

**Email Address** 

# STIMA DT SACCO SOCIETY LIMITED

# SUPPLIER REGISTRATION FORM

ST/REG/02/2023

REGISTRATION OF ICT FORENSICS AND INVESTIGATION SERVICE PROVIDERS.

| Name of Supplier: _                     |                          |                             |                        |
|---|--------------------------|-----------------------------|------------------------|
|   | (Print in capi           | tal letters)                |                        |
| <b>Business Addres</b>                  | S                        |                             |                        |
| Physical                                |                          |                             |                        |
| Address/Road                            |                          |                             |                        |
| P.O. Box/ Code                          |                          |                             |                        |
| City/County                             |                          |                             |                        |
| Country (For                            |                          |                             |                        |
| international                           |                          |                             |                        |
| suppliers)                              | • 1• 4•                  |                             |                        |
| Specify areas of                        | specialization           |                             |                        |
| 1                                       |                          |                             |                        |
| 2                                       |                          |                             |                        |
| 3.                                      |                          |                             |                        |
| <b>Statutory Details</b>                | (Please attach)-M        | <b>Iandatory</b>            |                        |
|   | urrent. CR.13 for partn  |                             |                        |
|   | ard/Passport for sole pr | coprietor.                  |                        |
| Valid VAT Compli                        | ance certificate         |                             |                        |
| Directors' IDs                          |                          |                             |                        |
| Business Permit-Cu                      | irrent                   |                             |                        |
| Certified Audited F & 2022)             | inancials for last two y | years (2021                 |                        |
| Certificate of Incor                    | poration No.             |                             |                        |
| Provide 3 reference successfully render |                          | m and the staff where simil | lar services have been |
|   |                          |                             |                        |
| Communication-                          | Sales/Finance            |                             |                        |
| Details                                 | Sales contact 1          | Sales Contact II-           | Finance Contact        |
| Name                                    |                          |                             |                        |
| Mobile No.                              |                          |                             |                        |
| Company Tel. No.                        |                          |                             |                        |



Banking Details: All Suppliers must open an account with Stima Sacco and provide account numbers immediately.

### Terms of Payment (Please tick below)

(This is mandatory for prequalification)

|   | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                |  |
|---|--|--|
| 30 Days   |  |  |
| 45 Days   |  |  |
| Disclaimer  | This account is opened for preferential pricing only |  |
| Note: The aging analysis is based on date of invoicing; and goods fully delivered |  |  |

## **EVALUATION CRITERION**

### 1: Technical Qualification

Tenderers fully complying with mandatory requirements will be subjected to technical evaluation on capacity to deliver the contract based on the technical parameters given below:

|    | Evaluation Attribute  | Weighting Score   | Max<br>Score |
|----|---|---|--------------|
| T1 | Number of years in the business (a copy of certificate of incorporation or registration to be provided for verification).   |   | 5            |
| Т2 | Provide a list of at least five (5) clients in corporates of a similar nature and capacity with references (names and telephone of contact persons) to which the company has undertaken similar consultancy services in the last 7 years. The Sacco may undertake due diligence on the list.  Note: Bidder to provide copies of reference letters from the clients as proof of having undertaken the works. | Each reference client will earn <b>6 marks</b> to a maximum of 5 clients  |              |
|    | Provided the following range of IT forensic and investigation services.  1. Computer Forensic Incidents Investigations 2. Digital evidence recovery   | •Financial forensic fraud investigations – 5 marks •Digital/ Computer Fraud Forensic Incidents Investigations – 7 marks •Digital evidence recovery-5marks | 17           |



| Т3 | Team of experts composition: – C.Vs to be provided.   |  | 28  |
|----|---|--|-----|
|    | For any of the personnel provided to qualify, the following requirements MUST be met:   |  |     |
|    | i) As a minimum, the academic qualifications of the Project Manager should be a bachelor's degree in an IT related field, Certified Fraud Examiner (CFE) or equivalent and at least 10 years relevant experience - 10 marks.  |  |     |
|    | ii) Demonstrate the Capacity/Strength/experience of the project execution team to conduct IT forensics investigation audits:  |  |     |
|    | Three consultants experienced in IT forensics and investigation audits in financial Institutions, plus evidence of relevant certification i.e., Digital Forensics Examinations, Certified Fraud Examiner (CFE), Certified Professional Forensic Accountant or Certified in Financial Forensics (CFF) - 6 marks.   | Each Qualified Technical<br>Staff will earn 6 marks to<br>a maximum of 3 No.<br>Qualified Technical Staff.   |     |
|    | <ul> <li>a. Detailed Curriculum Vitae (CV's) of each staff MUST be attached. The Curriculum Vitae MUST state qualification, experience, and duration with the firm and active contacts of the staff. The contacts given in the Curriculum Vitae MUST be active email addresses.</li> <li>b. Copies of academic certificates MUST be provided.</li> <li>c. The role of each technical staff should be indicated</li> </ul> |  |     |
| Т4 |   | (10 Marks for a complete<br>Gantt Chart factoring in<br>timelines and key end-to-<br>end project milestones) |     |
| Т5 | Demonstration of financial capability in carrying out the consultancy work by attaching audited accounts for the last two consecutive years (2021 and 2022) certified by a certified auditor. The evaluation committee will consider annual turnover.   | 10 marks   | 10  |
|    | Total   |  | 100 |



Vendors will be required to score 70% and above on the above Technical Evaluation to be invited to tender to a maximum of fifteen (15) candidates ranked from the candidate with the highest technical score.



## **SWORN STATEMENT**

Having studied the registration information for the above project we/I hereby state:

- The information furnished in our application is accurate to the best of our knowledge.
- That in case we are successful, we acknowledge that this grants us the right to participate in due time in the submission of a tender or quotation on the basis of provisions in the tender or quotation documents to follow.
- We will not engage in corrupt practices with Stima Sacco Members of Staff.
- We are not debarred from participating in Public Procurement proceedings by PPRA.
- When our legal, technical, or financial conditions or the contractual capacity of the firm changes, we volunteer to inform you of the status and acknowledge your right to review the registration made.
- We enclose all the required documents and information for the registration evaluation.

| Applicant's Name |  |
|------------------|--|
| Represented by   |  |
| Signature        |  |
| Date             |  |

(Full name and designation of the person signing and stamp or seal)



# **FORM PQ-5 LITIGATION HISTORY**

| Name of Contract Supplier |                          |   |   |  |  |
|---------------------------|--------------------------|---|---|--|--|
|                           |                          | ride information on any histon<br>the last five years or currer | ory of litigation or arbitration atly under execution.  |  |  |
| YEAR                      | AWARD FOR OR<br>AGAINIST | NAME OF CLIENT CAUSE OF LITIGATION AND MATTER IN DISPUTE        | DISPUTED AMOUNT<br>(CURRENT VALUE,<br>KSHS. EQUIVALENT) |  |  |
|                           |                          |   |   |  |  |
|                           |                          |   |   |  |  |
|                           |                          |   |   |  |  |
|                           |                          |   |   |  |  |
| Applicant's Name          |                          |   |   |  |  |
| Signature and stamp       |                          |   |   |  |  |
| Date                      |                          |   |   |  |  |



#### CONFLICT OF INTEREST DECLARATION

A conflict of interest includes any activity or interest that could conflict with or appear to conflict with your responsibilities to **STIMA SACCO**. The company expects all suppliers to immediately disclose any situation in which they are, or may become involved, that could result in an actual or potential conflict of interest.

This policy applies to all suppliers. Canvassing for orders, corrupt & fraudulent deals will lead to immediate blacklisting from our supplier base.

If you have an activity, interest, investment, or relationship that should be brought to the attention of the management, please provide relevant information and attach to this form.

| Do you or any of your relatives have an ownership interest in, or are any of your relatives employed |                    |         |          |     |        |                               |       |          |
|--|--------------------|---------|----------|-----|--------|-------------------------------|-------|----------|
| b  | y STIMA SACCO?     | Answer: | (No)     | ( \ | Yes)   | if yes,                       |       |          |
|  |                    |         |          |     |        |                               |       |          |
|  | Name of Company    | Ad      | dress of |     |        | lationship to the pe          |       | Position |
|  | Ivallic of Company | Co      | mpany    |     | employ | ed or having an inte          | erest | Held     |
|  |                    |         |          |     | Sp     | ouse[ ] Sibling [<br>Other[ ] | ]     |          |

I/We do hereby confirm that the information given above is correct and undertake to inform you of any changes which take place. I/We accept to follow the stipulated conditions in your procurement orders.

#### **Supplier Authorization (By senior management)**

| I declare that the above information is true and correct. |       |  |
|---|-------|--|
| Name  | Title |  |
| Signature   | Date  |  |



# Official Use Only (STIMA SACCO)

# **Supply Chain Manager Comments & Approval:**

| Approval/ Rejection Remarks |       |
|-----------------------------|-------|
| Signature:                  | Date: |
| CEO or His/ Her Designate:  |       |
| Approval/ Rejection Remarks |       |
| Signature:                  | Date: |