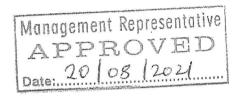


#### NUMERICAL MACHINING COMPLEX LIMITED

Workshop Road, Off Bunyala Road P. O. Box 70660-00400 Nairobi Tel: 2244143, 2241701

Email: info@nmc.go.ke/supplies@nmc.go.ke

Website: www.nmc.go.ke



# REGISTRATION FORM FOR SUPPLY OF GOODS, WORKS AND SERVICES TO NUMERICAL MACHINING COMPLEX LTD



NUMERICAL MACHINING COMPLEX LTD. QUALITY MANAGEMENT SYSTEM

Issue Date: April 2018 Revision Status: 00



# REGISTRATION OF SUPPLIERS/CONTRACTORS/SERVICE PROVIDERS

The registration of suppliers/contractors/service providers is aimed at building a profile for each regarding information on general particulars of their firm(s).

You are advised that it is a serious offence to give false information on this form.

#### PART I: DETAILS OF THE APPLICANT

1.	Name of Applicant:
2.	Physical Address:
3.	Postal Address:
4.	Postal Code:
5.	E-mail:
6.	Mobile/Office Phone No:
7.	Are you applying for youth, women or persons with disabilities?
8.	Contact Person:



Issue Date: April 2018 Revision Status: 00



#### Overview of the Enterprise

Type of ownership please	[Sole	Propriet	or] [	Partnershi	p]
tick one]	[Limi	ted Com	pany] Otl	ners Specif	y]
Number of employees	[0-5]	[6-25]	[26-49]	[50-59]	[100-250]
Initial Investments [KES]					
Total Annual Sales for the previous year: [Turnover KES]					
Experience in the sector in years			i i i i i i i i i i i i i i i i i i i	no constitutiva sono no de espera por deciminación destinación de Mederal Maria	ombos sides seemit ou sinour savergaven;

	Man	age	eme	nt	Rep	res	ento	itive
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processor of	Date	ر س	20	10	8	20	2	İ

### Type of Ownership Details:

Part 9 (a) - Sole Proprietor or name of registered business, where applicable

Name in Full		Age	
Identity/Passport No.			
Part 9 (b) - <b>Partnership</b>	Details		
Name	Nationality	Id/Passport No.	%Shares

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### NUMERICAL MACHINING COMPLEX LTD.

QUALITY MANAGEMENT SYSTEM

Part 9 (c) - Registered Company						
State the nominal and issued capital of company						
Nominal KShsIssued KShs						
Directors' Details						
Name	Nationality	ID/Passport No.	% Shares			
		**				
7						
		3				
10. Bank Account Name:						
11. Branch of the Bank:						
12. Bank Account Number:						

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13. VAT Registration Number:

14. IFMIS Number, [where applicable]: .....

NMC/SCM/SRF



# Management Representative APPROVED Date: 20/08/202/

## 15. Type of business:

#### SECTOR (TICK ONE)

AGRIBUSINESS	TRADE	HOSPITALITY & ENTERTAINMENT
MANUFUCTURING	SERVICES	ICT
CONSTRUCTION	OTHERS	SPECIFY

Title:	
Signature:	
Date:	



#### PART II: LIST OF ATTACHMENTS

The following attachments are essential for appraisal and you are required to ensure that they are all attached, failure to which your application may be rejected:

- 1. Copy of certificate of incorporation/registration;
- 2. PIN Certificate;
- 3. VAT Registration Certificate;
- 4. Valid Tax Compliance/ Exemption Certificate;
- 5. Original Bank Statement/Bank reference of not more than three months from date of applying;
- 6. Copy of certificate of registration with relevant regulatory bodies (for persons with disabilities registration with National Council for Persons with Disability);
- 7. Business/Company profile;
- Certificate of Registration in a target group issued by the National Treasury;
- 9. National IDs/ Passport.

