



Kenya Airways
The Pride of Africa



PRE-QUALIFICATION OF DETERGENT SUPPLIERS FOR YEAR 2017-2019

PRE-QUALIFICATION DOCUMENT

CATEGORY NO.
CATEGORY DESCRIPTION
RECEIPT NO. <i>(attach receipt copy)</i>

JULY 2017

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KQ ORIGINAL

INTRODUCTION

Kenya Airways is the Pride of Africa! A world-class network airline that has been voted Africa's Best Airline, year after year, by Africa's leading travel and aviation magazines. The Airline intends to update its register of prequalified Detergent and chemical suppliers under the various categories for the period September 2017 to August 2019. Interested eligible firms are invited to apply for prequalification, indicating the category of services they wish to provide.

Those firms currently prequalified and wish to be considered **need to apply afresh.**

One application form ONLY can be used to apply for ONE category. (Please note that failure to indicate the category no. and item description will lead to AUTOMATIC DISQUALIFICATION of your bid)

Please read through this document carefully and provide the requested information together with ALL required support documents.

INVITATION TO TENDER

Kenya Airways Ltd invites applications for pre-qualification from competent detergent items to supply within Kenya in the under listed categories for the period from September 2017 to August 2019.

Detergents

KQ/D001/17 Degreaser heavy duty, Soap Manuvo

Prequalification document can be downloaded from www.kenya-airways.com. A non-refundable fee of **Ksh 3,000.00** per category is chargeable. Payments may be made at the cash office at the Head Office on Old North Airport Road, Embakasi during normal working hours. Please note that any document submitted without an original official receipt will be rejected.

Completed prequalification documents enclosed in plain sealed envelopes, marked with the Category Number & Description and addressed to:

**The Head of Supply Chain,
Kenya Airways PLC,
P.O Box 19002,
Nairobi, Kenya.
OR**

Emailed to tender box Tender.Box@kenya-airways.com

Should be deposited in the tender box situated at the main reception, so as to be received on or before 12.00 Noon, **Friday, 21st July 2017.**

Kenya Airways Ltd reserves the right to accept or reject applications made pursuant to the prequalification at its own discretion without assigning any reason thereof. Any subsequent appointment made pursuant to the prequalification is subject to invitation to tender for specific jobs/services.

IMPORTANT NOTES TO THE SUPPLIER

- a) The purpose of this document is to assist Kenya Airways Limited in the identification and evaluation of potential detergent suppliers who may subsequently be invited to tender or give quotations for items within the specified category.
- b) The questionnaire is to be fully and comprehensively completed in all respects.
- c) All documents must be submitted in English Language.
- d) Provide supporting documents requested for in the questionnaire.
- e) You may also be asked to clarify your answers or provide more details.

- f) Kenya Airways Ltd will examine the documents to determine completeness, general orderliness and sufficiency of response. Failure to complete this questionnaire and/or to provide written answers to any further questions or requested additional information for clarification will result in the applicant's elimination from further consideration.
- g) 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, Kenya Airways reserves the right without further recourse to verify at its own cost the accuracy of any answers provided herein.
- h) Any information given and later found to be incorrect shall lead to disqualification of the Applicant.
- i) Information given by the applicant shall be treated in strict confidence.
- j) Applicants to kindly note that this does not amount to any contractual obligation on the part of Kenya Airways, and that Kenya Airways is not obliged to invite tenders/quotation from any or all who express interest by responding to this pre-qualification process.
- k) If insufficient space has been provided on the questionnaire for the answers, please provide the answers as supplementary on separate sheets.
- l) The original document shall be prepared in indelible ink. It shall contain no interlineations or overwriting, except as necessary to correct errors made by the applicant. Any such corrections must be initialed by the person(s) who sign(s) the Document.
- m) 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.
- n) Applicants will meet all cost associated with preparation and submission of their applications.
- o) Canvassing will lead to automatic disqualification of the applicant.
- p) Submission is as per instruction given in Invitation to Tender.
- q) Late submission will not be acceptable. Any application(s) received after the date of closure will be considered as late and disqualified.

MANDATORY REQUIREMENTS

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

- i. Original official receipt as proof of payment for the prequalification document.
- ii. Certificate of Incorporation, Partnership or Business registration
- iii. Trading Certificate where applicable
- iv. PIN Certificate

- v. Certificate of registration with relevant regulatory authorities where applicable
- vi. VAT certificate
- vii. Tax Compliance Certificate
- viii. List of Directors, telephone, postal and email address
- ix. Annual Returns and Receipt
- x. Accounts Information
- xi. CVs of Senior Staff and Others as it may have been requested.
- xii. Organogram
- xiii. Evidence of physical registered office (Attach miscellaneous receipt)

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PREQUALIFICATION QUESTIONNAIRE

PART A – GENERAL INFORMATION

1	Name of Organization				
2	Postal Address	P.O Box.....Code.....			
3	Principal Contact Person	Name: Position:			
4	Contacts:	Telephone: Fax No. Email: Group email (Applicants are advised to give a group email address to facilitate prompt communication of new tender invites)			
5	Physical Location of Business Premises (Note that a visit to your office may be made to confirm information provided as part of the prequalification evaluation)	Town Street..... Building Name Floor.....			
6	Nature of organization (e.g. sole proprietorship, Public Limited Company, Partnership etc)	<table border="1"> <tr> <td>Limited Liability Company (1)</td> <td>Partnership (2)</td> <td>Sole Proprietor (3)</td> </tr> </table>	Limited Liability Company (1)	Partnership (2)	Sole Proprietor (3)
Limited Liability Company (1)	Partnership (2)	Sole Proprietor (3)			
7	Names of the Proprietor, Directors or Partners NOTE: Attach copies of Directors' identity cards / passports	1. 2. 3.			

		4.
8	Geographical area of Operations	
9	Business Operations	Year established..... Duration of Business Operation.....
10	Company Registration No. (<i>Attach Copy</i>)	Number.....
11	VAT Registration No. (<i>Attach copy</i>) PIN	Number Attached copy? YES <input type="checkbox"/> NO <input type="checkbox"/> Number YES <input type="checkbox"/> NO <input type="checkbox"/>
12.	Valid Tax Compliance Certificate (attach copy)	Attached copy? YES <input type="checkbox"/> NO <input type="checkbox"/>
15	State Credit period (minimum proposed is 45 days)	
16	Registration with regulatory relevant bodies	Registration Body Category of registration

PART B - ELIGIBILITY

1. Have you or your principals been subject of legal proceedings for insolvency, bankruptcy, receivership or your business activities suspended for related reasons? YES/NO
2. If yes, when----- (if yes, you must present legal documentary evidence that you are cleared and your business is now solvent)
3. Have you fulfilled your obligations to pay taxes and social security contributions for the last three years? YES/NO
4. Are you or your servants or agents subject of legal proceedings for corrupt or unethical business practice or offered any inducement to any procurement entity so that you can be considered for award of a tender? YES/NO
5. Is the firm making this application or any of its directors been debarred or suspended from participating in public procurement or have any procurement entity initiated proceedings of that nature against the firm or one of its directors, for any reason whatsoever? YES/NO
6. 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

PART C: FINANCIAL INFORMATION

Banker	Name of banker			
	Address of banker			
	Telephone		Contact name and title	
	Fax		E mail	
Financial information in Kshs.	Actual : previous TWO years		Projected: next two years	
	1	2	3	4
1. Total assets				
2. Current assets				
3. Total liabilities				
4. Current liabilities				
5. Profits before taxes				
6. Profits after taxes				

Source of finance	Amount Kshs.
1.	
2.	
3.	

Attach a copy of firm's audited accounts or certified bank statements for the previous two years together with letters of reference from the bankers regarding the firm's credit position.

PART D: TRADE REFERENCES

Provide contact details for 3 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 references to you. (Attach documentary evidence of existence of the contract)	
How many references are you indicating? (Tick one)	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
A	<p>Have you previously been contracted by KQ? Tick one YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Describe the contract and nature of works </p> <p>When.....and for how long.....</p>
B	Others
1.	<p>Organization Name </p> <p>Contact Name and Position </p> <p>Telephone No. </p> <p>E-Mail Address </p> <p>Service provided </p>
2.	<p>Organization Name </p> <p>Contact Name and Position </p> <p>Telephone No. </p> <p>E-Mail Address </p> <p>Service provided </p>
3.	<p>Organization Name </p> <p>Contact Name and Position </p> <p>Telephone No. </p> <p>E-Mail Address </p> <p>Service or good provided </p>

In addition to the above, you are required to attach copies of LPOs, Letters of Award, or any other approved document showing works done and values.

PART E: SAFETY QUESTIONNAIRE

1. Does your organization have a safety policy? YES/NO

If yes, how often is it reviewed? -----
(Attach a copy)
2. Does your company have a Safety, Health & Environment Management plan?
YES/NO (provide evidence)
3. If yes in (2) above, who in your organization is responsible for the implementation and management of the plan?
.....
4. How does your organization capture and document safety and other related incidences at your work place? (Attach proof)
.....
.....
5. What is the recorded “accident free” period at the time of submission of this application? Days
6. What is longest “accident free” period ever achieved at your work place?
..... Days
7. Have you ever been suspended from undertaking any works due to safety, health and environment related issues? YES/NO
8. Have your organization or the principal partner ever been charged for non-compliance or violation of any safety related regulations? YES/NO
9. What is the average number of regular employees stationed at your head office and/or main office?
10. Are the organization’s head offices and registered as work places under OSHA 2007? YES/NO (if yes attach copy)
11. Are there safety committees at the organization’s work places? YES/NO

PART F

1. Company Licenses

Provide list of registration certificates with relevant bodies e.g. City council or municipal council, Manufacturers, Product Dealership Licenses, etc. (*Specify Classification where applicable e.g. City council etc*)

2. Contracts History

a) Past Contracts

List the information on contracts won over the last five (5) years

No	Client	Contract Title	Start Date	End Date	No. of contract years
1					
2					
3					

a) On-going contracts

List the information on up to three ongoing contracts

No	Client	Contract Title	No. of years done	Expiry date	Contract Cost/Value
1					
2					
3					

You can attach a separate sheet of paper if space provided is not sufficient

3. Experience

- a) How many years has your firm been engaged in this business?
.....
- b) Describe nature of detergents is supplied by your firm.....
- c) How many years of experience have you had in the type of work described in (b) above (provide evidence)
.....

PART G: CERTIFICATION

I/We do hereby certify that the above information is correct in all respects.
Full Name:
Designation/Position
Signature:
Date:
Company Stamp