

Vendor Pre-Qualification: Request for Submissions

CBM, is an international Christian development organization, committed to improving the quality of life of persons with disabilities in the poorest communities of the world. CBM works in partnership with local civil society organizations', communities, government and in alliance with international organizations in Africa and the rest of the world.

A database shall be developed which will contain all registered vendors that are pre-qualified, and their details as submitted. All successfully prequalified vendors shall be listed with CBM and included in the approved vendor list before contracts can be awarded to such vendors.

CBM, therefore requests Vendor Pre-Qualification Submissions for the following item(s)/areas:

1. IT Supplies (e.g., Computers (Desktops/Laptops), Printers, Accessories, Toners,
2. Insurance Brokers
3. Legal Services
4. Office Consumables and Stationery Supplies (e.g., A4 Papers, Writing Materials, Staplers, Binding Materials, Notebooks, Arch Lever Files, etc.)
5. Printing Services (e.g. Letterheads, Branded Materials, Insignias, Identity Cards, etc)
6. Facility management
7. Vehicle Maintenance
8. Office Furniture Supplies/Maintenance
9. Vehicle Accessories (Tires, Rims, Seat Covers, Steering Covers, etc.)
10. Travel Agency
11. General Installation, Repairs & Maintenance Services (Generator, Electrical, Air Conditioners, Photocopiers, Printers, Computers, Intercom, Scanners, Water Dispensers Repairs, Plumbing, etc.).
12. Car Hire
13. Recharge Card and Internet Subscription
14. Medical Consumables
15. Beverage Supplies
16. Diesel Supplies
17. Catering Services

Interested Vendors should kindly fill the following form and email same and necessary documents to procurement.nigeria@cbm.org. Hard copies can also be submitted to our office located at No.13 Okemesi Crescent, off Twon Brass Street, Garki 2, Abuja-FCT, Nigeria.

Deadline for Receipt of Submissions:

Submissions must reach the above-mentioned address on 14th November 2025. CBM reserves the right to not consider a submission received after the deadline.

CBM VENDOR PRE-QUALIFICATION FORM

SECTION 1: COMPANY DETAILS		
1	Company Name	
2	Registered Address of Company	
3	Physical Address of Company (if different)	
4	Website of Company	
5	Email Address of Company	
6	Telephone(s)	
7	Area(s) of specialization Please indicate the category of goods/services your organization is interested in providing to CBM	
DETAILS OF CONTACT PERSON		
1	Full Name	
2	Position/Designation	
3	Email Address	
4	Phone Number	
LIST OF DIRECTORS (List the names of the Directors/Key staff)		
	Full Name	Designation
1		
2		
3		
4		
5		
SECTION 2: LEGAL STATUS OF THE COMPANY		
1	Please indicate type of Business/Legal status. One of the following: i. Sole Proprietorship ii. Partnership/Joint Venture iii. Limited Liability Company iv. Public Liability Company v. Multinational Company vi. Others (Please specify)	
2	Does your Company have a Parent or Affiliate Company? If yes, please state name	<div>Yes ☐</div> <div>No ☐</div>
3	Company registration number (Please attach copy of registration Certificate (CAC))	
4	Date of Registration	

5	Country of Registration	
6	Status Report	
SECTION 3: STATUTORY & ETHICAL STATUS		
1	Tax Identification Number (Please attach tax registration certificate)	
2	Does your Company have evidence of tax remittance in the last three (3) consecutive years? (Please attach tax clearance certificates for the last three (3) years)	Yes ☐ No ☐
3	Does any of the following apply to your Company or any of your affiliates, subsidiaries, Directors, Partners of Officials?	
3a	State of bankruptcy, insolvency, receivership or unable to pay debts? If yes, please provide details	Yes ☐ No ☐
3b	Ever been convicted of any criminal offence? If yes, please provide details	Yes ☐ No ☐
3c	Ever been listed or involved in terrorism or money laundering, either directly or through sponsorships? If yes, please provide details	Yes ☐ No ☐
3d	Failed to fulfil tax related obligations?	Yes ☐ No ☐
3e	Ever been involved in or alleged to be involved in misconduct such as bribery, corruption, misrepresentation of information, collusive practices etc.? If yes, please provide details	Yes ☐ No ☐
3f	Ever had license withdrawn, suspended, declared ineligible, debarred or blacklisted by any Government, National or International Organization(s)? If yes, please provide details	Yes ☐ No ☐
3g	Does any of the staff, management, Directors or Partners have any relationship that constitutes conflict of interest with any	Yes ☐ No ☐

	<p>member of Management or Staff of CBM which can influence the Procurement decisions?</p> <p>If yes, please indicate the nature of the relationship/Conflict of interest</p>	
4	Does your Company have anti-bribery and whistle blowing policies?	<p>Yes ☐</p> <p>No ☐</p>
SECTION 4: FINANCIAL CAPACITY		
1	Please provide Company Bank details	<p>Bank Name:</p> <p>Account Name:</p> <p>Account Number:</p> <p>Sort Code:</p>
2	Please provide the audited Accounts for the last 3 years (please attach copies of the audited accounts)	
3	Has your organization met all financial obligations including loan repayment and payment of staff salaries?	<p>Yes ☐</p> <p>No ☐</p>
SECTION 5: TECHNICAL CAPACITY		
1	Please specify current Staff Strength (Full time)	
2	Does the organization have the ability to provide after sales support services?	<p>Yes ☐</p> <p>No ☐</p>
3	<p>Does your organization hold a quality management certification? (such as ISO, SON or equivalent if applicable)</p> <p>If yes, please attach certificate</p>	<p>Yes ☐</p> <p>No ☐</p>
4	Does your Company have a quality assurance policy?	<p>Yes ☐</p> <p>No ☐</p>
5	<p>Are you in partnership with any product manufacturers?</p> <p>If yes, please provide manufacturers with authorization information.</p>	<p>Yes ☐</p> <p>No ☐</p>
SECTION 6: EXPERIENCE & TRACK RECORD		

1	Please provide evidence of past experiences in business (contracts/ award letters, completion certificates, etc.)		
2	Has any of your Contracts/Purchase Orders been cancelled for unsatisfactory performance or poor service delivery? If yes, please provide details	Yes No	☐ ☐
3	REFERENCE: (Please provide details for 3 references that can verify similar jobs done by your organization)		
		Reference 1	Reference 2
Customer Organization names:			
Customer Contact details (including email address):			
Description of Contract			

Ensure to provide response for each item on the form and populate the required comments accordingly.

SECTION 7: DECLARATION

I, declare that to the best of my knowledge, the information provided above is correct and verifiable. **(Declaration MUST be by authorized personnel)**

Name of Company:

Designation:

Phone Number:

Signature:

Date: