USER DEPARTMENT: Information	Communication Technology	'								
QUOTATION NO.: JOOUST/PQ/ A1	7/RFQ00503/2023/2024	M s	Co. L.	¥					curement De	
Supplier Name and Address: -	oplier Name and Address: -						P.O. Box 210-40601-40601 057-2501804			
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		-		•				Date: 20/0 PRN:3458		
Telephone:		-18		_						
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You are Invited to submit quotation o	n material listed below									
Note: THIS IS NOT AN ORDER.										
 a) Read the conditions and instructions before quoting. b) This quotation can be submitted via email to tenders@jooust.ac.ke or to the quotation box in a plain wax sealed envelope" Quotation No. as ABOVE for the NETWORK FIRE WALL. To be addressed to reach the buyer not later than 27/3/2024 at 10:00 am and your quotation should indicate final unit price which includes all cost for delivery, Discount, Duty and VAT and MUST remain valid for at least 30 Days. c) Your quotation should include all costs for delivery of goods to Jaramogi Oginga Odinga University of Science and Technology Central Stores. d) Return one copy and retain the other for your record. e) The quotation submitted shall include a declaration that the person will not engage in any corrupt or fraudulent practice (Sec.62 of PP& AD, Act 2015) f) The quotation submitted shall include a declaration that the person or his or her subcontractors are not debarred from participating in Procurement proceedings (Sec.62 of PP& AD,Act 2015). g) You MUST indicate your terms of payment. i) Save for "For Official Use Only", all spaces in this quotation MUST be filled a. Supplier MUST attach copies of (Registration Certificate, Valid Tax Compliance Certificate & Duly filled, signed and Stamped Business Questionnaire.) 										
Authorized by: Procurement C Description	Jfficer	Unit	Quantity	Unit Price	Total Price	Days to	Payment	Brand	Country	Remarks
								1	of Origin	
NETWORK FIRE WALL (1 YEAR UT FOR FORTIGATE 600E)		PIECE		1						
SERIAL: FG6H0ETB21906270										
FOR OFFICIAL USE ONLY			TOTAL							
OPENING COMMITTEE MEMBERS										
Opened By			Signature	[Oate					
Opened By	Designation		Signature	С	Oate					
Opened By	Designation		Siganture	[Date					

N/B:(a)- CONFIDENTIAL BUSINESS QUESTIONAIRE $\underline{\text{MUST}}$ BE FILLED IN THE FORMAT PROVIDED

Opened By......Desihnation.....Signature.....Date.....

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 busine	ess premises	
Plot No	Street/Road Tel. No. Fax E Telephone No. (Please attach cense No. (Please attach cense No. (Please attach cense No. (Please attach cense No. (Please attach centificate No. (Please attac	Emailh copy) ch copy) ch copy) ch copy) ch copy)
Age Nationality Country of origin		
Name Nationali	ty Citizenship Details Shares	
	, indicate under Citizen Details whether by Birth, N	
Private or public State the nominal ar Nominal Kshs Issued Kshs Give details of all din Name	nd issued capital of the company –	
DateIf a citizen, indicate	Signature of Tendererunder "Citizenship Details" whether by Birth, Natur	