

MINISTRY OF EDUCATION
STATE DEPARTMENT OF VOCATIONAL AND TECHNICAL TRAINING
SOTIK TECHNICAL TRAINING INSTITUTE



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**REGISTRATION FORM FOR ENTERPRISES /FIRMS OWNED BY WOMEN, YOUTH
AND PERSONS WITH DISABILITY TO SUPPLY GOODS, WORKS AND SERVICES
TO SOTIK TECHNICAL TRAINING INSTITUTE
UNDER ACCESS TO GOVERNMENT PROCUREMENT OPPORTUNITIES (AGPO)**

(Reserved Procurement Opportunities under Preference and Reservations 2011, Legal Gazette
Notice No 114 and Sec.155 of the Public Procurement and Asset Disposal Act 2015).

The Registration of suppliers is aimed at building a profile for each supplier regarding information on general particulars of the company. You are advised that it is a serious offence to give false information on this form.

Completed Registration Form and relevant documents are to be enclosed in a plain sealed envelope and submitted to Procurement Office on normal working days or be addressed to:-

CHIEF PRINCIPAL /BOG SECRETARY
SOTIK TECHNICAL TRAINING INSTITUTE
P.O BOX 895-20406
SOTIK

DETAILS OF THE APPLICANT

- i. Name of Applicant.....
- ii. Physical Address.....
- iii. Postal Address..... Postal Code.....
- iv. Email Address.....
- v. Mobile Phone Number.....
- vi. Contact Person.....

OVERVIEW OF THE ENTERPRISE

Type of Ownership (Tick Appropriately)	Sole Proprietorship
	Limited Company
	Partnership
	Others (Specify)
Number of Employees	
Maximum Business Volume the Enterprise can Handle (KES)	
Total Annual Sales for the Previous year (Turnover KES) – Indicate the Year	
No of years of Experience in the sector	

TYPE OF OWNERSHIP DETAILS

Sole Proprietor or Name of Registered Business where Applicable			
Business Name		Reg No.	
Name in Full - Person		Age	
Identity/Passport No			
AGPO Category		AGPO NO.	
Official Phone No		Official Address	Email

Partnership Details				
Name of Partner(s)	Nationality	Age	ID/Passport	% Shares
AGPO Category			AGPO no.	
Official Phone No			Official Address	Email

Registered Company

State the nominal and issued capital of company

Nominal KShs.....Issued Kshs.....

Company Name			
Reg No.			
AGPO Category		AGPO Reg No	
Official Phone No		Official Address	Email

Directors Details			
Name	Nationality	ID/Passport NO.	% Shares

SECTOR/ CATEGORY

Pick a Maximum of Four (4) Categories from Registration of Suppliers Advert (Check Advert on the Website) where the Firm has Expertise.

S/NO	TENDER NO	DESCRIPTION

LIST OF ATTACHMENTS

The Following attachments are essential for appraisal, ensure that they are all attached failure to which, your application will be **not be Considered**.

- i. Copy of Certificate of Incorporation/ Registration
- ii. Pin Certificate
- iii. Valid Tax Compliance Certificate
- iv. Valid Certificate of Registration in a target group issued by the National Treasury.
- v. VAT Registration Certificate (Where applicable)
- vi. Copy of Certificate of registration with Relevant Regulatory Bodies (Where applicable).
- vii. CR 12 (Where applicable).

I declare that the information provided above is true to the best of my knowledge

Title/Position

Signature..... Date.....

Company Seal/Stamp.....