

Cell: +254 72 289 5448, +254 77 506 1819 Email: ksb@ksblind.org Website: www.ksblind.org

CONFIDENTIAL BUSINESS QUESTIONNAIRE

PART 1

Business Name
Location of business premises
Plot NoRoad/Street
Postal Address Tel No
Email AddressFax No
Pin No NHIF Registration Code No
No of staff Registered Registration Certificate No (Please attach a copy)
Current Trade License NoVAT NOVAT NO
Nature of Business
Volume (Maximum value) of business which you can handle at any one time
Name of your Bankers
Branch(Please attach a letter from your bankers to the effect
Account No
Do you have subsidiary companies? If yes
Name
Percentage shares



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PART II A: Sole Proprietorship

Full Na	me			Age					
NationalityCountry of Origin									
Citizen Details									
Part II B: Partnership									
Give details of partners as follows:-									
No.	Name		Nationality	Shares					
PART II C: Registered Company									
Public or Private									
State the Authorised and paid up share capital of the company									
Author	ised	Ksh							
Issued	ued and fully paid Ksh								



Barclay Hse, Mai Mahiu Rd Off Lang'ata Rd P.O. Box 46656 – 00100 NBI, KE Tel: +254 20 600 1541 Cell: +254 72 289 5448, +254 77 506 1819 Email: ksb@ksblind.org

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DETAILS OF DIRECTORS

No	Name	Nationality	Age	Gender	Shares				
Name									
DateSignature									
Rubber stamp Date									
Please tick where appropriate									
	WOMEN								
	YOUTH								
	PWD								
	MAINSTREAM								