

LETSHEGO BANK (T) LIMITED

Supplier Registration & Pre-Qualification Form

By Hand Delivery:

LETSHEGO BANK (T) LIMITED

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This document is Letshego Bank (T) Limited's [hereinafter referred to as the Bank] Supplier Registration & Pre-Qualification Form restricted to the Bank. No part of this form should be reproduced without the express permission of the Bank.

Letshego Bank (T) Limited is committed to the highest level of Ethical Procurement Standards in its dealings with vendors and the public at large.

Hence any concerns/issues with the bank or its employees (not restricted to procurement dealings with the Bank only) against the codes of ethical business conduct should be reported.

In the event that you are unable to raise these irregularities with your usual business contact the Bank encourages you to contact the Chief Finance Officer on tarimoa@letshego.com.

Declaration

The information contained herein, Letshego Bank (T) Limited Supplier Registration & Pre-Qualification Form [hereinafter referred LBT SRPQF] used in any communication made between Letshego Bank (T) Limited [herein referred to as the Bank] and any prospecting services provide/vendor shall NOT be relied upon as a contract, having the potential of constituting an intent to contract, agreement or representation that any contract shall be offered in accordance with this LBT SRPQF.

The Bank hereby reserves all rights, to change without notice its framework for competitive tendering at any agreed timeframe. Under no circumstances shall the Bank incur any liability in respect of this SRPQF or any supporting documentation.

Direct or indirect lobbying, influencing canvassing or soliciting information from any Procurement Official of the Bank by prospecting vendors may result in disqualification of the vendor for the pre-qualification process.

Purpose of the LBT SRPQF

This LBT SRPQF outlines the information required by the Bank to enable it conduct an effective supplier registration and qualification process i.e. supplier's registration, assessment, qualification and segmentation giving but not limited to these standard criteria;

- a) technical knowledge and experience in industry,
- b) capability/capacity,
- c) organization and structure,
- d) performance track record,
- e) financial strength

This form is provided on the same basis to all potential suppliers/service providers.

The Bank expressly reserves the right to request for any additional information as supplementary for purposes of further clarification from potential vendors.

After each supplier qualification process conducted by the Bank, outcome of the exercise will be officially communicated to successful vendors.

This will be a periodic exercise of which specific execution times will be determined by the Bank without notice to any vendor.

Supporting Documentation in respect of LBT SRPQF Completion

Recipients of the LBT SRPQF are invited to complete and submit it together with any requested supporting information to the Procurement and Logistics unit of the Bank (address details can be found on page 2 of the form).

All relevant vendor requests for clarification or further information in filling the form are to be addressed to the named persons with their addresses as indicated on the form.

No approach of any kind in connection with this process should be made to any other person within, or associated with, the Bank.

Instruction for completion of form

Prospecting vendors/service providers should follow the instructions outlined in this document and as below to complete the form.

Potential vendors/service should answer all questions as accurately and concisely as possible in the same order and format the questions are presented. Where a question is not relevant to the potential vendor's organization, this should be indicated, with an explanation as much as possible.

Language for completion of form

Form is to be completed in English language.

Completeness of form

All information provided herein by potential vendors/service will be checked for completeness and compliance before responses are evaluated.

In the event that none of the responses are deemed satisfactory, the Bank reserves the right to disqualify the vendors/service.

Failure to furnish the required information, make a satisfactory response to any question, or supply documentation referred to in responses, within the specified timescale, means that a potential vendor/service provider is disqualified.

Service Provider's Single point of contact

Potential vendors/service providers are required to provide a **reliable Single Point of Contact(s)** on the LBT SRPQF to facilitate communication to them.

Vendors/Service providers undertake to notify the Bank of any changes to the contacts provided on this form.

Section A: General Corporate Information

1. Complete name, address and reliable contact information of your organization.

Company Name	
Corporate Address	
Physical Location Address	
City/Town	
Country	
Email	
Website address	

2. Name, position, telephone number & email addresses of points of contact.

Name	
Position	
Telephone number	
Mobile number	
E-mail address	

3. Legal status of company i.e. partnership, limited liability company [LLC], sole proprietorship...

Sole Proprietorship	
Partnership	
Public Limited Liability Company	
Private Limited Liability Company	
Others [please specify]	

4. Date and place of registration/formation of the potential supplier's company, registration under the Companies Code (please provide copies of Certificate of Incorporation and any changes of name (where applicable)), registered office and principal place of business.

Date of formation	
Place of Formation	
Date of registration	
Registration	
Certificates enclosed	<input type="checkbox"/> YES <input type="checkbox"/> NO (Tick most appropriate)

Registered office	
Brief description of company's primary, main products and services indicated as the object of business on business registration documents. Use space below.	

Ownership structure of company

Please provide a 1-page chart illustrating the ownership structure of your company including relations to any parent or other group or holding companies where applicable.

Ownership structure enclosed?	<input type="checkbox"/> YES <input type="checkbox"/> NO (tick most appropriate)
Provide ownership structure in below space; include full names & shareholding etc.	

Registration and Certifications

Where the nature of your business requires that the company obtains certification with any professional/legislated body in Tanzania, evidence of such certification **must** be provided and attached.

Evidence of registration and certification with appropriate professional/trade body. 1] insert required details 2] State required details with dates and registration/certification unique number. 3] Or state NONE. Provide details in below space.

Potential conflict of interest situation(s)

Does your company/any of its named procurement and supply chains (sub-contractors, staff/employee, etc.) have any potential conflicts of interest that may arise if selected to deliver a service/project for the Bank?

Conflict of interest	<input type="checkbox"/> YES <input type="checkbox"/> NO (tick as appropriate)
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Please state and or indicate in below space, any potential conflict of interest situation(s) that exist and or anticipated in your view.

Section B: Financial information

1. Name and address of principal banker(s) together with bank reference.

Bank Name	
Bank Address	
Town/City	
Banker's references enclosed?	<input type="checkbox"/> YES <input type="checkbox"/> NO (Tick as appropriate)
Provide / insert references in space below	

Account details

Please provide a copy of the full report and audited accounts for the last three (3) financial years. If the accounts, you are submitting are for a year ended more than 10 months ago please also enclose the latest set of management accounts.

Please indicate YES or NO account information provided as in list below.	
Profit & Loss Account[P/L]	
Balance Sheet	
Full accompanying notes	
Director's/managing partner's report (if available)	
Auditor's report	

Financial Information	Period	
	Fy20.....	Fy20.....
Turnover		
Operating profit		
<i>Operating profit in relevant service scope</i>		
Current Asset		
<i>Current Liability</i>		
<i>Long term Liabilities</i>		
Net Asset		

Provide below additional financial information for the last two (2) years

Staff strength / turnover

Period	Fy20.....	Fy20.....
Staff strength in the related service / product delivery area		

Insurance

Kindly provide evidence of the employers' liability, public liability insurance [and professional liability or indemnity] insurance held by the company. The evidence should include the name of the insurers, policy numbers and policy certificate copy, expiry dates and limits for any single incident, annual aggregate caps and excesses under the policies.

Name of insurer	
Address of insurer	
Type of insurance	
Policy Number	
Expiry date	
Limit of indemnity (per occurrence and aggregate)	

Excess (if any)	
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Pending legal proceedings and or threatened litigation

Disclosure of any legal proceeding. Provide required details in below space
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Section C: Contractual Issues

Kindly answer the following questions regarding contracts. If your answer to any of the questions is 'Yes', do provide a full explanatory statement below.

1. Has your company or any of its named supply chain partners (sub-contractors) ever had a contract terminated or its employment determined under the terms of the contract in the last three years?

Contract terminated	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(tick as appropriate)
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2. Has your organization and or any of its named supply chain partners ever suffered deductions for liquidated and/or ascertained damages in respect of any contract within the last two years?

Deductions for liquidated damages/damages	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(tick as appropriate)
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If **YES**, do answer below questions following.

State the full damages in T	TZS.....
Was amount deducted more than 10% of the full contract sum?	<input type="checkbox"/> YES <input type="checkbox"/> NO (tick as appropriate)

3. Has your company and or any of its named supply chain partners (sub-contractors) ever failed to receive a contract renewal on the basis of unsatisfactory performance in the last three years?

Failed to receive contract renewal	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(tick as appropriate)
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4. Does your company have any pending material, threatened litigation or any other legal proceedings connected with similar service/projects against any of its named supply chain partners (sub-contractors) that may affect delivery of any service/project?

Legal proceedings pending	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(tick as appropriate)
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5. If you have answered YES to any of the questions from Section C (1) to (4), then please provide an explanatory where necessary otherwise state **NONE** in the space below.

Brief statement. Either insert required details or state NONE.

Section D: Technical Ability

1. Please provide details of the number of staff currently involved directly in the provision of similar services, goods and project:

Number of Permanent Staff	Number of Temporary of 3 rd Party Staff	Total Staff turnover = Total staff exist (over the past 2yrs) / Total number of staff

2. Evidence of having provided/delivered on similar services/projects.

Insert and or indicate evidence of similar jobs and projects undertaken in below space
Contract Value(s):
Details of organization(s) to whom service and project delivered. Provide references in below space.

References: Name of organization, Addresses, contact persons on project, brief description of service or project, emails: Provide details in spaces below.	
1	
2	
3	
4	
5	
6	
7	

Section E: Additional Project Specifics

1. Please provide details of any Quality Assurance system operated by your organization, both internally and externally through its supply chain partners.

Provide **Quality Assurance System in place in below space**

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2. Please describe the internal controls used by your company to manage the delivery of these supplies, services and project to ensure that the requirements are met in terms of quality and timely delivery.

Provide **Quality Assurance System in place in below space**

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3. Please describe the **internal controls** used by the Potential Provider to manage the delivery of these types of supplies/services/supplies and services to ensure that the requirements are met fully in terms of quality and timely delivery.

Provide details of internal controls established to execute project / service delivery

4. Please provide details of any quality assurance certification relevant to the provision of similar services. Include a copy of relevant certificates.

Relevant certificate enclosed / insert as below	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(Tick as appropriate)
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5. Environmental Health, Safety & Wellbeing (EHS&W)

EHS&W Policy operational and strictly enforced?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(Tick as appropriate)
<i>Insert</i> EHS&W policy copy.			
Any EHS&W breaches/infringement by your company of its supply chain partners?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(Tick as appropriate)
State effect or otherwise of such EHS&W breaches on your company in below space			
Indicate and or insert sample of remedial actions implemented and planned actions to prevent recurrence. Provide details in below space.			

Section F: Check List for attachment

Requirement	Enclosed/attached?(Tick as appropriate)	
Certificate to commence business	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Certificate of Incorporation	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Director's Resolution	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Company Regulation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Ownership Structure i.e. as on company registration documents	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TIN and VRN Certificate	<input type="checkbox"/> YES	<input type="checkbox"/> NO
VAT Clearance Certificate	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Banker's reference	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Account Information	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Insurance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3-Yr Financial performance of the organization(recent)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		

Section G: Assessment by Procurement and Logistics Unit of LBT

Final Score