

SOUTH EASTERN KENYA UNIVERSITY

P.O. BOX 170-90200, Email: info@seku.ac.ke TEL: 020-4213859 Email: procurement@seku.ac.ke

OPERATION OF TUCK - SHOPS IN SEKU MAIN CAMPUS - KITUI APPLICATION FORM

COMPANY DETAILS Company Name Physical Address Contact Person Type of the Company (Private, Public, partnership etc. REGISTRATION DETAILS		criteria 4 Marks
Physical Address Contact Person Type of the Company (Private, Public, partnership etc.		
Physical Address Contact Person Type of the Company (Private, Public, partnership etc.		
Contact Person Type of the Company (Private, Public, partnership etc.		
partnership etc.		
REGISTRATION DETAILS		
		20 Marks
Date of Registration		
Registration No. (attach copy of		
		10 Marks
17/		
1 · · · · · · · · · · · · · · · · · · ·		
**		
		3 Marks
Names of Directors, Gender, Age, and % of Shares held.	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
Citizenship of the Directors		
Name of the Managing Director		
FINANCIAL STANDING		40 Marks
State amount to be invested in the		
business.		
Prove of Financing e.g. by a bank (attach		
copy of statement)		
Financial guarantee (If any)		
	Registration No. (attach copy of certificate) LEGAL REQUIREMENTS VAT Certificate No. (attach copy) Pin Certificate No. (attach copy) Tax compliance Certificate (attach copy) Where applicable Current Trading License (attach copy) OWNERSHIP DETAILS Names of Directors, Gender, Age, and % of Shares held. Citizenship of the Directors Name of the Managing Director FINANCIAL STANDING State amount to be invested in the business. Prove of Financing e.g. by a bank (attach copy of statement)	Registration No. (attach copy of certificate) Image: certificate no. (attach copy) VAT Certificate No. (attach copy) Pin Certificate No. (attach copy) Pin Certificate No. (attach copy) Image: certificate (attach copy) Tax compliance Certificate (attach copy) Image: certificate (attach copy) Owner applicable Image: certificate (attach copy) Current Trading License (attach copy) Image: certificate (attach copy) OWNERSHIP DETAILS Image: certificate (attach copy) OWNERSHIP DETAILS Image: certificate (attach copy) Of Shares of Directors, Gender, Age, and % Image: certificate (attach copy) of Shares held. Image: certificate (attach copy) Image: certificate (attach copy) Image: certificate (attach copy)

6.	NATURE OF BUSINESS		3 Marks
a	Main business to be operated e.g. M-		
	Pesa, Fast Food, General Grocers etc.		
b	State other complimentary businesses		
	which you may wish to operate in the		
	shop.		
c	Time you will operate the shop e,g. 8 am		
	– 5 pm		
d	When do you intent to commence the		
	business?		
7	LOCATION PREFERENCE		2 Marks
a	Where do you prefer to be allocated the		
	shop (Please indicate by ticking)		
	1. Recreation Centre		
	2. Victoria Hostel		
	3. Elementaita Hostel		
8	REFERENCES		3 Marks
a	State where else you have operated a		
	similar business if applicable		
b	Names of Referees if any		
9	PERSONNEL		5 Marks
a	List of personnel to work in the shop and		
	their qualifications. (attach details)		
10 .	General Observation		10 Marks
		TOTAL	100 Marks

This form must be filled and returned to the office of the Dean of Students by **29th April 2016** at 12.00 Noon. Attach any other necessary information.

COMMITMENT TO ABIDE TO RULES AND REGULATIONS

I / We the under singed commit ourselves to abide to the rules and regulations which may from time to time be put in place to govern the operation of the business.

We further commit ourselves to carry out legal businesses and will not sell anything contrary to the rules and regulations such as any form of drugs or anything that is contrary to University rules.

Signed

1.	Date
	Date
3.	Date
	Date
••	Dure

Official Rubber stamp.....



