



MINISTRY OF EDUCATION
STATE DEPARTMENT OF VOCATIONAL & TECHNICAL TRAINING
KISIWA TECHNICAL TRAINING INSTITUTE



Knowledge and Skills for better life

P. O. BOX 657 - 50200, BUNGOMA (KENYA)

Cell Phone: 0110-096090

Email: kisiwainstitute@yahoo.com or principal@kisiwatech.ac.ke

When Replying please quote
Ref. No KISTTI/T/46/2021

2TH JULY 2021

INVITATION TO TENDER
TENDER NO. KISTTI/T/46/2021
TENDER NAME: ASSET VALUATION

Kisiwa Technical Training Institute invites sealed bids from eligible bidders for the Provision of the a above services (Asset Valuation)

Interested and eligible bidders may download the tender documents from the Institute Website www.kisiwatech.ac.ke free of charge.

A complete set of the tender documents are to be enclosed in plain sealed envelopes marked with tender number and be deposited in the tender box next to the Principals office so as to be received on or before **20th July 2021**.

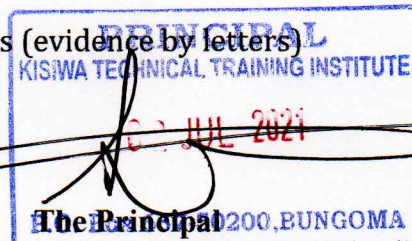
Documents will be opened immediately after closing in the presence of bidders or representatives who choose to attend.

NOTE: bidders are advised to visit the institute during normal working hours (**Monday - Friday 8:00am - 4:00pm**) to view the assets.

REQUIREMENTS FOR ELLIGIBILITY

Bidders are required to attach:

1. Copy of current trade license
2. Copy of pin certificate
3. Copy of company's certificate of incorporation (registration)
4. Current bank account statements
5. Copy of VAT registration
6. Reference letters from at least 3 clients (evidence by letters)



Kisiwa Technical Training Institute
P.O. Box 657-50200
BUNGOMA

PART B QUOTATION

CHECK ON OUR WEBSITE FOR THE ITEMS TO BE QUOTED

NOTE: Prices must be quoted in Kenya shillings and should be inclusive of all government taxes, total drilling costs, discount duty and VAT inclusive.

1. OBJECTIVE OF THE INVITATION

The main objective is to identify capable and eligible bidders for the provision of the said services.
(Asset Valuation)

REQUIREMENTS FOR ELIGIBILITY

Bidders are required to attach:

1. Copy of current trade license
2. Copy of PIN certificate
3. Copy of current VAT registration certificate
4. Copy of current Tax Compliance Certificate
5. Certificate of registration/incorporation
6. Physical, postal address and location
7. Signed current bank statement, financial status or bank certificates
8. Company profile
9. Reference letters from at least 3 clients (evidence by letter).
10. Complete the confidential business questionnaire.

EVALUATION AND COMPARISON OF APPLICATION

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

8.1 The Institute will evaluate the application taking into account information required on the documents as stated above:

2. Preliminary Evaluation will be based on the following:

| No. | ITEM DESCRIPTION | POINTS |
|-----|---|--------|
| 1. | APPLICANTS QUESTIONNAIRE FORM | |
| | <ul style="list-style-type: none"> ➤ Completely filled..... 5 ➤ Partially filled..... 3 ➤ Not filled..... 0 | |
| 2. | CONFIDENTIAL BUSINESS QUESTIONNAIRE | |
| | <ul style="list-style-type: none"> ➤ Completely filled 5 ➤ Partially filled 3 ➤ Not filled 0 | |
| 3 | REFERENCE FROM AT LEAST 3 CLIENTS (EVIDENCE BY LETTER) | |
| | <ul style="list-style-type: none"> ➤ 3clients..... 5 ➤ 2 clients 3 ➤ 1 client..... 0 | |
| 4. | BANKERS DETAILS PROVIDED (NAME, BRANCH AND CONTACT ADDRESS | |
| | Name 5 Branch and contact address..... 5 | |
| 5. | Trading license 5 | |
| | | |
| | | |
| | | |

KISIMA TECHNICAL TRAINING INSTITUTE

| | | |
|----|---|--|
| 6. | PIN Certificate.....4 | |
| 7. | Clear Physical Address.....4 | |
| 8. | Postal Address.....3 | |
| 9. | Total score will be marked out of 50 | |

The institute requires that all applicants will uphold confidentiality and observe highest levels of integrity and transparency. Corrupt practices such as fraud, soliciting of bribes among others are against the law as provided in the Public procurement and Asset disposal act 2015 and Public Procurement and Asset Disposal Regulations 2020.

All applicants who will involve in the above malpractices will be disqualified automatically.

KISIWA TECHNICAL TRAINING INSTITUTE

To The Principal
Kisiwa Technical Training Institute
P.O.BOX 657-50200,
Bungoma.

Dear Sir/Madam,

1. Having examined the application documents including addenda No's.....

This is hereby acknowledged, we the undersigned, offer to provide asset valuation services.

2. We undertake if our application is acceptable to offer the service official order signed by authorized officer(s) of the Institute.

3. We agree to abide by this application for the period of processing the application and prepare and execute, this application together with written acceptance thereof shall constitute a binding agreement between us.

Sign and Stamp.....

In the presence of Name..... Sign.....

Designation.....

4. APPLICANT QUESTIONNAIRE.

Please fill in the block letters

1. Full names of the applicant.....Sign.....
2. Full Address of the applicant to which correspondence to be sent.....
.....
3. Physical location of the supplier (visit to be done for confirmation)
 - ✓ Building.....
 - ✓ Street.....
 - ✓ Town.....
4. Telephone Number(s) of applicant.....
5. Fax address of applicant.....
6. E-mail address of applicant.....
7. Name of the applicant's representatives to be contacted on matter of the provision of the services.
 - a)Cell phone.....
 - b)Cell phone.....
 - c)Cell phone.....
8. Details of applicant's nominated agent (if any)
 - Address.....
 - Cell phone.....
 - Email address.....

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5.

CONFIDENTIAL BUSINESS QUESTIONNAIRE FORM

You are requested to give the particulars indicated in part 1 and either part 2(a), 2(b) or 2(c) whichever applied to your business type

It is a serious offence to give false information on this form

Part 1 General

Business Name/Applicants Name.....

Location of business premises.....

Plot No.Town.....street/Road.....Building.....

Postal Address..... Cell phone No.....Fax.....E-mail.....

Nature of business.....Trade License.....Attach copy.

Registration certificate No.....

Maximum value of business which you can bundle at any one time ksh.....

Name of your bankers.....Branch.....

PIN Number.....Attach Copy VAT certificate No.....Attach copy

Trade Terms/credit periods..... Lead Times.....

Part 2 sole proprietor

Name in full.....Age.....

Nationality.....country of origin.....

- Citizenship details.....
-

Part (b) partnership

Give details of partners/Representatives as follows

| Name | Nationality | Citizenship details | Shares |
|--------|-------------|---------------------|--------|
| 1..... | | | |

- 2.....
- 3.....
- 4.....

Part 2 (c) Registered Company

Private or public

State the nominal and issued capital of company-

Nominal kshs

Issued kshs.....

Given details of all directors as follows

| Name | Nationality | citizenship details | shares |
|------|-------------|---------------------|--------|
|------|-------------|---------------------|--------|

1.....

2.....

3.....

4.....

5.....

DateSignature.....

If Kenyan citizen indicate under "citizenship details" whether by birth naturalization

Name Of The Contact Person.....Cell Phone.....