

JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY REQUEST FOR QUOTATION

Quotation No: JOOUST/NT/Q102/2021/2022 Date issued 21/09/2021

	s Name & Address							From: JOOUST P O Box 210 – BONDO-KENY! Tel: +254-250 Email:vc@joou Web: <u>www.joo</u>	\ 1804 st.ac.ke		
								PRN 2152			
You are inv	vited to submit quotation on materials list	ed belov	N.								
c. Ro d. Yo e. Sa	icludes all cost for delivery , discount , du eturn the original copy and retain the dup ou MUST indicate your terms of payment ave for "For Official Use Only", all spaces uppliers to attach copies of Registration	in this	r your recor quotation M I	ds. UST be filled			cate.				
S. No	Item Description		Qty Req			Days to Delivery	Brand	Country of Origin	Terms of P	ayment	Remarks
1.	Servicing and repair of sysmex	Lot	1								
	XP300 analyzer										
				This par	t is for offici	al use only.					
Supplier's Signature, stamp and date here below:		Opened by: 1			Designation		Signature		Date	Time	
				2		_Designation	Sig	nature	Date	Time	<u> </u>
Date		3			Designation	Signature		Date	Time		
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__Designation ______Signature ______Date _____Time _____

SCOPE OF WORK

- 1. Inspect all tubing and replace as necessary
- 2. Strip and clean SRV
- 3. Clean transducer and waste chambers
- 4. Clean probe/ aperture assembly
- 5. Clean HB detectors system and check system's performance
- 6. Inspect, clean pneumatics and replace tubing's as necessary
- 7. Carry out electrical voltage checks and adjustments
- 8. Perform sensitivity adjustments and hydraulic alignments
- 9. Perform clog removal procedures
- **10.** Perform quality control

JOOUST IS ISO 9001:2008 CERTIFIED

CONFIDENTIAL BUSINESS QUESTIONNAIRE

You are advised that it is a serious offence to give false information on this Form.

1. COMPANY DETAILS

a) Business Name
b) Location of business premises
Plot No Street/Road
Postal Address Tel. NoFax Email
Contact Person and Telephone No
c) Nature of business
d) Registration Certificate No (Please attach copy)
e) PIN No (Please attach copy)
f) Valid Tax Compliance Certificate No (Please attach copy)
g) VAT No
h) Year Established
i) Number of staff employed
j) Payment termsDaysDays
k) Maximum value of business which you can handle at any one time Kshs

2(a). SOLE PROPRIETOR:								
Your name in full Age								
Nationality								
Country of origin	Citizenship	details						
2(b) – Partnership Give details of partners as follo	ows							
Name	Nationality	Citizenship Details	Shares					
(If a Kenyan Citizen, indicate ur	nder Citizen Deta	ils whether by Birth, Natura	lization or Registration)					
2(c) – Registered Company:								
Private or publicState the nominal and issued ca								
Nominal Kshs								
Issued Kshs								

Give details of all directors as follows							
Name	Nationality	Citizenship Details	Shares				
Date Signa	ture of Tenderer						

If a citizen, indicate under "Citizenship Details" whether by Birth, Naturalization or Registration