USER DEPARTMENT: Director JOOUSTES									
QUOTATION NO.: JOOUST/NP/RFQ00781/2024/2025	V g	1	¥						Department 40601-40601
Supplier Name and Address:	3 5	4	1				057	7-2501804	
Telephone:	1.	4					Em	/w.jooust.a ail: 9/2025 9:27	
P.O.Box:			-				+03:00 PRN:4021	I	
Email:		or expendible	-						
Suppliers Signature:									
Stamp:									
	JAR.	AMOGI O	GINGA						
		A UNIVER	_						
		CIENCE A							
	Т	ECHNOLC	OGY						
	REQUES	ST FOR QU	<u>IOTATION</u>						
You are Invited to submit quotation on material listed below									
Note: THIS IS NOT AN ORDER.									
<ul> <li>a) Read the conditions and instructions before quoting.</li> <li>b) This quotation should be submitted in a plain wax sealed envelope" Quand your quotation should indicate final unit price which includes all compared to the first of the property of goods to Jaramog to the quotation should include all costs for delivery of goods to Jaramog to the quotation of the quotation submitted shall include a declaration that the person will reflect the quotation submitted shall include a declaration that the person or his (Sec.62 of PP&amp; AD,Act 2015).</li> <li>g) You MUST indicate your terms of payment.</li> <li>h) Save for "For Official Use Only", all spaces in this quotation MUST be find the person of the final payment of the person of the final payment.</li> <li>a) Supplier MUST attach copies of (Registration Certificate, Valid Tax Certificate by: Procurement Officer</li> </ul>	ost for deliver gi Oginga Od not engage in s or her subco	y ,Discount ,Duinga University any corrupt or fontractors are no	aty and VAT and VAT and of Science and raudulent praction debarred from	d MUST remaind Technology  ce (Sec.62 of Finite participating in	in valid for Central S	or atleast 30 D Stores. Act 2015) ment proceeding	ays. ngs	27/02/2025	at 10:00 am
Description	Unit	Quantity	Unit Price	Total Price	Days	Payment	Brand	Country	Remarks
					to Deliver	Terms		of Origin	
			_		1				<b>†</b>

Description	Unit	Quantity	Unit Price	_	Payment Terms	Country of Origin	Remarks
GROWERS MASH (fish feeds pre-growers)	BAG	125					
FISH HORMONE ( fish ovaprim hormone)	ML	20					
		TOTAL					

FOR OFFICIAL USE ONLY			
OPENING COMMITTEE MEMBERS Opened By	Designation	Signatura	Date
	<b>G</b>	· ·	
Opened By	Designation	Signature	Date
Opened By	Designation	Siganture	Date
Opened By	Desihnation	Signature	Date
N/B:(a)- CONFIDENTIAL BUSINESS	QUESTIONAIRE MUST BE FILLE	ED IN THE FORMAT PRO	VIDED
CONFIDENTIAL BUSINESS QUESTI	ONNAIRE		
You are advised that it is a serious offer	ence to give false information on thi	s Form.	
1. COMPANY DETAILS			
a) Business Name			
b) Location of business premises			
Plot No			
Postal Address Te Contact Person and Telephone No			
(Must attach Company Profile) c) Nature of business			
d) Registration Certificate No e) Current Trade License No			
f) PIN No	(Please attach co	ppy)	
g) Tax Compliance Certificate No h) VAT No	(Please attach c	юру)	
i) Year Established			
j) Number of staff employed			
k) Payment terms			
2(a). SOLE PROPRIETOR:	ou can nandic at any one time Nanc	· · · · · · · · · · · · · · · · · · ·	
Your name in full			
AgeNationality			
Country of origin			
Citizenship details			
2(b) – Partnership			
Give details of partners as follows			
Name Nationality Citizenship Deta	ails Shares		
(11 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	Cara Datalla odratka ako Distr Mato	and the officer on Density (see the officer)	
(If a Kenyan Citizen, indicate under Cit	tizen Details whether by Birth, Natu	ralization or Registration)	
2(c) – Registered Company:			
Private or public			
State the nominal and issued capital or Nominal Kshs.			
Issued Kshs			
Give details of all directors as follows			
Name Nationality (	Citizenship Details Shares		
Date Signat	ure of Tenderer		

If a citizen, indicate under "Citizenship Details" whether by Birth, Naturalization or Registration

