

# TAITA TAVETA COUNTY GOVERNMENT



## REGISTRATION/LISTING FORM FOR YOUTH, WOMEN AND PERSONS LIVING WITH DISABILITY ENTERPRISES FOR SUPPLY OF GOODS, WORKS AND SERVICES TO GOVERNMENT

This form should be filled by sole proprietors or authorized officials of the youth, women, and persons living with disability enterprise/entity.

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

### DETAILS OF THE APPLICANT:

1. Name of Entity:

.....

2. Physical Address:

a. Sub County:

.....

b. Constituency:

.....

c. Ward:

.....

3. P.O. Box:

Code:

Town:

.....

4. Mobile:

.....

5. Email:

.....

6. Contact Person

Name:

.....

Date of Birth:

ID Card Number:

.....

**BUSINESS OWNERSHIP DETAILS:**

1. Sole Proprietorship

Name:

.....

Date of Birth:

ID Card Number:

.....

.....

2. Partnership Details (Attach a list of members if more than can fit in the spaces provided)

No.	Name	Nationality	ID/Passport No
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

3. Registered Company (Attach a list of members if more than can fit in the spaces provided)

No.	Name	Nationality	ID/Passport No	% Share
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

4. Registered Group (Youth / Women / Persons Living with Disabilities / SACCOs):

No of Members:

.....

(Attach a list using the format as provided under the partnership section above)

**OTHER DETAILS:**

Bank Name:

.....

Branch Name:

.....

Account Name:

.....

Account Number:

.....

KRA PIN Number:

.....

**OVERVIEW OF THE ENTERPRISE:**

**Nature of Business Activity (Tick as Applicable)**

Agribusiness

Hospitality

Manufacturing

Event Management

Construction

ICT

Retail / Wholesale

Trade

Professional Services

Others (Specify below)

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	<b>0 - 4</b>	<b>5 - 25</b>	<b>26 - 49</b>	<b>50 - 99</b>	<b>100 or More</b>
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Number of Employees:  
(Tick where applicable)

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Total annual sales/turnover:  
(Amount in Kenya Shillings)

.....

Experience, if any, in the sector:  
(In years and / or months)

.....

**DECLARATION:**

I confirm that the information given in this form is correct to the best of my knowledge:

**In the Case of Sole Proprietors:**

Name:

.....

Signature:

.....

Date of Birth:

.....

ID No:

.....

**In the Case of Partnerships:**

Managing Partner:

Name: ..... Signature: .....

Date of Birth: ..... ID No: .....

**In the Case of Companies:**

Managing Director / CEO:

Name: ..... Signature: .....

Date of Birth: ..... ID No: .....

**In the Case of Groups / Societies / Association:**

Chairman:

Name: ..... Signature: .....

Date of Birth: ..... ID No: .....

Secretary:

Name: ..... Signature: .....

Date of Birth: ..... ID No: .....

WITNESSED BY:

Name: ..... Signature: .....

Date of Birth: ..... ID No: .....

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**Notes:**

1. Please affix your official stamp on each page of this application form.
2. Please attach copies of the following documents:
  - i. Identity card or Passport
  - ii. Business registration certificate (eg certificate of incorporation)
  - iii. KRA PIN Certificate
  - iv. VAT Certificate (Where applicable)
  - v. Group's registration certificate (For youth, women, and Persons Living with Disability)