



PRE-QUALIFICATION QUESTIONNAIRE

Submission Deadline: Friday, 5thst June 2020 at 5.00pm

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INSTRUCTIONS:

1. You are requested to provide information as accurately as possible and where space provided is not sufficient, please use a separate sheet of paper and bind together with this form
2. Britam attaches great importance to correct information given. If the information given is found to be incorrect in any respect, the application shall be rendered ineligible for registration or deregistration
3. Britam reserves the right to visit and inspect business premises of all applicants to verify information provided.
4. All information provided will be treated as confidential.
5. Copies of all relevant registration certificates, Tax compliance certificates, licenses and other documents requested and other documentation applicable to the line of business **MUST** be bound together with the form
6. This form should be typed or completed in legible block letters
7. Your prequalification documents shall be submitted in spiral or velo bound and properly numbered. Britam shall not be responsible for loss of documents not bound (loose).
8. Complete application forms should be duly signed and stamped by the director of the company and should be submitted in a sealed envelope stating clearly the category number and item applied for. If you require prequalification in more than one category, these must be submitted in separate envelopes and as different documents
9. Successful companies will be notified formally. Only those companies who are approved are entitled to the price competition
10. **Please note that while dropping the tender, you should have your ID card due to security reasons**

PRE-QUALIFICATION QUESTIONNAIRE

SECTION 1 INSTRUCTION TO PROSPECTIVE SERVICE PROVIDERS

INTRODUCTIONS

- a) Please provide information as requested in this questionnaire. Items that are not applicable should be marked as N/A.
- b) A response will be invalid unless signed and stamped in section 11.
- c) To qualify for consideration, the response must be received by **Tender Committee**

Please send your response to the address below.

Britam Insurance Company (Rwanda) Ltd

KIC Building 5th Floor (Former UTC Building)

Or to the

P.O. Box 913

Kigali-Rwanda

The envelope should be marked “**Prequalification for supply of**

..... **(Area of specialization)”**

- d) Responses should bear the same numbering as in this document.
- e) Please bind your response before submitting.

SECTION 2 – QUESTIONNAIRE

Summary of Required Attachments Checklist

- 1. Company Profile and brief of core technical staff
- 2. Company Organogram/ Hierarchy
- 3. Copy of certificate of Registration/Incorporation
- 4. Copy of PIN Certificate
- 5. Copy of Tax compliance certificate-if available.
- 6. 3 current letters of recommendation/ Reference

1. AREA OF INTEREST

Please indicate the principal areas of business activity for your company on the space provided below.

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2. MANDATORY REQUIREMENTS

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

1.	Name of Organization	
2.	Postal address	P. O. Box Code.....

3.	Physical location of business premises	Town Street Building Name
4.	Contacts	Mobile Telephone No. Alternative Telephone No. Email
5.	Nature of organization (e.g. Sole Proprietorship, Partnership, Public Limited Company)	
6.	Names of proprietor, directors or partners: - Sole Proprietor	1.
	- Partnership	1. 2. 3. 4.

	- Public Limited Company	1. 2. 3. 4.
7.	Business operations	Year Established Duration of Business operation
8.	Company registration no.	Number
9.	Company PIN No.	Number
10	Contact person	Job Title
11.	Registration with relevant regulatory bodies	Registration Body Category of Registration
12.	Attached organogram, mission statement, vision.	Attached: <input type="checkbox"/> <input type="checkbox"/> Yes No
13.	Certificate of Incorporation/Partnership Deed/Business Registration for sole proprietorship	Attached: <input type="checkbox"/> <input type="checkbox"/> Yes No

14.	Current trading certificate from respective county government.	Attached: <input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
15.	Copies of tax compliance certificate- if available.	Attached: <input type="checkbox"/>	<input type="checkbox"/>
		Yes	No

3. OTHER REQUIREMENTS (WHERE APPLICABLE)

1.	Date of formation of the company or incorporation
2.	Date of formation in Rwanda if different from above
3.	Do you have any outstanding court actions?	if yes please give details:

4. STAFF EMPLOYED

1.	Please indicate the number of permanent and contract staff employed by the organization in Rwanda	Permanent Staff Contract Staff
2.	Please indicate the number of dedicated staff directly involved in the provision of the service to which this questionnaire relates
3.	Please indicate what policies you adopt in assessing the competence of staff to be employed

5. TRADE REFERENCES

	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. (Attach documentary evidence of existence of the contract)				
	How many references are you indicating? (Tick one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		0	1	2	3
1.	Organization name				
	Contact name and position				
	Office & mobile telephone number				
	Email address				
	Service provided				
2.	Organization name				
	Contact name and position				
	Office & mobile telephone number				

	Email address	
	Service provided	
3.	Organization name	
	Contact name and position	
	Office & mobile telephone number	
	Email address	
	Service provided	

6. DECLARATION

Please complete the declaration below and attach this document in its entirety to your response. Also ensure that you have indicated the areas of interest and that you have answered all questions in the same order and numbering as given in this document.

I/we certify that the information provided in response to this Questionnaire is accurate and complete as at the date set out below.

I/we understand that the provision of false information in response to this Questionnaire could result in the Company being excluded from the list of those who may be invited to tender for a contract with Britam.

I/we undertake to inform Britam promptly following any matter which would alter or add to any of the information given in response to this Questionnaire.

I/we make this declaration for and on behalf of the Company.

Signed:

Name:

Position:

Email Address:

Cellphone:

Date:

Company stamp
