



**DELIVERANCE CHURCH KASARANI
(ZIMMERMAN)**

Zimmerman Estate, Opp Mirema Drive, Off Kamiti Road
P.O. Box 73492 - 00200, NAIROBI. Tel: 020-2014542 / 0733 909780 / 0720 648096
Email: info@dckasarani.org, Website: www.dckasarani.org

**CORNERSTONE ACADEMY UNIFORM SUPPLIERS/SERVICE
PROVIDERS REGISTRATION INFORMATION FORM 2023**

A. GENERAL INSTRUCTIONS

1. You are requested to provide all the general information as per part B, C, D and E below
2. All information provided will be treated as confidential.
3. Successful suppliers/service providers will sign a contract with the Church to make uniforms for Cornerstone Academy where parents will pay and collect the required uniforms, which should always comply with all specification as provided (colour, texture of materials, designs, etc.) to ensure all pupils have the same uniform at any particular point in time, and prices charged are within the prevailing market prices.
4. Payment **Kshs 1,000 is mandatory** on return of this filled form.

B. CONFIDENTIAL BUSINESS QUESTIONNAIRE

General Information

Company name.....

P. O. Box..... Town..... Post code.....

Telephone number(s).....

Mobile number(s).....

Fax number(s).....

Email address.....

Physical address.....

Building.....Floor.....

Plot number.....Door.....

Street.....

Nature of business.....

Certificate of Registration/Incorporation No..... (Attach copy)

Trade license No :.....(attach copy)



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VAT/PIN Certificate No :.....(attach copy)

Tax Compliance certificate No..... (Attach copy)

C. REFERENCES

Please give atleast three (3) institutions/schools where you have supplied uniforms for last three (3) years in similar arrangement in **A (3)** above.

1. Name of Institution/School.....

Location of Institution/School-----

Contact Person: Email Address.....
: Telephone number(s).....

2. Name of Institution/School.....

Location of Institution/School-----

Contact Person: Email Address.....
: Telephone number(s).....

3. Name of Institution/School.....

Location of Institution/School-----

Contact Person: Email Address.....
: Telephone number(s).....

D. BUSINESS CAPACITY

Please indicate business monthly capacity in Kshs

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E. CONTACT PERSON/S:

Name.....

Cell Phone.....

Email.....

Signature

Company stamp and Signature