPO. KAPSABET COUNTY REFFERAL HOSPITAL
P. O. BOX 547-30300 KAPSABET-KENYA | TEL:0110035634 | Email: info@tecsacco.co.ke

SWORN STATEMENT.

The undersigned having studied the invitation for registration as supplier hereby state that:-

- a) **The** information furnished in our application is accurate to the best of our knowledge.
- b) **That** in case of being registered, we acknowledge that this gives us the right to participate in due time in the submission of tender on the basis of provisions in the tender documents to follows
- c) **When** the call for tenders is issued, the legal, technical or financial conditions or the contractual capacity of the firm changes we commit ourselves to inform you and acknowledge your sole right to review the registration mode.
- d) **We** enclose all the required documents and information required for the registration evaluation.
- e) **This document**, together with our written acceptance thereof and your notification of a ward, shall constitute binding contract between us.
- f) We understand that you are **NOT** bound to accept the lowest or any tender you may receive.
- g) **We** agree to abide by this Tender/Quotation for a period of one year (1) from 1st January, 2024 to 31st December, 2025 and it shall remain binding upon us and may be accepted at any time before the expiration of that period.

Date:

Applicant's Name

Represented by:
(Capacity)

Signature:

(Full name and designation of the person signing and stamp or seal)



TRANS ELITE COUNTY SACCO LTD

12

SACCO PLAZA, ELDORET-KISUMU ROAD, OPPO. KAPSABET COUNTY REFFERAL HOSPITAL
P. O. BOX 547-30300 KAPSABET-KENYA | TEL:0110035634 | Email: info@tecsacco.co.ke

NAMES OF THE APPLICANTS THREE REPUTABLE CLIENTS IN THE LAST THREE (3) YEARS

1. Name of 1st (organization)

- i) Name of Client (Organization)
- ii) Address of client (organization):
- iii) Telephone No. of client:
- iv) Name of contact person at the client (organization):
- v) Value of contract:
- vi) Duration of contact:

2. Name of 2nd Client (Organization)

- i) Name of Client (Organization):
- ii) Address of the client (organization):
- iii) Telephone No. of client:
- iv) Name of contact person at the client (organization).....
- v) Value of contract.....
- vi) Duration of contact:

Duration of contract:

3. Name of 3rd Client (Organization)

- i) Name of Client (Organization):
- ii) Address of the client (organization):
- iii) Telephone No. of client:
- iv) Name of contact person at the client (organization)
- v) Value of contract
- vi) Duration of contact:



TRANS ELITE COUNTY SACCO LTD

13

SACCO PLAZA, ELDORET-KISUMU ROAD, OPPO. KAPSABET COUNTY REFFERAL HOSPITAL

P. O. BOX 547-30300 KAPSABET-KENYA | TEL:0110035634 | Email: info@tecsacco.co.ke