



**CHASE BANK KENYA LIMITED**

**PREQUALIFICATION**

**OF**

**(SUPPLY/ PROVISION OF .....)**

## TABLE OF CONTENT

|                              |  |           |
|------------------------------|--|-----------|
| <b>1.0</b>                   | <b>BACKGROUND</b>  | <b>4</b>  |
| <b>1.1</b>                   | <b>CHASE BANK KENYA LIMITED BACKGROUND</b>                 | <b>4</b>  |
| <b>1.2</b>                   | <b>IMPORTANT NOTES TO SUPPLIERS</b>                        | <b>4</b>  |
| <b>2.0</b>                   | <b>PREQUALIFICATION QUESTIONNAIRE</b>                      | <b>6</b>  |
| <b>3.0</b>                   | <b>FINANCIAL INFORMATION</b>                               | <b>8</b>  |
| <b>4</b>                     | <b>BUSINESS ACTIVITIES</b>                                 | <b>9</b>  |
| <b>5.</b>                    | <b>QUALITY ASSURANCE</b>                                   | <b>9</b>  |
| <b>6.</b>                    | <b>STAFF EMPLOYED</b>                                      | <b>9</b>  |
| <b>7.</b>                    | <b>TRADE REFERENCES</b>                                    | <b>10</b> |
| <b>8.</b>                    | <b>TOOLS, EQUIPMENT AND SECURITY OF PREMISES</b>           | <b>10</b> |
| <b>9.</b>                    | <b>PROFESSIONAL ORGANIZATION</b>                           | <b>11</b> |
| <b>10.</b>                   | <b>INSURANCE</b>   | <b>11</b> |
| <b>11.</b>                   | <b>HEALTH AND SAFETY AGENDA</b>                            | <b>11</b> |
| <b>12.</b>                   | <b>ENVIRONMENTAL POLICY</b>                                | <b>11</b> |
| <b>13.</b>                   | <b>SUSTAINABILTY POLICY</b>                                | <b>12</b> |
| <b>14.</b>                   | <b>CUSTOMER SERVICE POLICY/SYSTEM</b>                      | <b>12</b> |
| (a)                          | Indicate the customer service and support system in place. | 12        |
| <b>15.</b>                   | <b>BUSINESS PROBITY AND LITIGATION MANAGEMENT</b>          | <b>12</b> |
| <b>16.</b>                   | <b>CLARIFICATION ON PREQUALIFICATION DOCUMENT</b>          | <b>14</b> |
| <b>17.</b>                   | <b>DOCUMENTS REQUIRED FOR EVALUATION</b>                   | <b>14</b> |
| <b>18.</b>                   | <b>DECLARATION</b>   | <b>15</b> |
| <b>SECTION 3 – ANNEXURES</b> |  | <b>16</b> |
| <b>ANNEX 1 – REFERENCES</b>  |  | <b>16</b> |

## ISSUE OF PREQUALIFICATION DOCUMENT TO PROSPECTIVE BIDDERS

### PREQUALIFICATION OF SUPPLY/ PROVISION OF (.....)

This form serves as an acknowledgement of receipt for the tender and participation.

This page is to be completed immediately on downloading/receiving the document and a scan copy e-mailed to [procurementdpt@chasebank.co.ke](mailto:procurementdpt@chasebank.co.ke).

Firms that do not register their interest immediately in this manner will not be sent the RFP addenda should any arise.

| Item  | Supplier Details |
|---|------------------|
| Name of Person  |                  |
| Position/Designation  |                  |
| Organization Name   |                  |
| Postal Address and Physical location  |                  |
| Tel No  |                  |
| Fax No  |                  |
| Email Address (this e-mail address should be clearly written as communication with bidders shall be through e-mail) |                  |
| Signature:  |                  |
| Date  |                  |
| Company Stamp   |                  |

## 1.0 BACKGROUND

### 1.1 CHASE BANK KENYA LIMITED BACKGROUND

The Chase Bank Kenya Limited is a commercial bank in Kenya licensed to provide banking, financial products and services to its clients. The bank serves different customer segments such as the youth, women, diaspora, corporate professionals, SMEs, agribusinesses among its business portfolio mix. The bank seeks to create lasting values for clients, shareholders, and communities where it serves. It focuses on providing exceptional customer service, digital banking convenience and building strong lasting relationships for all its clients. The bank currently has a network of over sixty (60) branches countrywide with a growth plan to open more branch outlets in the country. Kindly visit the bank website [www.chasebankkenya.co.ke](http://www.chasebankkenya.co.ke) for more information.

This document constitutes the formal **PREQUALIFICATION OF VENDORS FOR SUPPLY/PROVISION OF GOODS, WORKS AND SERVICES.**

Please read through the document carefully and provide requested information together with all supporting documents.

### 1.2 IMPORTANT NOTES TO SUPPLIERS

- a) The purpose of this document is to assist Chase Bank in the identification and evaluation of potential service providers who may subsequently be shortlisted for services stated above.
- b) Prospective Vendors must have experience of offering similar services to financial institutions comparable to Chase Bank and must demonstrate the willingness and commitment to meet the criteria as per the questionnaire below.
- c) In order to simplify this process, you need to provide **certified copies** of all supporting documents requested under the questionnaire, for example, audited accounts, registration and compliance certificates, statements and policies among others listed.
- d) You may also be asked to clarify your answers or provide more details. If the question does not apply to you please write N/A; if you don't know the answer please write N/K.
- e) Failure to complete this questionnaire and/or to provide written answers to any further questions or requests for additional information or requests for clarification will result in the supplier's elimination from further consideration.
- f) Please note that by responding to this questionnaire you accept that all answers provided in this questionnaire **are legally binding** on the supplier and should the need arise, may be used as evidence in any court of law, which

has jurisdiction. Further, Chase Bank reserves the right without further recourse to verify at its own cost the accuracy of any answers provided herein.

- g) All expenses and costs incurred by a respondent in connection with this prequalification, for preparation and lodging for submission (without limitation) shall be the sole responsibility of the respondent.
- h) Nothing in the Pre-qualification document shall be construed to give rise to contractual obligations with the Bank.
- i) Without limiting its right at law or otherwise Chase Bank Kenya Limited, may at its absolute discretion, suspend or defer this prequalification process.
- j) Where necessary and if insufficient space has been provided on the questionnaire for the answers, please provide the answers as supplements on separate sheets.

#### **1.4 INSTRUCTION TO PROSPECTIVE SERVICE PROVIDERS**

- a) Please provide information as requested in this questionnaire.
- b) Section 2 Clause 20 should be read, signed and stamped.
- c) To qualify for consideration, the response must be received by **Procurement Committee** as instructed in (d) below.
- d) Your response shall be addressed to the following address and dropped at the tender box on **Ground Floor, Riverside Mews, (Riverside Drive, Western Ringroad junction) on or before the closing date.**

**The Chairperson,  
Procurement Committee,  
Chase Bank Kenya Limited,  
P. O. Box 66049-00800,  
Nairobi.**

So as to reach not later than **17<sup>th</sup> February, 2017.**

The envelope should be marked "(Supply/ Provision of .....)" and the category Ref No".

- e) Responses should bear the same title as in this document.
- f) **Please BIND your response before submission.**

## SECTION 2 – PREQUALIFICATION QUESTIONNAIRE

- a) Chase Bank intends to prequalify firms for the above stated services. The prospective suppliers should demonstrate capability to fulfill the bank's requirements to qualify for this prequalification.

### 2.0 PREQUALIFICATION QUESTIONNAIRE

- a) Suppliers willing to be considered for the **prequalification** are expected to furnish the Bank with among others the following vital information, which will be treated in strict confidence by the Bank.

| No.  | PARTICULARS   | RESPONSE   |          |          |  |  |   |  |  |  |   |  |  |  |                            |  |
|--|---|--|----------|----------|--|--|---|--|--|--|---|--|--|--|----------------------------|--|
| 2.1  | Full name of organization: _____  |  |          |          |  |  |   |  |  |  |   |  |  |  |                            |  |
|  | Is your organisation<br>(Please answer Yes or No)   | <table border="1"> <thead> <tr> <th>Question</th> <th>Response</th> </tr> </thead> <tbody> <tr> <td>i) A public limited company? If yes, please attach copies of the company's memorandum of association and articles including any change of name</td> <td></td> </tr> <tr> <td>ii) Public listed company? If yes, attach copies as (i) above</td> <td></td> </tr> <tr> <td>iii) A limited company? If yes, attach copies as (i) above</td> <td></td> </tr> <tr> <td>iv) A partnership? If yes attach partnership deed</td> <td></td> </tr> <tr> <td>v) A sole trader? If yes attach business certificate</td> <td></td> </tr> <tr> <td>vi) other (please specify)</td> <td></td> </tr> </tbody> </table> | Question | Response | i) A public limited company? If yes, please attach copies of the company's memorandum of association and articles including any change of name |  | ii) Public listed company? If yes, attach copies as (i) above |  | iii) A limited company? If yes, attach copies as (i) above |  | iv) A partnership? If yes attach partnership deed |  | v) A sole trader? If yes attach business certificate |  | vi) other (please specify) |  |
| Question   | Response  |  |          |          |  |  |   |  |  |  |   |  |  |  |                            |  |
| i) A public limited company? If yes, please attach copies of the company's memorandum of association and articles including any change of name |   |  |          |          |  |  |   |  |  |  |   |  |  |  |                            |  |
| ii) Public listed company? If yes, attach copies as (i) above  |   |  |          |          |  |  |   |  |  |  |   |  |  |  |                            |  |
| iii) A limited company? If yes, attach copies as (i) above   |   |  |          |          |  |  |   |  |  |  |   |  |  |  |                            |  |
| iv) A partnership? If yes attach partnership deed  |   |  |          |          |  |  |   |  |  |  |   |  |  |  |                            |  |
| v) A sole trader? If yes attach business certificate   |   |  |          |          |  |  |   |  |  |  |   |  |  |  |                            |  |
| vi) other (please specify)   |   |  |          |          |  |  |   |  |  |  |   |  |  |  |                            |  |
| 2.2  | Date of Registration of your company (Attach a copy of certificate of incorporation):     |  |          |          |  |  |   |  |  |  |   |  |  |  |                            |  |
| 2.3  | Full physical address of principal place of business:                                     |  |          |          |  |  |   |  |  |  |   |  |  |  |                            |  |
|  | Full postal address of the principal place of business(include the postal code):          |  |          |          |  |  |   |  |  |  |   |  |  |  |                            |  |
|  | No of branches and locations  |  |          |          |  |  |   |  |  |  |   |  |  |  |                            |  |
| 2.4  | Registered address if different from the above:   |  |          |          |  |  |   |  |  |  |   |  |  |  |                            |  |
|  | Map: Provide a description of significant features / roads next to the business premises. |  |          |          |  |  |   |  |  |  |   |  |  |  |                            |  |
| 2.5  | Office telephone number(s)  |  |          |          |  |  |   |  |  |  |   |  |  |  |                            |  |
|  | Mobile:   |  |          |          |  |  |   |  |  |  |   |  |  |  |                            |  |

|      |   |  |
|------|---|--|
|      | Landline:   |  |
| 2.6  | Fax number: where applicable  |  |
| 2.7  | E-mail address:   |  |
| 2.8  | Website address (if any):   |  |
| 2.9  | Company Tax PIN: (Kindly Provide a copy of the VAT and PIN Certificate <b>from i-tax</b> )  |  |
| 2.10 | Replace with CRB clearance certificate for both company & Directors   |  |
| 2.11 | Tax Compliance certificate (Kindly provide a current copy of Tax Compliance certificate <b>from i-tax</b> )   |  |
| 2.12 | Compliance with statutory payments i.e. NSSF and NHIF (please attach evidence of payments for the company staff)  |  |
| 2.13 | Period in which you have been in the specific business for which you wish to be prequalified.   |  |
| 2.14 | Names of the Shareholders, All directors and Partners (Please indicate the citizenship of the directors)  |  |
|      | Kindly provide current certified copy of an official search report issued by the Registrar of Companies showing the directors and shareholders of the company (Companies Form CR 12).           |  |
| 2.15 | <ul style="list-style-type: none"> <li>➤ Associated companies(if any)</li> <li>➤ Appointed dealers (if any)</li> </ul>  |  |
| 2.16 | Provide the name of company's certified Secretary/Auditors  |  |
| 2.17 | Please provide a copy of the most recent annual return together with a filing receipt.  |  |
| 2.18 | Name of (ultimate) parent/holding company (if this applies)   |  |
| 2.19 | Companies Registry number of parent/holding company (if this applies)   |  |
| 2.20 | If a consortium is expressing interest, please give the full name of the other organization ( <b>the proposed consortium partners should also complete this questionnaire in its entirety</b> ) |  |
| 2.21 | Contact person within the organization to whom enquiries about this prequalification should be directed:  | <b>NAME:</b>   |
|      |   | <b>TITLE</b>   |
|      |   | <b>TELEPHONE</b>   |
|      |   | <ul style="list-style-type: none"> <li>➤ <b>Office:</b></li> <li>➤ <b>Mobile:</b></li> </ul> |
|      |   | <b>FAX:</b>  |
|      |   | <b>EMAIL:</b>  |

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### 3.0 FINANCIAL INFORMATION

| No. | PARTICULARS  |                                       |                                       |
|-----|--|---------------------------------------|---------------------------------------|
| 3.1 | What was your turnover in the last two years?  | .....<br>for year ended<br>--/--/---- | .....<br>for year ended<br>--/--/---- |
| 3.2 | Has your organization met all its obligations to pay its creditors and staff during the past year?   | Yes / No                              |                                       |
|     | If No, please give details   |                                       |                                       |
| 3.3 | What is the name and branch of your bankers (who could provide a reference)?   | Name of Bank:                         |                                       |
|     |  | Branch:                               |                                       |
|     |  | Bank Account number(s):               |                                       |
|     |  | Telephone Number:                     |                                       |
|     |  | Postal Address:                       |                                       |
|     |  | Contact Person's Name:                |                                       |
|     |  | Contact Person's Position             |                                       |
|     |  | Contact Person's E-mail:              |                                       |
| 3.4 | Provide a copy of the following  |                                       |                                       |
|     | <ul style="list-style-type: none"> <li>A copy of your most recent audited accounts (for the last two years)</li> </ul>   |                                       |                                       |
|     | <ul style="list-style-type: none"> <li>A statement of your cash flow forecast for the current year and a bank letter outlining the current cash and credit position</li> </ul> |                                       |                                       |

If your company is part of a group, please give figures for both the group and subsidiary company (use the table below).

| CATEGORY                      | YEAR | YEAR |
|-------------------------------|------|------|
| Gross Revenue                 |      |      |
| Operating Profit              |      |      |
| Total Current Assets          |      |      |
| Total Non-current Assets      |      |      |
| Total Current Liabilities     |      |      |
| Total Non-current Liabilities |      |      |

**NOTE: Payment will only be made through a Chase Bank Account and you are advised to open one if your organization is not yet an account holder.**



#### 4. BUSINESS ACTIVITIES

| No. | PARTICULARS  |
|-----|--|
| 4.1 | What are the main (core) business activities of your organization? (Please specify).   |
| 4.2 | How many staff does your organization have? .....Please provide a functional organization chart with number of staff in each function.<br>Indicate the number under each category<br>i. Technical (Permanent....., Temporary.....)<br>ii. Semiskilled (Permanent....., Temporary.....)   |
| 4.3 | Please generally describe the experience and expertise your organization possesses that will enable you to effectively and efficiently undertake the work you wish to be prequalified for as required by Chase Bank Kenya Limited. <ul style="list-style-type: none"><li>• Attach your company organ gram with emphasis on the category you are being pre-qualified for.</li><li>• Describe experience and expertise of Key staff/attach certificates of relevant qualifications.</li><li>• Attach CV's of key staff</li><li>• For expatriates, provide copies of valid work permit where applicable</li></ul> |
| 4.4 | Please list your key resources other than staff relevant for the category under which you wish to be considered. For vehicles, machinery and equipment, show age, owned/leased, current status (in working condition or otherwise).  |

#### 5. QUALITY ASSURANCE

- a) Please provide details of any quality assurance accreditation that your company holds, e.g. ISO 9000 certifications and a copy of your quality manual. If no accreditation held, please provide a description of your quality system.
- b) Please provide details of any quality accreditations for which you have applied.
- c) Please state what awards, if any, your company has been awarded.

#### 6. STAFF EMPLOYED

- a) Please indicate the number of permanent and contract staff employed by the organization in Kenya.
  - b) Please indicate the number of dedicated staff directly involved in the supply /provision of the service to which this questionnaire relates.
  - c) What is your percentage staff turnover for the last 3 years?
  - d) Please indicate what policies you adopt in assessing the competence of staff to be employed.
-

## 7. TRADE REFERENCES

- Please provide in the table below and in Annex one (1) details of at least ten (10) **top** customers that the firm has provided similar services over the last five (5) years, or that are relevant to this prequalification document.
- **Attach copies of LPO's, Letters of award/signed contracts/ Recommendation letters.** Note that the referees may be contacted without further references to you.

| No | Name of Firm/Company | Contract reference and brief description: | Date contract awarded/Period | Date contract Completed / in progress | Customer contact name and phone number | Value of Contract: (KES/USD) |
|----|----------------------|---|------------------------------|---------------------------------------|--|------------------------------|
| 1  |                      |   |                              |                                       |  |                              |
| 2  |                      |   |                              |                                       |  |                              |
| 3  |                      |   |                              |                                       |  |                              |
| 4  |                      |   |                              |                                       |  |                              |
| 5  |                      |   |                              |                                       |  |                              |
| 6  |                      |   |                              |                                       |  |                              |
| 7  |                      |   |                              |                                       |  |                              |
| 8  |                      |   |                              |                                       |  |                              |
| 9  |                      |   |                              |                                       |  |                              |
| 10 |                      |   |                              |                                       |  |                              |

|    |  |          |
|----|--|----------|
| 11 | For the largest contract/project did the owner collect liquidated damages?   | Yes / No |
| 12 | Have you had any contracts terminated for poor performance in the last five years, or any contracts where damages have been claimed by the contracting authority/client? | Yes / No |
|    | If yes, please give details:   |          |

## 8. TOOLS, EQUIPMENT AND SECURITY OF PREMISES

- Please indicate the location of your offices
- Explanation of the physical security management of the premises.

**NOTE:**

Site visits may be conducted to confirm the above.

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## 9. PROFESSIONAL ORGANIZATION

Please indicate which professional or trade bodies your company belongs to and any relevant industry awards.

## 10. INSURANCE

Please indicate which insurance policies your company holds with relevant limits of indemnity as follows:-

| Please provide details of your current insurance cover |                       | Value (Kshs) | Limit of Liability |
|--|-----------------------|--------------|--------------------|
| 1  | Employer's Liability: |              |                    |
| 2  | Public Liability:     |              |                    |
| 3  | Other (specify)       |              |                    |

## 11. HEALTH AND SAFETY AGENDA

- a) Please provide details of your company policy on Health and safety at work.
- b) Who in your company, provides Health & Safety advice?
- c) How do you assess the Health & Safety competence of employees and contractors?
- d) How is the monitoring and reporting done? Is there a procedure in place for investigating and reporting incidents?

## 12. ENVIRONMENTAL POLICY

- a) Does your company have a director/person responsible for the environmental performance of the company?
  - b) Does your company have an environmental policy statement committing the company to a program of improvement in its environment? If so, Please provide copy of policy.
  - c) Does the policy statement extend to the products and services supplied?
  - d) Does your company have environmental management system? If yes, please outline its major elements.
  - e) Does your company set environmental performance targets and objectives?
  - f) Does your company formally report on progress towards meeting these objectives?
  - g) Does your company have a Green agenda policy? If so please provide a copy of the Policy.
-

**13. SUSTAINABILTY POLICY**

- a) Does your company have a Director responsible for sustainability performance of the company?
- b) Does your company have sustainability policy statement committing the company to a programme of improvement in its sustainability? If so, Please provide copy of policy.
- c) Does the policy statement extend to the products and services supplied?
- d) Does your company have sustainability management system? If yes, please outline its major elements
- e) Does your company set sustainability performance targets and objectives?
- f) Does your company formally report on progress towards meeting these objectives?

**14. CUSTOMER SERVICE POLICY/SYSTEM**

(a) Indicate the customer service and support system in place.

**15. BUSINESS PROBITY AND LITIGATION MANAGEMENT**

Please confirm whether any of the following questions applies to your organization: Note that failure to disclose information relevant to this section may result in your exclusion as a potential Chase Bank supplier.

| No.  | PARTICULARS   | RESPONSE |
|------|---|----------|
| 17.1 | Is the organization bankrupt or being wound up, having its affairs administered by the court, or have you entered into an arrangement with creditors, suspended business activities or any analogous situation arising from similar proceedings in Kenya or the country in which it is established?   |          |
| 17.2 | Please provide a statement of any material pending or threatened litigation or other legal proceedings where the claim is of a value in excess of KES 500,000/= (equivalent to USD 6,250)   |          |
| 17.3 | Has any partner, director, shareholder or employee whom you would propose to use to deliver this service been convicted of an offence concerning his professional conduct?  |          |
| 17.4 | Please state if your organization or any of its shareholders, directors, or employees has ever been the subject of public allegations, under investigation, charged, prosecuted, or convicted, has had its assets blocked, seized or frozen or has a judgment entered against in respect of national or international law relating to the following;<br>Money laundering, economic crime, corruption, bribery, terrorism & any other economic offence |          |

|      |   |  |
|------|---|--|
| 17.5 | Has the organization been charged for not fulfilling its obligations relating to the payment of any statutory deductions or contributions including income tax as required under Kenyan law or the laws of the country in which it is established?  |  |
| 17.6 | Please state if any Director shareholder/ Partner and / or Company Secretary of the Organization is currently employed or has been employed in the past three years by Chase Bank   |  |
| 17.7 | Please state if any Director / Partner and / or Company Secretary of the Organization has a close relative who is employed by Chase Bank and who is in a position to influence the award of any supply. For purpose of pre-qualification process close relative refers to parents, siblings, spouse or children |  |
| 17.8 | Please state if your organization, any predecessor to your organization or any member of your organization is currently a party to any litigation that is in progress or has been within the last three years that is directly related to the conduct of your business.   |  |
| 17.9 | Please state if your organization or any of its shareholders, directors or employees has ever offered gifts or bribes to facilitate award of business or to facilitate payments or to obtain business advantage.  |  |

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**16. CLARIFICATION ON PREQUALIFICATION DOCUMENT**

All correspondence related to the contract shall be made in English. Any clarification Sought by the bidder in respect of the project shall be addressed at least **Five (5) days** Before the deadline for submission of bids, in writing to [procurementdpt@chasebank.co.ke](mailto:procurementdpt@chasebank.co.ke)

Enquiries for clarifications should be sent by e-mail to [procurementdpt@chasebank.co.ke](mailto:procurementdpt@chasebank.co.ke)

**17. DOCUMENTS REQUIRED FOR EVALUATION**

**(a) Requirements For Evaluation**

In addition to the above information, the following documents should be attached.

| Item | Description   |
|------|---|
| 1.   | Certificate of Incorporation/Registration   |
| 2.   | Valid Trading License   |
| 3.   | Business Permit   |
| 4.   | List of all Directors with Percentage of shares held, telephone and their postal address  |
| 5.   | Copy of <b>i-tax</b> VAT and PIN Certificate  |
| 6.   | Valid Tax Compliance certificate  |
| 7.   | Current Form CR 12 as issued by the Registrar of Companies  |
| 8.   | Positive/White CRB Report/Certificate   |
| 9.   | Certificate from relevant body/association for the Firm   |
| 10.  | CVs of Key Staff  |
| 11.  | Professional Certifications/ Accreditations for both the firm and staff   |
| 12.  | Valid Insurance Covers  |
| 13.  | Audited Accounts for the last 2 years   |
| 14.  | Completed Company Profile as per supplier prequalification questionnaire  |
| 15.  | Organogram/organization chart   |
| 16.  | Documentary evidence of physical location - Lease agreements for business premises or proof of premises ownership and security management |
| 17.  | Copies of LPO's, Letters of award/signed contracts/reference letters  |
| 18.  | Letter(s) of agency or partnership where applicable   |
| 19.  | Management Policies   |

**(b) Additional Requirements**

Attach any relevant catalogues and brochures if any

**(c) Minimum Score To Be Prequalified**

Only those vendors whose qualifications are accepted by Chase Bank, after the completion of the prequalification process will be prequalified.



**18. DECLARATION**

Please complete the declaration below and attach this document in its entirety to your response. Also ensure that you have indicated the areas of interest and that you have answered all questions in the same order and numbering as given in this document.

I/we certify that the information provided in response to this Questionnaire is accurate and complete as at the date set out below.

I/we understand that the provision of false information in response to this Questionnaire could result in the Company being excluded from the list of those who may be invited to tender for a contract with Chase Bank Kenya Limited.

I/we undertake to inform Chase Bank promptly following any matter which would alter or add to any of the information given in response to this Questionnaire.

I/we make this declaration for and on behalf of the Company.

Signed: .....

Name: .....

Position: .....

Date: .....

Company stamp



## SECTION 3 – ANNEXURES

### ANNEX 1 – REFERENCES

References of similar services for organizations similar to Chase Bank in size and complexity are preferred:-

| No. | Prior Services Performed for:             | Response |
|-----|---|----------|
| 1   | Name of Firm/Company                      |          |
|     | Listed on NSE (Yes/No)                    |          |
|     | Contract reference and brief description  |          |
|     | Date contract awarded/Period              |          |
|     | Date contract Completed / in progress     |          |
|     | Person/contact at the company             |          |
|     | Designation of Person/Contact             |          |
|     | Telephone and email of the person contact |          |
| 2   | Name of Firm/Company                      |          |
|     | Listed on NSE (Yes/No)                    |          |
|     | Contract reference and brief description  |          |
|     | Date contract awarded/Period              |          |
|     | Date contract Completed / in progress     |          |
|     | Person/contact at the company             |          |
|     | Designation of Person/Contact             |          |
|     | Telephone and email of the person contact |          |
| 3   | Name of Firm/Company                      |          |
|     | Listed on NSE (Yes/No)                    |          |
|     | Contract reference and brief description  |          |
|     | Date contract awarded/Period              |          |
|     | Date contract Completed / in progress     |          |
|     | Person/contact at the company             |          |
|     | Designation of Person/Contact             |          |
|     | Telephone and email of the person contact |          |
| 4   | Name of Firm/Company                      |          |
|     | Listed on NSE (Yes/No)                    |          |
|     | Contract reference and brief description  |          |
|     | Date contract awarded/Period              |          |
|     | Date contract Completed / in progress     |          |
|     | Person/contact at the company             |          |
|     | Designation of Person/Contact             |          |
|     | Telephone and email of the person contact |          |
| 5   | Name of Firm/Company                      |          |



|          |   |  |
|----------|---|--|
|          | Listed on NSE (Yes/No)                    |  |
|          | Contract reference and brief description  |  |
|          | Date contract awarded/Period              |  |
|          | Date contract Completed / in progress     |  |
|          | Person/contact at the company             |  |
|          | Designation of Person/Contact             |  |
|          | Telephone and email of the person contact |  |
| <b>6</b> | Name of Firm/Company                      |  |
|          | Listed on NSE (Yes/No)                    |  |
|          | Contract reference and brief description  |  |
|          | Date contract awarded/Period              |  |
|          | Date contract Completed / in progress     |  |
|          | Person/contact at the company             |  |
|          | Designation of Person/Contact             |  |
|          | Telephone and email of the person contact |  |
| <b>7</b> | Name of Firm/Company                      |  |
|          | Listed on NSE (Yes/No)                    |  |
|          | Contract reference and brief description  |  |
|          | Date contract awarded/Period              |  |
|          | Date contract Completed / in progress     |  |
|          | Person/contact at the company             |  |
|          | Designation of Person/Contact             |  |
|          | Telephone and email of the person contact |  |
| <b>8</b> | Name of Firm/Company                      |  |
|          | Listed on NSE (Yes/No)                    |  |
|          | Contract reference and brief description  |  |
|          | Date contract awarded/Period              |  |
|          | Date contract Completed / in progress     |  |
|          | Person/contact at the company             |  |
|          | Designation of Person/Contact             |  |
|          | Telephone and email of the person contact |  |

\*\*\*\*\* END \*\*\*\*\*