



**NATIONAL COUNCIL FOR PERSONS WITH DISABILITIES**  
LPO FINANCING APPLICATION FORM

*THIS FORM IS TO BE COMPLETED IN DUPLICATE AND DELIVERED TO RESPECTIVE COUNTY OFFICES OR HQ OFFICE (FOR NAIROBI COUNTY).*

**SECTION A: COMPANY DETAILS**

1. NAME OF APPLICANT .....ID. No. .... DISABILITY Reg. No. ....
2. COMPANY/BUSINESS NAME .....
3. COUNTY..... SUB-COUNTY .....
4. TELEPHONE/MOBILE No. .... DATE .....
5. P.O. BOX ..... CODE ..... CITY/TOWN .....
6. LOCATION: BUILDING .....STREET..... TOWN.....
7. CERTIFICATE OF INCORPORATION/REGISTRATION No. ....
8. CERTIFICATE OF AGPO Reg. No. ....
9. KRA PIN No. ....
10. NCA Reg. No. .... (WHERE APPLICABLE)

**SECTION B: COMPANY OWNERSHIP DETAILS**

1. DIRECTORS OF COMPANY / OWNER BUSINESS:
  - a) NAME ..... ID. No. .... DISABILITY Reg. No. ....
  - b) NAME ..... ID. No. .... DISABILITY Reg. No. ....
  - c) NAME ..... ID. No. .... DISABILITY Reg. No. ....
  - d) NAME ..... ID. No. .... DISABILITY Reg. No. ....
  - e) NAME ..... ID. No. .... DISABILITY Reg. No. ....

**SECTION C: FINANCING DETAILS (FROM ONLY ONE PROCURING ENTITY AND ≤ KES. 500,000)**

1. THE LPO(S) IN RESPECT OF THIS APPLICATION  
NAME OF PROCURING ENTITY .....
- a) LPO No. .... OF KES. ....
- b) LPO No. .... OF KES. ....

- c) LPO No. .... OF KES. ....
- d) LPO No. .... OF KES. ....
- e) LPO No. .... OF KES. ....

- 2. TOTAL LPO(s) AMOUNT KES. ....  
(IN WORDS) .....
- 3. TOTAL LPO FINANCING REQUESTED KES. ....  
(IN WORDS) .....

**SECTION D: FINANCIAL UNDERTAKING**

I/WE THE OWNERS/DIRECTORS OF .....  
 (NAME OF BUSINESS/COMPANY) UNDERTAKE TO INDEMNIFY THE **NATIONAL COUNCIL FOR PERSONS WITH DISABILITIES** IN FULL INCLUSIVE OF ALL FEES AND PENALTIES IN THE EVENT OF ANY OF THE LPO(S) LISTED ABOVE IS/ARE NOT PAID FOR ANY REASON. FURTHER, ALL THE PROCEEDS/PAYMENTS BY THE PROCURING ENTITY IN RESPECT OF THE LPOs WILL BE CHANNELLED THROUGH THE NATIONAL COUNCIL FOR PERSONS WITH DISABILITIES.

**SECTION E: VENDOR/SUPPLIER DETAILS**

VENDOR/SUPPLIER TO APPLICANT.....

INVOICE No. .... INVOICED AMOUNT KES. ....  
 (IN WORDS) .....

BANK ACCOUNT NAME .....

NAME OF BANK ..... BRANCH .....

ACCOUNT NO ..... BRANCH CODE ..... BANK CODE.....

SWIFT CODE.....

(AFFIX SUPPLIER SEAL/STAMP)

**SECTION F: APPLICANTS BANK DETAILS**

BANK ACCOUNT NAME .....

NAME OF BANK ..... BRANCH ..... ACCOUNT No.....

BRANCH CODE ..... BANK CODE..... SWIFT CODE.....

(AFFIX SUPPLIER SEAL/STAMP)

**SECTION G: ATTACHMENTS AND DECLARATION**

I HAVE ATTACHED THE FOLLOWING DOCUMENTS:

- DULY COMPLETED LPO FINANCING APPLICATION FORM
- COPY OF LPO/LSO LETTER OF AWARD OF CONTRACT TO BE FINANCED
- ORIGINAL LETTER BY THE PROCURING ENTITY UNDERTAKING TO PAY THE PROCEED OF THE LPO/LSO THROUGH NCPWD ACCOUNT
- VALID INVOICE FROM VENDOR /SUPPLIER IN RESPECT OF AWARDED LPO/LSO
- VALID BANK ACCOUNT DETAILS OF VENDOR /SUPPLIER IN RESPECT OF AWARDED LPO/LSO
- COPY OF CERTIFICATE OF INCORPORATION/REGISTRATION
- COPY OF CERTIFICATE OF REGISTRATION FOR AGPO BY THE NATIONAL TREASURY
- COPY OF PIN CERTIFICATE FROM KENYA REVENUE AUTHORITY
- COPY OF VALID CERTIFICATE OF TAX COMPLIANCE /EXEMPTION
- COPY OF CERTIFICATE OF REGISTRATION AND CATEGORIZATION FOR CONSTRUCTION COMPANIES FROM NATIONAL CONSTRUCTION AUTHORITY (WHERE APPLICABLE)
- COPY OF VALID CR12 FOR LIMITED COMPANIES (WHERE APPLICABLE)
- RESOLUTION TO BORROW FOR LIMITED COMPANY, PARTNERSHIPS DETAILING AMOUNT, PURPOSE AND PAYMENT PERIOD (MUST BE SEALED & BY ALL DIRECTORS/PARTNERS) (WHERE APPLICABLE)
- APPLICANT'S BANK ACCOUNT DETAILS
- COPY OF APPLICANT'S NATIONAL IDENTITY CARD
- COPY OF APPLICANT'S DISABILITY REGISTRATION CARD

I/..... (NAME) CONFIRM THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM DULY AUTHORIZED TO MAKE THIS APPLICATION ON BEHALF OF MY BUSINESS/COMPANY.

SIGNATURE .....ROLE IN BUSINESS/COMPANY.....DATE: .....

**SECTION H: SUBMISSION OF THE APPLICATION**

SIGNATURE OF DIRECTORS

1. NAME ..... ID. NO. ....  
SIGN ..... DATE .....
2. NAME ..... ID. NO. ....  
SIGN ..... DATE .....
3. NAME ..... ID. NO. ....  
SIGN ..... DATE .....
4. NAME ..... ID. NO. ....  
SIGN ..... DATE .....

5. NAME ..... ID. NO. ....  
SIGN ..... DATE .....

**SECTION I: FOR OFFICIAL USE ONLY**

VET/FORWARD		APPRAISE/RECOMMEND		APPROVE/REJECT
COUNTY – DSO		HQ – PROGRAMS OFFICER		HQ- CHIEF PROGRAMS OFFICER
FINANCING REQUESTED (KES.)		LPO LIMIT	(KES.)	
		TOTAL AMOUNT (KES.)		
DOCUMENTATION		OUTSTANDING (KES.)		
FOWARDED/ REJECTED		FUNDS AVAILABLE – RECOMMEND		

**SECTION J: SUBMISSION OF THE APPLICATION**

DESCRIPTION	DATES	SIGNATURE
SENT TO HQ – CDSO		
RECEIVED AT HQ – DSPO		
APPROVED AT HQ- DSCPO		

**NB:**

1. THE NATIONAL COUNCIL FOR PERSONS WITH DISABILITIES WILL LEVY **1%** OF THE INVOICE AMOUNT TO OFFSET BANK CHARGES FOR EVERY APPLICATION THAT IS FUNDED.
2. THE COUNCIL WILL TAKE **10** WORKING DAYS FROM RECEIPT OF DULY COMPLETED DOCUMENTATION AT THE COUNTY TO PAYMENT OF FINANCING.
3. ONCE FUNDS ARE RECEIVED BY THE COUNCIL FOM THE PROCURING ENTITY, THE COUNCIL WILL PAY THE APPLICANT THROUGH THEIR BANK WITHIN A **WEEK**.