

Serial no _____
(FOR OFFICIAL USE)

PREQUALIFICATION FORM FOR SERVICE PROVIDERS

This form is to be completed by service providers interested in supplying goods and/or services to NC Bank Uganda Limited for the financial years 2018 to 2019.

The duly completed form should be returned to 'The Evaluation & Tender Committee', NC Bank Uganda Limited, Rwenzori Towers, Plot 4/6, Nakasero Road, P.O BOX 28707, Kampala, Uganda.

Name of the organization (applicant) _____

Goods and Services Category - Please tick as appropriate

| No | Category | Tick | No | Category | Tick |
|----|---|------|----|--|------|
| 1 | Supply, installation and maintenance of computer hardware, IT equipment and related components | | 15 | Provision of CCTV and security related installations | |
| 2 | Supply, installation and maintenance of telecommunications equipment and networking cabling | | 16 | Provision of security guards and cash in transit services | |
| 3 | Supply, installation and maintenance of air conditioning units and accessories | | 17 | Provision of quantity surveying services | |
| 4 | Supply and maintenance of office furniture | | 18 | Provision of property valuation services | |
| 5 | Supply of assorted office stationery including office stamps and seals | | 19 | Provision of office cleaning services | |
| 6 | Supply, installation and maintenance of firefighting equipment | | 20 | Provision of events management services | |
| 7 | Supply and maintenance of office equipment (printers, photocopying machines, note counters, currency verifiers and filing cabinets) | | 21 | Provision of debt collection and auctioneering services | |
| 8 | Provision of air ticketing, tours and travel services | | 22 | Provision of architecture, interior design and project management services | |
| 9 | Provision of International & local courier services | | 23 | Provision of insurance brokerage services | |
| 10 | Provision of taxi hire services | | 24 | Provision of fleet management services | |
| 11 | Provision of commercial printing and graphic design services | | 25 | Marketing ,advert production and advertising agency services | |
| 12 | Provision of drinking water and dispensers | | 26 | Provision and maintenance of Internet service, connectivity and Infrastructure | |
| 13 | Provision of construction and civil works | | 27 | Provision of Public relations(PR) services | |
| 14 | Provision of electrical and mechanical works | | | | |

| No | Item | Response |
|------------|--|----------|
| 1.0 | General information | |
| 1.1 | Full corporate name and any relevant business name(s) | |
| 1.2 | Date of incorporation If company attach copy of certificate of incorporation, articles and memorandum of association. | |
| 1.3 | Certificate of registration number | |
| | TIN certificate number | |
| | Current Trade License number | |
| | Membership in professional organizations | |
| | Copies of audited accounts | |
| | For professional services - Professional indemnity cover - Amount | |
| | Attach support documentation for all documents above | |
| 1.4 | Brief description of business | |
| 1.5 | Postal address | |
| 1.6 | Telephone numbers | |
| 1.7 | Fax number | |
| 1.8 | E-mail address | |
| 1.9 | Website | |
| 1.10 | Physical location of registered office including street/road | |
| 1.11 | Name and address of main contact person including name, current position/title, address, telephone, fax and e-mail address | |

| | | |
|---|---|--------------------------------|
| 1.12 | Names of directors & management (use separate sheet if needed) | |
| 1.13 | Key offices and their locations | |
| | | |
| | | |
| | | |
| 1.14 | Associated companies or organizations | |
| | | |
| 1.15 | Bankers, Account number and branch. | |
| 1.16 | Name and address of insurers | |
| 1.17 | Name and address of auditors Copies of audited accounts | |
| 1.18 | Years in operation | |
| 1.19 | Years of service to NC Bank Uganda Limited | |
| 1.20 | Turnover in the last three years | Year Ushs |
| | | Year Ushs |
| | | Year Ushs |
| 2.0 Technical / professional information | | |
| 2.1 | Rating by relevant Statutory or renown Global Agencies (Provide evidence of the rating) | |
| 2.2 | Membership of relevant professional bodies (provide evidence) | |
| 2.3 | Number of staff | |
| | <ul style="list-style-type: none"> • Management | |

| | | |
|-----|---|----------|
| | <ul style="list-style-type: none"> Professional / technical | |
| | <ul style="list-style-type: none"> Consulting | |
| | <ul style="list-style-type: none"> Sales | |
| | <ul style="list-style-type: none"> Support | |
| 2.4 | <p>Technical /Professional qualification of key staff relevant to your selected category (attach separate sheet if space provided is insufficient)</p> | |
| 2.5 | <p>Available key equipment, machinery or facilities relevant to your selected category. (attach separate sheet if space provided is insufficient)</p> | |
| 2.6 | <p>Specify any significant changes in the management of the organization over the last five years.</p> | |
| 2.7 | <p>List five customer references, their contact persons and contact details i.e physical address, postal address, telephone number, email and fax number.</p> | <p>1</p> |
| | | <p>2</p> |
| | | <p>3</p> |
| | | <p>4</p> |
| | | <p>5</p> |

I/We _____ warrant that the information provided in this form is correct and in the event of changes, details will be provided within 15 days from the date of such changes.

AUTHORISED REPRESENTATIVES

SIGNATURE.....

SIGNATURE.....

NAME:

NAME:

TITLE:.....

TITLE:.....

DATE:.....

DATE:.....

OFFICIAL STAMP

FOR INTERNAL USE ONLY

RECOMMENDED / NOT RECOMMENDED AS A SERVICE PROVIDER IN THE CATEGORY INDICATED FOR YEARS 2018 - 2019.

Reasons:

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| |

EVALUATION BY:

1. NAME: _____ SIGNATURE: _____ DATE: _____

2. NAME: _____ SIGNATURE: _____ DATE: _____

3. NAME: _____ SIGNATURE: _____ DATE: _____

4. NAME: _____ SIGNATURE: _____ DATE: _____

5. NAME: _____ SIGNATURE: _____ DATE: _____

6. NAME: _____ SIGNATURE: _____ DATE: _____

7. NAME: _____ SIGNATURE: _____ DATE: _____