



KENYA INSTITUTE FOR THE BLIND.

PREQUALIFICATION/REGISTRATION OF SUPPLIERS FORM.

NO	NAME OF THE COMPANY	DIRECTOR OF THE COMPANY	MOBILE NO	PHYSICAL ADDRESS	CATEGORY NO APPLIED FOR.	ITEM DESCRIPTION APPLIED FOR,	ELIGIBILITY (YWPWD)	AGPO CERTIFICATE NO/KRA PIN NO	REGISTRATION DATE

SIGNATURE _____

COMPANY STAMP/SEAL _____