



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

Registration of Suppliers for 2024 and 2025

Deliverance Church International Kasarani (Zimmerman) is in the process of updating its suppliers/Service providers for the supply/provision of various goods, works and services for the period of two (2) years **January 2024 to December 2025**. Interested eligible suppliers/service providers are invited to apply for registration, indicating the category of goods, works or services they wish to supply/provide to the **Church, Cornerstone Academy/Junior School, Ukombozi Retreat Conference Centre (URCC) and the Medical Clinic**

For more details, please visit the **Church notice boards, Website or administration office during working hours.**

The detailed pre-qualification documents/questionnaire can be obtained from the office the Manager Human Resource and Administration and may also be downloaded from the Church, Cornerstone academy and URCC websites at www.dckasarani.org, www.cornerstone.ac.ke, www.urcc.co.ke and respectively. However, all interested applicants will be required to pay a non-refundable fee of **Kshs. 1000.00**. Payments shall be made at the Church's accounts office during normal working hours.

Note: The church will not work with suppliers who are not registered effective from 1st February 2024. Registered firms will be requested to quote when goods, works or services are required.

Completed registration documents, in a plain sealed envelope, clearly marked "**REGISTRATION OF SUPPLIERS FOR 2024 and 2025**" should be deposited in the tender box at the **Church's Premises** or sent by post to:

**The Secretary, Procurement Committee
Deliverance Church International-Zimmerman
P. O. Box 73492 -00200
Nairobi**

So as to reach not later than **Friday 12th January 2024 at 17.00 hrs.**

But let all things be done properly and in an orderly manner (1 Corinthians 14:40)



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DELIVERANCE CHURCH INTERNATIONAL KASARANI (ZIMMERMAN)

Supplier/Service provider Registration Form for 2024

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.
3. *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.*

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 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 at least 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.....

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: Telephone number(s).....

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

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