MURANG’A UNIVERSITY OF TECHNOLOGY

REGISTRATION OF SUPPLIERS FOR GOODS

2021/2022 & 2022/2023
FINANCIAL YEAR

REGISTRATION NO: MUT/R 31/2021-2023

PROVISION OF PRINTING SERVICES

APRIL 2021
REGISTRATION OF SUPPLIERS FOR GOODS FOR THE PERIOD JULY 2021 – JUNE 2023

Murang’a University of Technology (MUT) invites eligible candidates to register as suppliers for supply and delivery of goods for the period 1st July 2021 - 30th June, 2023. Registered youth groups, persons with disability and Small & Medium Enterprises are encouraged to apply.

| 3. REGISTRATION OF SUPPLIERS (PROVISION OF SERVICES AND WORKS) FOR 2021-2023 |
|-----------------------------------------------|---------------------------------|--------------|
| MUT/R 27/2021-2023 Provision of Consultancy Services (Baseline Surveys, ISO and Others) | Open | |
| MUT/R 28/2021-2023 Provision of Event Organizing/Entertainment Services/Hiring of Tents, Chairs, Tables, Public Address System, Decorations and other related items | Open | |
| MUT/R 29/2021-2023 Provision of repair and servicing of Office equipment (Computers, Photocopies, Printers etc.) | Reserved | |
| MUT/R 30/2021-2023 Specialized repair and servicing of Motor Vehicles | Open | |
| MUT/R 31/2021-2023 Provision of Printing Services. | Reserved | |
| MUT/R 32/2021-2023 Provision for Repair and Maintenance of Generators | Open | |
| MUT/R 33/2021-2023 Provision of Fumigation Services | Preference | |
| MUT/R 34/2021-2023 Provision of Legal Services | Open | |

Interested and eligible candidates may examine and download the Tender and Registration Document(s) free of charge from the University’s website: www.mut.ac.ke or the government tender portal website at www.tender.go.ke

Sealed and duly completed Bids in plain envelopes clearly marked the “Tender Number/Registration No and Description” without identifying the Tenderer should be addressed to:

The Vice Chancellor
Murang’a University of Technology
P.O Box 75, 10200
Murang’a, Kenya

And be deposited in the Tender Box located at the Administration Block so as to be received on or before 5th May 2021 at 10.00 A.M. Tender documents will be opened immediately after closing, in presence of Bidders or their representatives who choose to attend the opening session at the Conference Hall. Any canvassing will lead to automatic disqualification of the bidder.

"ANY FORM OF CANVASSING WILL LEAD TO AUTOMATIC DISQUALIFICATION"
CONFIDENTIAL BUSINESS QUESTIONNAIRE

INSTRUCTIONS TO CANDIDATES

1. You are reminded that it is a serious offence to give false information on any of the Forms, or to canvas, as this will lead to automatic disqualification.

2. Sister Companies **will not** be registered under the same Category.

3. The University will only invite quotations from Registered Suppliers under the indicated categories.

4. Attach list of previous work done or services provided (References) where possible.

5. The University’s terms of payment are **30 Days** after delivery and acceptance of goods and services.

6. **Firms exempted from paying taxes must attach proof of exemption.**

7. All communications shall be in writing

8. **MANDATORY REQUIREMENTS must be provided.** Failure to which will render the bid non-responsive. Non-responsive bid will not be evaluated further.
GENERAL INFORMATION
Applicants MUST provide and complete part 1 to 6.

PART 1 GENERAL

BUSINESS NAME:_____________________________________________________

POSTAL ADDRESS__________________CODE____________TOWN____________

TELEPHONE NO (S):____________________________________________________

FAX NO:____________________________________________________________

E-MAIL ADDRESS:____________________________________________________

NAME OF CONTACT PERSON(S)________________________________________

LOCATION OF BUSINESS
   a) Premises/building: _________________________________________________
   b) Plot No: __________________________________________________________
   c) Road/Street: ______________________________________________________

Nature of Business: ____________________________________________________

Single Business Permit/License No. (Attach copy if applicable)_______________
Registration Certificate No. (Attach copy): _________________________________

Certificate of Incorporation No. (Attach copy if applicable) __________________

Personal Identification Number (P.I.N) (attach copy): ________________________

VAT registration certificate (attach copy if applicable) _______________________

Current KRA tax compliance certificate (attach copy if applicable) ____________

Maximum Value of Business which you can handle at any time in Ksh: _________
(Attach copies of LPOs/LSO/contracts where necessary)

Name of your bankers: _________________________________________________

Branch: _____________________________________________________________
PART 2: SOLE PROPRIETOR

YOUR FULL NAMES:
Surname __________________ First__________________ others__________________

AGE __________________

NATIONALITY: __________________ BY __________________
(Birth/Naturalization/Registration)

COUNTRY OF ORIGIN (if applicable) ____________________________

PART 3: PARTNERSHIP

NUMBER OF PARTNERS __________________________

GIVE PARTNERS DETAILS AS FOLLOWS:
NAME/NATIONALITY/CITIZENSHIP DETAILS/SHARES
1. __________________________
2. __________________________
3. __________________________
4. __________________________
5. __________________________
6. __________________________
7. __________________________

PART 4: REGISTERED COMPANY

a) Private Limited Company

b) Public Limited Company

Nominal Capital of the Company (Ksh) ____________________________

Issued Capital of the Company (Ksh) ____________________________

Number of Directors ____________________________
Give partners Details as Follows:

NAME/NATIONALITY/CITIZENSHIP DETAILS/SHARES

1. __________________________________________________________

2. __________________________________________________________

3. __________________________________________________________

4. __________________________________________________________

PART5. REGISTERED GROUPS, YOUTHS, AND WOMEN & PERSONS LIVING WITH DISABILITY

BUSINESS NAME: _______________________________________________

POSTAL ADDRESS _______________ CODE ___________ TOWN _____________

TELEPHONE NO (S): _____________________________________________

FAX NO: _______________________________________________________

E-MAIL ADDRESS: ______________________________

NAME OF CONTACT PERSON(S) _________________________________

LOCATION OF BUSINESS

a) Premises/building: ___________________________________________

b) Plot No: ___________________________________________________

c) Road/Street: _______________________________________________

Nature of Business: ___________________________________________
PART 6. DIRECTORSHIP TO OTHER COMPANIES

a) Are you or any of the above Directors also directors in other companies that are seeking registration? ____________ (Yes/No)

b) If yes complete the table below.

<table>
<thead>
<tr>
<th>S/no</th>
<th>Name of the Director</th>
<th>Name &amp; address of Company</th>
<th>Certificate of incorporation</th>
<th>No. of share Holding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
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<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PART 7. DECLARATION FORM (mandatory)

Bidders are required to sign the declaration below:
“The Company is not insolvent, in receivership, bankrupt or in the process of being wound up and is not the subject of legal proceedings relating to the foregoing. The company or its directors have not been debarred from participating in public procurements or ineligible on account of corruption or fraudulent practices. The items offered are not in breach of any patent rights or copyright laws whatsoever. Finally, the company has the necessary qualifications, capabilities, experience, resources, equipment and facilities to provide what is being pre-qualified”

Name ________________________________________________________________

Signature: ___________________________ Position ___________________________

Date: ______________________________
MANDATORY; MUST BE FILLED BY ALL BIDDERS

ANTI-CORRUPTION DECLARATION COMMITMENT/ PLEDGE
(Section 62 of the PPAD Act, 2015)

I/We/M/S……………………………………………………………………………………………
of Street, Building, P O Box………………………………………………………………………
………………………………………………………………………………………………………...
Contact/Phone/E mail…………………………………………………………………………
Declare that Public Procurement is based on a free and fair competitive Tendering process which
should not be open to abuse.

I/We………………………………………………………………………………………………
that I/We will not offer or facilitate, directly or indirectly, any inducement or reward to any public
officer, their relations or business associates, in connection with

Tender/Tender No ……………………………………………………………………………
For or in the subsequent performance of the contract if I/We am/are successful

Authorized Signature…………………………………………………………………………

Name and Title of Signatory…………………………………………………………………

Authorized Signature…………………………………………………………………………

Name and Title of Signatory…………………………………………………………………...
### PART 7. CHECK LISTS OF MANDATORY DOCUMENTS

Confirm attachment/provision of the mandatory documents/information listed below *(where applicable)*

<table>
<thead>
<tr>
<th>S no</th>
<th>Document/Information to be attached (copies)</th>
<th>Confirm Attachment</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Copy of Business permit/license from the respective county’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Copy of Registration certificate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Copy of valid Tax Compliance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Reference letter from the company bankers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Provided email addresses/Telephone(office/mobiles)/Fax No/Names of Contact person(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Copy of LPOs/LSOs/Contracts/reference letters (Similar works carried out)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Signed declaration form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Registration certificates for Youths, women &amp; persons with disability <em>(Mandatory)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Filing of the Anti-corruption Form/Declaration Form</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name__________________________________________

Signature______________________________________ Position__________________________________

Date:__________________________________________ Official Company Stamp

END.