

# **PREQUALIFICATION OF SUPPLIERS OF GOODS AND SERVICES**

## **PRE-QUALIFICATION QUESTIONNAIRE**

|  |
|--|
| <b>CATEGORY DESCRIPTION</b>                |
| <b>INDICATE AREAS OF SPECIALIZATION: -</b> |

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## **1. INTRODUCTION**

Thank you for your interest in becoming a valued part of UAP Old Mutual Group supply chain. A detailed supplier evaluation forms part of the initial review undertaken to evaluate each supplier's suitability in becoming part of the approved supply chain panel.

All suppliers must complete all questions of this form. Please ensure that once completed, this form is checked for accuracy and signed off by a representative of your company, who has the authority to commit to Supplier registration and evaluation process.

## **2. WHO WE ARE**

UAP Old Mutual Group is an integrated financial services company offering a range of financial services, which include Investment, Insurance, Banking and Savings in a wider and more accessible distribution network.

The group comprises of three key players as a result of the acquisition of a controlling stake in Faulu in 2014 and UAP in 2015 by Old Mutual. The acquisitions resulted in Old Mutual Kenya ([www.oldmutual.co.ke](http://www.oldmutual.co.ke)), UAP Holdings ([www.uap-group.com](http://www.uap-group.com)) and Faulu Microfinance Bank ([www.faulukenya.com](http://www.faulukenya.com)) forming one of the largest financial services group with a growing footprint in East and Central Africa.

The Group currently has operations in Kenya, Uganda, Tanzania, South Sudan, Rwanda and the Democratic Republic of Congo.

## **3. INVITATION TO PREQUALIFY**

Faulu/UAP/Old Mutual invites applications for prequalification from competent suppliers in the under listed categories for the period from 2021 – 2022.

Completed prequalification documents should be shared in PDF and sent through approved group emails as guided by the Procurement Officer from time to time.

Faulu/UAP/Old Mutual reserves the right to accept or reject applications made pursuant to the prequalification at its own discretion without assigning any reason thereof.

#### 4. IMPORTANT NOTES TO THE SUPPLIER

- a) The questionnaire is to be fully and comprehensively completed in all respects
- b) All documents must be submitted in English Language
- c) If insufficient space has been provided on the questionnaire for the answers, please provide the answers as supplementary on separate sheets.
- d) Please note that by responding to this questionnaire you accept that all answers provided are legally binding and should the need arise, may be used as evidence in a court of law. Further, UAP Old Mutual and Faulu reserves the right without further recourse to verify at its own cost the accuracy of any answers provided herein.
- e) Applicants to kindly note that this does not amount to any contractual obligation on the part of UAP Old Mutual and Faulu, and that it is not obliged to invite tenders/quotations from any or all who express interest by responding to this prequalification process.
- f) Applicants will meet all cost associated with preparation and submission of their applications
- g) Any information given and later found to be incorrect shall lead to disqualification of the Applicant
- h) The completed document shall be signed off and initialed by Director/Partner of the Organization and rubber stamped on each page and signed on the last page in the space provided
- i) Canvassing will lead to automatic disqualification of the Applicant.
- j) Late submission will not be acceptable. Any application (s) received after the date of closure will be considered as late and disqualified.

## 5. PRIVACY NOTICE

In the course of completing prequalification documents, we may collect and process personal data from you. We require the personal data for several reasons including evaluate your suitability in becoming part of the approved supply chain panel and to enable us comply with our legal and regulatory obligations.

For more information on how we collect, use and process personal data, our legal basis for such processing and your rights under the Data Protection Act, please see our Privacy Policy available at [www.uapoldmutual.com](http://www.uapoldmutual.com).

## 6. MANDATORY REQUIREMENTS

You shall be required to attach the following mandatory documents where applicable;

1. Certificate of Incorporation/Partnership deed/Business registration for sole proprietorship.
2. Pin Certificate
3. Details of establishment (office location)
4. Certificate of registration with relevant regulatory authorities or regulator's license where applicable
5. VAT registration certificate
6. Tax Compliance Certificate
7. A duly signed and stamped copy of approved bank details printed on service provider's company letterhead.
8. Trading Certificate where applicable
9. The Company's Ultimate Beneficiaries Owners (UBOs) –
  - a. CR-12 - An official confirmation by the Registrar of Companies in Kenya as to whom the directors / shareholders of a company are.
  - b. For International company, provide a letter from the Company Secretary/ Director confirm the list of directors and indicate the Ultimate Beneficiaries.

*"Ultimate Beneficial owner" (BO), in respect of a legal person, means the natural person who, independently or together with another person, directly or indirectly, through a chain of ownership –*

- a) owns the legal person; or
- b) exercises effective control of the legal person

10. A copy of the latest audited financial statements
11. Annual Returns and Receipt
12. List of Directors
13. List of shareholders
14. Organogram
15. Details of capacity (number of employees, equipment and other relevant resources)
16. List of branches in Kenya and the region, if any
17. List of any affiliated entities operating in the East African Region, if any

The documents must be provided in the order in which they appear in the above list

**The following additional information is required;**

- 1 Details of credit management facilities in place
- 2 Details of relevant experience in similar services
- 3 References from other organizations that have received services from the supplier in the past

Refer to our privacy policy document on our website: [www.uapoldmutual.com](http://www.uapoldmutual.com) :

## 7. PREQUALIFICATION QUESTIONNAIRE

### PART A – GENERAL INFORMATION

|   |   |  |               |
|---|---|--|---------------|
| 1 | Name of Organization  |  |               |
| 2 | Postal Address  | P.O Box.....Code.....  |               |
| 3 | Physical location of Business Premises  | Town.....<br>Street.....<br>Building Name.....<br>Floor..... |               |
| 4 | Contacts  | Telephone.....<br>Fax No.....<br>Email.....<br>Website.....  |               |
| 5 | Nature of Organization (e.g. Sole Proprietorship, Public Limited Company, Partnership etc.) |  |               |
| 6 | Board of Directors  |  |               |
|   | Position/Title  | Name   | Phone Contact |

|    |   |  |  |               |
|----|---|--|--|---------------|
|    | 1   |  |  |               |
|    | 2   |  |  |               |
|    | 3   |  |  |               |
|    | Team of Management                                |  | Name   | Phone Contact |
|    | 4   |  |  |               |
|    | 5   |  |  |               |
|    | 6   |  |  |               |
| 7  | Business Operations                               |  | Year established.....<br>Duration of Business Operation.....                     |               |
| 8  | Company Registration No. (Attach Copy)            |  | Number.....  |               |
| 9  | VAT Registration No. (Attach Copy)                |  | Number .....                      Attached copy?<br>Yes                      No. |               |
|    | PIN   |  | Number.....  |               |
| 10 | The Kenya Company Registration - CR-12            |  |  |               |
| 11 | State Credit Period (Minimum proposed is 30 days) |  |  |               |
| 12 | Contact Person.....                               |  | Job Title.....   |               |

|    |  |   |
|----|--|---|
| 13 | Registration with Regulatory relevant bodies | Registration Body.....<br>Category of Registration..... |
|----|--|---|

**PART B – FINANCIAL INFORMATION**

| <b>Company /Supplier Banking Details</b> | <b>Complete below: Further, refer to Clause 5 (Item 7)</b> |               |  |
|--|--|---------------|--|
| Account Name:                            |  |               |  |
| Bank Name:                               |  |               |  |
| Account Number:                          |  | Branch code:  |  |
| Branch                                   |  | City Country: |  |
| Financial Information in Kshs.           | Actual:  |               |  |
|  | Previous TWO years   |               |  |
|  | 1  | 2             |  |
| Annual Turnover                          |  |               |  |
| Total Assets                             |  |               |  |
| Current Assets                           |  |               |  |
| Total Liabilities                        |  |               |  |
| Current Liabilities                      |  |               |  |
| Profits before Taxes                     |  |               |  |



|                     |  |  |
|---------------------|--|--|
| Profits after Taxes |  |  |
|---------------------|--|--|

**PART D – TRADE REFERENCES**

|   |   |
|---|---|
| <p>Provide contact details for three referees for previous/current work that is similar or the same to the one now applied for. Note that the referees may be contacted without further reference to you.</p> <p>In addition to the above, attach a copy of LPO, award letters or any other approved document from each of the above showing works done and values.</p> |   |
|   | <p>How Many references are you indicating?<br/>( Tick one)</p> <p style="text-align: center;"> <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/><br/> 0                      1                      2                      3 </p>  |
| A   | <p>Have you previously been contracted by Faulu/UAP/Old Mutual ? (Tick one)</p> <p style="text-align: center;"> YES                      NO<br/> <input type="checkbox"/>                      <input type="checkbox"/> </p> <p>Describe the contract and nature of works</p> <p>.....</p> <p>.....</p> <p>When.....and for how Long.....</p> |

|                    |   |  |
|--------------------|---|--|
| <p>B</p> <p>1.</p> | <p>Others</p> <p>Organization Name</p> <p>Contact Name and Position</p> <p>Office &amp; Mobile Tel No.</p> <p>Email Address</p> <p>Service provided/ Scope</p> <p>Number of Years</p> <p>Contract Value</p> | <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> |
| <p>2.</p>          | <p>Organization Name</p> <p>Contact Name and Position</p> <p>Office &amp; Mobile Tel No.</p> <p>Email Address</p> <p>Service provided</p> <p>Number of Years</p> <p>Contract Value</p>                      | <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> |
| <p>3.</p>          | <p>Organization Name</p> <p>Contact Name and Position</p> <p>Office &amp; Mobile Tel No.</p> <p>Email Address</p> <p>Service provided</p> <p>Number of Years</p> <p>Contract Value</p>                      | <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> |

**PART E – ELIGIBILITY**

|  |        |                     |
|--|--------|---------------------|
| Do any of the following apply to your Organization, or to (any of) the Director(s)/Partners/Proprietor(s)  |        |                     |
| Have you or your principals been subject of legal proceedings for insolvency, bankruptcy, receivership or your business activities suspended for related reasons?        | Yes/No | If Yes give details |
| Has been convicted of a criminal offence related to business or professional conduct   | Yes/No | If Yes give details |
| Have you had any contracts terminated for poor performance in the last five years, or any contracts where damages have been claimed by the contracting authority/client? | Yes/No | If yes give details |
| Is there actual, perceived or potential Conflict of Interest that will or may arise as a result of involvement in this prequalification?                                 | Yes/No | If yes give details |
| Have you fulfilled your obligations to pay taxes and social security contributions for the last three years?   | Yes/No | If yes give details |

**PART F – EXPERIENCE**

A) How many years has your firm been engaged in the business?

.....

b) Describe nature of work performed by your firm

.....  
 .....  
 .....

c) How many years of experience have you had in the type of work described in (b) above?

.....

d) State the labour force engaged at any one time by your firm

Maximum.....Minimum.....

## PART G – CERTIFICATION

I/We do hereby state: -

1. That we certify that the information above is true to the best of my knowledge; we undertake to inform UAP Old Mutual and Faulu of any changes that may take place later in the status of the company in business, agency or management.
2. That we will hold all information, data and documentation, discovered and/ or coming to our attention as a result of this prequalification in trust and confidence. We will not disclose to anyone the nature and type of information or documentation during this prequalification process.
3. That we acknowledge that prequalification is not a contractual agreement between us and UAP Old Mutual Group and Faulu but rather a right to submit tenders.
4. We agreed to adhere with UAP Old Mutual' s and Faulu's Ethics, conduct and terms and conditions.

Authorized signature.....

Name:.....

Designation:.....

### **CONSENT FOR OBTAINING YOUR INFORMATION FROM THIRD PARTIES**

In some instances, it may be necessary that we obtain your personal data from third parties or publicly available sources. The reasons for this include verifying the information you have provided to us, assessing whether you are eligible to be part of the approved supply chain panel, complying with our legal or regulatory obligations or where it is necessary for our legitimate interests and for such other purposes as set out in our Privacy Policy.

Please note that if you do not provide us with your consent for our processing of your personal data or if you withdraw your consent for such processing, we may not be able to fully evaluate you. Such withdrawal of consent will not however affect the lawfulness of our processing of your personal data prior to the withdrawal.

**By signing below, you authorise us to obtain and process your personal data from third parties in accordance with our Privacy Policy.**

Name .....

Signature .....

Date .....

**CONSENT FOR COMMERCIAL USE OF DATA**

We may use your information for commercial purposes such as carrying out analytics/market research about our products and services. Where we use your personal data for such commercial purposes, we will anonymise the data where possible in such a manner as to ensure that you are no longer identifiable.

We may advertise and market to you our latest products and services. Please note that if you do not want to receive our marketing information you may opt-out by contacting us at any time.

Please tick the relevant boxes below if you agree to receive marketing information from us:

I consent

I do not consent to being contacted for marketing information

By signing below, you authorise us to process your personal data for analytics/market research or for marketing/advertising to you or for similar commercial purposes in accordance with our Privacy Policy.

Name .....

Signature .....

Date .....

**UAP OLD MUTUAL GROUP – OFFICE USE ONLY** (tick as appropriate)

|  |                                       |  |
|--|---------------------------------------|--|
|  | Have all the questions been answered? |  |
|--|---------------------------------------|--|

|                                    |  |  |
|------------------------------------|--|--|
|                                    | Have all the requested attachments been included with this submission?                         |  |
| <b>Recommended Action, Either,</b> |  |  |
|                                    | Supplier is not recommended for use  |  |
|                                    | Perform on site audit at suppliers' premises to confirm responses prior to finalizing approval |  |
|                                    | Supplier is recommended for direct and indirect contribution                                   |  |
| <b>Comments</b>                    |  |  |
|                                    |  |  |
|                                    |  |  |
|                                    |  |  |

Signature.....