



# KAGUMU DEVELOPMENT ORGANIZATION (KADO)

## PRE-QUALIFICATION FORM FOR MAINTENANCE AND REPAIR OF MOTORCYCLES/VEHICLES

COMPLETE THIS FORM, ATTACH REQUIREMENTS AND SUBMIT BY 14<sup>TH</sup>

DECEMBER 2018

1. Name of service provider -----
2. Physical address -----
3. Postal address -----
4. Phone No -----Email-----
5. Qualification of the manager in motorcycle mechanics

| s/n | Qualification      | Year attained | Tick |
|-----|--------------------|---------------|------|
| 1   | Degree             |               |      |
| 2   | Diploma            |               |      |
| 3   | Advanced           |               |      |
| 4   | Craft              |               |      |
| 5   | Junior certificate |               |      |
| 6   | Trained on job     |               |      |

**Note: Please attach photocopies of the academic documents for the above.**

**6. Company Experience in providing similar work**

| <b>S/n</b> | <b>Year</b> | <b>Clients name and address of client</b> | <b>Type of work</b> | <b>Achievement registered</b> |
|------------|-------------|---|---------------------|-------------------------------|
| <b>1</b>   |             |   |                     |                               |
| <b>2</b>   |             |   |                     |                               |
| <b>3</b>   |             |   |                     |                               |
| <b>4</b>   |             |   |                     |                               |
| <b>5</b>   |             |   |                     |                               |
|            |             |   |                     |                               |

**7. Provide a list of technician and their qualification if any**

| <b>S/n</b> | <b>Name</b> | <b>Qualification if any</b> | <b>Year attained</b> |
|------------|-------------|-----------------------------|----------------------|
| <b>1</b>   |             |                             |                      |
| <b>2</b>   |             |                             |                      |
| <b>3</b>   |             |                             |                      |
| <b>5</b>   |             |                             |                      |

**Name of responsible officer of the firm -----title -----**

**Sign-----Official Stamp and Date -----**