



**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

**SUPPLIER/SERVICE PROVIDER REGISTRATION QUESTIONNAIRE FOR
2026 TO 2027**

A. General Instructions

1. You are requested to provide all the general information as per part **B to G** below.
2. All information provided will be treated as confidential.

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.....

"To preach the Gospel.... To heal the broken hearted..preach deliverance to the captives..." Luke 1:18

CELEBRATING CHRIST IN EVERY SERVICE



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

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

VAT/PIN Certificate No (Attach copy)

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

C. Goods, Works, and Services

Please indicate specific category of goods, works and services you wish to supply / provide to the church and its projects (list)..... (You can attach a separate sheet)

D. References

Please give atleast three (3) institutions where you have supplied /provided goods /services for last three (3) years

1. Name of Institution.....

Location of Institution

Contact Person: Email Address.....

: Telephone number(s).....

2. Name of Institution.....

Location of Institution/School.....

Contact Person: Email Address.....

: Telephone number(s).....

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3. Name of Institution.....

Location of Institution.....

Contact Person: Email Address.....

: Telephone number(s).....

E. Credit Period

Please indicate the credit period you are willing to offer the Church.....

F. Business Capacity

Indicate the volume of business you can handle at a time in Kshs.....

G. Contact Person(s):

Name.....

Cell Phone.....

Email.....

Signature

Company stamp and Signature

Note: A payment of Kshs 1,000.00 must be made to the Church accounts office and a copy of the receipt be attached to this filled form when being returned, otherwise registration will not be considered.

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