

**SECTION 5 PREQUALIFYING ORGANISATION DATA FORM**

<b>PARTICULARS</b>	<b>RESPONSE</b>
<b>Pre- Qualification No:</b>	YAA/ _____/2018
<b>Full name of organization:</b>	
<b>Is your organization(Please tick one)</b>	
i) A public limited company?	
ii) Public listed company?	
ii) A limited company?	
iii) A Partnership?	
iv) A Sole trader?	
v) Other	
<b>Date of Registration:</b>	
Full physical address of the business:	
Postal Address of the business and code :	
Telephone number:	
E-mail address:	
Website address(if any)	

Period in which you have been in the specific business for which you wish to be pre-qualified	
Supplier bankers name(s) and address	
Names of Directors and Partners (for companies and partnerships)	
Associated companies(if any)	

Contact person within the organization to whom enquiries about this bid should be directed:	
Name:	
Title	
Telephone	
Fax	
E-mail	
Indicate if business is independently owned by youth	
State credit period(minimum proposed 30 days)	
Price validity of bids (minimum proposed 90 days)	
Indicate average delivery time upon receipt of LPO/LSO	

Maximum value of business which you can handle at any one time	
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