



KENYA EMBASSY LUANDA

SUPPLIER PREQUALIFICATION APPLICATION FORM

REF NO. 01/2025/2026

Financial Years: 2025/2026- 2026/2027

SECTION A: GENERAL INFORMATION

1. **Category Applied For** (tick as appropriate – refer to Invitation for Prequalification):

- ☐ 1 – Maintenance of Furniture and Office Equipment
- ☐ 2 – Catering Services
- ☐ 3 – IT Support and Maintenance
- ☐ 4 – Supply of ICT Equipment
- ☐ 5 – Transport Services
- ☐ 6 – Office Stationery
- ☐ 7- Air ticketing/Booking
- ☐ 8- Event Organization
- ☐ 9- Tenancy Services

2. **Name of Applicant/Company:** _____

3. **Postal Address:** _____

4. **Physical Address:** _____

5. **Telephone Number(s):** _____

6. **Email Address:** _____

7. **Website (if any):** _____

8. **Contact Person:** _____

Designation: _____

9. **Business Registration/Incorporation Number:** _____

10. **NIF Number:** _____

11. **Business Permit/Licence Number:** _____

SECTION B: LEGAL & STATUTORY DOCUMENTS

(Attach copies of the following documents – mark “√” if attached)

Document	Attached
Business Registration Certificate	
NIF Certificate	
Current Business Permit	
References	

SECTION C: BUSINESS PROFILE

1. **Year of Establishment:** _____
2. **Number of Employees:** _____
3. **Type of Business:** (tick)
 - ☐ Sole Proprietorship
 - ☐ Partnership
 - ☐ Limited Company
 - ☐ Other (specify): _____
4. **Main Business Activity:** _____
5. **Experience in Similar Assignments (last 3 years):** _____

Client Name	Description of Work/Service/Goods	Contract Value	Year Completed

SECTION D: DECLARATION

I/We declare that the information given in this application is true and correct to the best of my/our knowledge. I/We understand that false information may lead to disqualification or termination of prequalification status.

Name: _____
Designation: _____
Signature & Stamp: _____
Date: _____

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Application Received On: _____
 Application Reference No.: _____
 Evaluation Outcome: ☐ Prequalified ☐ Not Prequalified
 Remarks: _____

Evaluator's Name: _____
 Signature: _____
 Date: _____