

RESPONSE FORM: EOI BIO-DIGESTER REPAIR WORKS

INDIVIDUAL/COMPANY DETAILS & PROFILE

Please fill in block letters:

PERSONAL DETAILS

Full name of BCE/Company: _____

Address: _____ Code: _____ Town: _____

Telephone: Mobile 1: _____ Mobile 2: _____

Email Address: _____

ID No. : _____ Gender: Male _____ Female _____

KRA PIN: _____ Counties of Operation: _____

Please attach all copies of BCE/company registration docs, ID, KRA PIN

QUALIFICATIONS AND WORKING EXPERIENCE OF KEY PERSONNEL

No. of years Worked (in the program): **Less than 2** **2-5yrs** **6-10 yrs** **>10yrs**

No. of Plants built (in the past 2 yrs): _____ Functionality rate (%): _____

Type/Model of plants formally trained on: **Akut** **KENBIM** **MKD** **Camartec** **Other**

(specify) _____

Plant repair experience in the past 2 yrs: **Yes** **None**

If yes, give details of what the repair involved:

Please attach all relevant training certificates and full BCE/company profile. If you have staff, all CVs of key personnel must be submitted

Date **Signature of BCE/Company**