



NATIONAL COUNCIL FOR PERSONS WITH DISABILITIES
LPO FINANCING APPLICATION FORM



THIS FORM IS TO BE COMPLETED IN DUPLICATE AND DELIVERED TO THE COUNTY OFFICE.

SECTION A: COMPANY DETAILS

1. NAME OF APPLICANTID. 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: BUILDINGSTREET..... 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: APPLICANT'S VENDOR/SUPPLIER DETAILS

VENDOR/SUPPLIER TO APPLICANT.....

INVOICE No. TOTAL INVOICE AMOUNT (KES.)

(IN WORDS)

BANK ACCOUNT NAME

NAME OF BANK BRANCH

ACCOUNT NO BRANCH CODE BANK CODE.....

SWIFT CODE.....

(AFFIX APPLICANT'S SUPPLIER SEAL/STAMP)

SECTION F: APPLICANT'S BANK DETAILS

BANK ACCOUNT NAME

NAME OF BANK BRANCH ACCOUNT No.....

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

(AFFIX APPLICANT SEAL/STAMP)

SECTION G: ATTACHMENTS AND DECLARATION

I HAVE ATTACHED THE FOLLOWING DOCUMENTS:

- DULY COMPLETED LPO FINANCING APPLICATION FORM
- COPY OF ORIGINAL LPO/LSO LETTER OF AWARDED TO APPLICANT BY PROCURING ENTITY
- COPY OF INTRODUCTORY LETTER FROM NCPWD COUNTY OFFICE TO APPLICANT'S PROCURING ENTITY
- ORIGINAL LETTER BY THE APPLICANT'S PROCURING ENTITY UNDERTAKING TO PAY THE PROCEED OF THE LPO/LSO THROUGH NCPWD ACCOUNT
- ORIGINAL PRO FORMA INVOICE FROM APPLICANT'S VENDOR/SUPPLIER WITH VALID VENDOR/SUPPLIER'S ACCOUNT DETAILS
- 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
- COPY OF APPLICANT'S BANK ACCOUNT DETAILS
- COPY OF APPLICANT'S NATIONAL IDENTITY CARD
- COPY OF APPLICANT'S DISABILITY REGISTRATION CARD
- 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 & SIGNED BY ALL DIRECTORS/PARTNERS) (**WHERE APPLICABLE**)

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.

SIGNATUREROLE 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/VERIFY	RECOMMEND/REJECT
COUNTY DISABILITY SERVICES OFFICER		HQ VERIFICATION OF INFORMATION & DOCUMENTATION	HQ RECOMMENDED OR REJECTED
LPO FINANCING REQUESTED (KES.)			
DOCUMENTS (Refer to SECTION G)	COMPLETE <input type="checkbox"/> INCOMPLETE <input type="checkbox"/>		
FOWARDED OR REJECTED	(DATE & SIGN)	DATE & SIGN)	(DATE & SIGN)

SECTION J: SUBMISSION OF THE APPLICATION

DESCRIPTION	DATES	STAMP
SENT TO HQ – CDSO		
RECEIVED AT HQ – DSO		

NB:

1. THE NATIONAL COUNCIL FOR PERSONS WITH DISABILITIES WILL LEVY **1%** OF THE LOANED AMOUNT TO OFFSET BANK CHARGES ON EVERY APPLICATION THAT IS FUNDED.
2. THE COUNCIL WILL TAKE **7** WORKING DAYS FROM RECEIPT OF DULY COMPLETED DOCUMENTATION AT **HEAD QUARTERS** TO PAYMENT OF FINANCING.
3. ONCE FUNDS ARE RECEIVED BY THE COUNCIL FROM THE PROCURING ENTITY, THE COUNCIL WILL PAY THE APPLICANT WITHIN A **7** WORKING DAYS.