



KENYA PLANT HEALTH INSPECTORATE SERVICE SUPPLIER APPRAISAL QUESTIONNAIRE.

CATEGORY.....

- **Supplier Name:**
- **Address:**
- **Contact Person:**
- **Phone Number:**
- **Email:**
- **Date of Evaluation:**
- **Evaluation Conducted by:**

Evaluation Criteria

	Criteria	Score (1–10)	Remarks
1	Compliance with specifications		
2	Quality of goods/services		
3	Delivery time / adherence to schedule		
4	Pricing / value for money		
5	Financial stability		
6	Technical capability and expertise		
7	Customer service & communication		
8	After-sales service & support		
9	Legal compliance (e.g., KRA PIN, Tax)		
10	Past performance / references		

Total Score:

Supporting Documents Checklist

- ☐ Certificate of Incorporation.....
- ☐ Valid Tax Compliance Certificate.....
- ☐ Business Permit.....
- ☐ CR12 or equivalent ownership document.....
- Valid Agpo certificate.....

Recommendation

- ☐ Approved
- ☐ Not Approved
- ☐ Conditional (Specify):

Comments:

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Signature of Evaluator:

Date: