

CHAI SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD

INFORMATION QUESTIONNAIRE – SUPPLY AND INSTALLATION OF AN ERP SYSTEM

PART A – GENERAL INFORMATION

| | | |
|-----|--|---|
| 1. | Name of organization | |
| 2. | Postal Address and postal code | |
| 3. | Principal Contact Person | Name: Position: |
| 4. | Contacts: | Telephone: Email: |
| 5. | Physical Location of business premises (Note that a visit at your office may be made to confirm information provided as part of the evaluation) | Town: Street: Building name: Floor: |
| 6. | Nature of organization (E.g. sole proprietorship, public limited company, partnership etc.) | |
| 7. | Names of proprietor, Directors or Partners Attach copies of directors' identity cards/ passports | 1. 2. 3. 4. |
| 8. | Geographical area of Operations | |
| 9. | Business Operations | Year established: Duration of Business Operations: |
| 10. | Company Registration No.(Attach Copy) | Number: |

| | | |
|-----|---|---|
| 11. | State Credit period (minimum proposed is 30 days) | |
| 12. | Registration with regulatory relevant bodies | Registration Body: Category of registration: Country: |

PART B - ELIGIBILITY

1. Have you or your principles been subject of legal proceedings for insolvency, bankruptcy, receivership or your business activities suspended for related reasons? **YES** **NO**
If yes, when (if yes, you must present legal documentary evidence that you are cleared and your business is now solvent)
2. Have you fulfilled your obligations to pay taxes and social security contributions for the last three years? **YES** **NO**
3. Are 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 tender? **YES** **NO**
4. 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**
5. 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: | | |
| | Email: | | |
| Financial information in Ksh | Previous Three year 2014 | 2015 | 2016 |
| 1. Total assets | | | |

| | | | |
|------------------------|--|--|--|
| 2. Current assets | | | |
| 3. Total liabilities | | | |
| 4. Current liabilities | | | |
| 5. Profit before taxes | | | |
| 6. Profit after taxes | | | |

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

PART D: TRADE REFERENCES

| | | |
|--|--|--|
| Provide contact details for a minimum of 3 referees for previous/current work that is similar or the same to the one applied for. Note that the referees may be contacted without further reference to you. (Attach documentary evidence of existence of contract) | | |
| 1 | Organization name Contact Name and Position Office & Mobile Tel No. Email address Name of project & location Service provided | |
| 2 | Organization name Contact Name and Position Office & Mobile Tel No. Email address Name of project & location Service provided | |
| 3 | Organization name Contact Name and Position Office & Mobile Tel No. | |

| | | |
|---|--|--|
| | Email address Name of project & location Service provided | |
| 4 | Organization name Contact Name and Position Office & Mobile Tel No. Email address Name of project & location Service provided | |
| 5 | Organization name Contact Name and Position Office & Mobile Tel No. Email address Name of project & location Service provided | |

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 and recommendation letters.

PART E: COMPANY INFORMATION

1. Provide a brief profile of the firm, indicating the organogram.

2. Experience

- a. Describe nature of work performed by your firm (core business)
- b. How many years has your firm been engaged in the business of supply and installation of ERP?

3. Personnel

- a. State the labor force engaged at any one time of the business
 Maximum: Minimum:

- b. Provide details (names, qualification, and relevant experience) of key staff members in the organization who shall be involved in the assignment.

4. Statement of Capability to deploy a solution of this magnitude.

PART F: INDUSTRY INFORMATION

5. Project history

a. Completed projects

List the information on projects completed over the last 5 years

| No | Client | Project tittle | Location/town | Start date | End date | Project cost/value | Sub-contractors if any |
|----|--------|----------------|---------------|------------|----------|--------------------|------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |

b. On-going projects

List the information on up to five ongoing projects

| No | Client | Project tittle | Location/town | % complete | Expected completion date | Project cost/value | Source of funding |
|----|--------|----------------|---------------|------------|--------------------------|--------------------|-------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |

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

6. Proposed solution/System (Software /ERP)

Describe the type of ERP you wish to deploy and the features of each module giving their indicative cost which covers the software, customization, installation, applicable licenses and training (among other costs). You are free to attach brochures on the features of the solution.

7. Training

Describe the methodology of carrying out the training for the staff.

PART G: CERTIFICATION

I/We do hereby certify that the above information is correct in all respects.

Full name:

Designation:

Signature:

Date:

Company Seal: