AMBSO PREQUALIFICATION VENDOR QUESTIONNAIRE

Invitation to this Prequalification

Prequalification of Suppliers & Service Providers

Africa Medical and Behavioral Science Organization (AMBSO) invites sealed bids from eligible bidders as described below. AMBSO intends to establish a database of qualified suppliers for various goods and services for the year 2025/26

S/N or Code	Item Description	Status
		<u> </u>

Local suppliers within areas where the projects are operational are encouraged to apply. Vendors are encouraged to choose the preferred offices/sites they are able to supply and items they wish to supply

Prequalification Questionnaire

No	Information Required	Information Provided
i.		
	Company /Organization Name	
ii.	Trading Name (if different from above)	
ii.	Legal status (partnership/sole proprietor/ Ltd.	
	Company)	
. 、		
iv a)	Company registration certificate No. (attach copy)	
b)	Certification by regulatory bodies (e.g. KPLC,	
	Ministry of public works etc.) (Attach copies)	
	Nature of huginess licensed to energies as indicated	
V	Nature of business licensed to operate as indicated	
	on the document. Attach a copy	
vi	VAT No (Attach Copy)	
VI		
vii	Contact Person	
	Name	
	Title	
	Tel. No	

Corporate Information

viii	Postal Address	
	Tel. No	
	Fax	
	Email Address	
	Website	
ix	Physical Location	
Х	Is your organization a public Listed Company? If Yes, attach copies.	
Xi	Is your Company/organization a partnership? If Yes, attach partnership deed.	

Names of Directors and their nationality:

Nationality	Citizenship	Percentage of shares
D. Names of partners/shareholders	Names of partners/shareholders Nationality Image: state	

Financial Information

	2024		2023	
What is your turnover in the last two years				
las your organization/company met all its obli	igations to pay its	Yes		No
Creditors and staff during past year? Give deta	ails			
Creditors and staff during past year? Give deta Have you had any contracts terminated for po		Yes		No

b) Bank details

What is the name and branch of your bank (who could provide a reference)?

Name of the bank	
Branch	
Telephone Number	
Postal Address	
Contact Person name	
Contact Email	

c) Name of the Insurance

Please provide details of your current insurance cover

Employer's Liability	
Public Liability	
Professional Indemnity (if Applicable)	
Other (Specify)	

Accounts: Provide a copy of the following

- i) A copy of your most recent audited accounts for the last two years
- ii) A statement of your turnover, profit & loss account and cash flow for the most recent year of trading
- iii) A statement of your cash flow forecast for current year and a bank letter outlining the current cash and credit position.

Business Activities

Yes

i) What are the main business activities of your organization?				
Category				
Manufacturer				
Assembler				
Distributor				
Service Centre				
Retailer				
Other(Please Specify)				

ii) If a manufacturer or service organization, are your products certified by Uganda Bureau of standards or are you affiliated to a recognized accrediting body?

Yes		No	
	(Attach documentary evidence of certification)		

No

iii) If you are not a manufacture, are you an authorized dealer?

(Attach manufacturer's authorization certification)

	How many staff does your organization h Category Fechnical & permanent Fechnical & temporary Semi-skilled I & permanent Semi-skilled I & temporary	ave? Indicate the number under each catego Number)ry.	
v)	Please generally describe the experience	e and expertise your organization possesse work you are bidding for as required by AMI		ible you to
vi)	Attach your company/organization organi	ogram with emphasis on the job you are bido	ling for.	
vii)	Provide details of your key personnel and professional services.(Use a separate s	attach their CV'S. IF you are applying for protheet of paper)	ovision of	
viii)	Have you or your principals been subject business activities suspended for relate Yes	of legal proceedings for insolvency, bankrup d reasons?	otcy, receiversh No	nip or your
	If yes, when evidence that you are cleared an	(If yes, you must present legal of your business is now solvent).	documentary	
ix)		of legal proceedings for corrupt or unethical b tity so that you can be considered for awar		
	Yes		No	
x)		ication or any of its directors been deba e any procurement entity initiated proceedings on whatsoever?		
	Yes	No	C	
xi)	Which quality standards certification hav on a separate sheet of paper)	ve you attained in the last two years? (Attac	h copies and o	give details
xii)	What is your average response time to			
xiii)	What is your average response time to	delivery of goods /services after issuance of	LPO?	
xiv)		, which you can handle at any one time?		
xv)	What products/services to do you want product code and Location)	to be considered to supply? (Indicate relev	vant category	and
F	Product Code Number	Goods would like to supply	Supply loc	cation

Trade References

Prospective suppliers are required to demonstrate their experience in the field applied for by providing details of at least 5 previous contracts in the table provided below

NO	Customer or organization name)	Customer contact name and phone number	Contract reference and brief description	Date contract awarded	Value of business transacted
1					
2					
3					
4					
5					

3.2 Management Policy

- a) Employee Integrity: How does the firm ensure the integrity of staff? Detail any related policies
- b) **Code of Conduct/Ethics:** Does your company have a code of conduct? If so, please attach a copy. Indicate if the company subscribes to a professional body with a code of conduct or ethics
- c) **Company employment policy:** Does your firm have a documented employment policy? What are the key highlights from this policy if it's in existence?

3.3 Documents Comprising the Application

To be eligible, the candidate must prove that they qualify to participate in public procurement by providing the following mandatory documents for pre-qualification. These documents must be attached to this application.

Checklist	Available
Valid Tax Compliance Certificates	
Trade license	

Certificate of Business Registration,	
Audited Accounts OR Bank statement for the last 6 months	
Two Letters of recommendation from your current corporate clients /organizations	
VAT Certificate – where applicable	
Declaration Form fully filled and signed	
Local Authority Licenses – Business Permit	
Confidential Business Questionnaire Fully filled	

3.4 Declaration

For purpose of transparency and fair dealing, all vendors shall make full disclosure of any past/existing business relationship with any AMBSO employee.

Do you have a relationship with any AMBSO employee that would cause any real or perceived conflict of interest?

Vaa	-	

No

If yes specify the type of relationship

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Information submitted by	
Title	
Signature	
Date	
Telephone Number	
Email	
Company Stamp	
Witnessed by	
Title	
Signature	
Date	
Telephone Number	
Email	
Company Stamp	