



**Bio Data Form for Virtual Sales Control Unit (VSCU)/ Online Sales Control Unit (OSCU) by Self-Integrating Taxpayers and Third Party Vendor Integrators**

1. What is your company/business name?

\_\_\_\_\_

2. Do you wish to undertake the KRA OSCU/ VSCU software integration for self or as a third party vendor?

Self-Integration

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Third Party Vendor

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**Attach copies of:**

- a) Business Registration Certificate & CR12 (*for third party vendors only*)
- b) Business permit/license (*for third party vendors only*)
- c) ID for directors/ partners/ sole proprietor (*for third party vendors only*)
- d) Valid TCC for company/ business

3. Provide the following Product description information for integration

a) Off-The-Shelf Software

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Custom-Built Software

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b) Software Name.....

c) Software Version.....

4. Provide details of at least three qualified technical staff handling system development and system administration in the company/ business.

*\*Attach the following for each technical staff:*

a) Curriculum Vitae (CVs)

b) Terms of employment.

5. Provide a read only optical disk containing the Trader Invoicing System (TIS) integration Software containing–:

a) All files that make up the TIS integration Software.

b) All the PDF documents needed during the certification process.\_Note:  
this Optical Disk (CD or DVD) is to be submitted prior to certification of  
the TIS integration



6. Provided a Technology Architecture documentation of how the integration between Trader Invoicing System (TIS) and eTIMS will be done..

7. How many years have you been in software development of similar complexity?  
(for third party vendors only)

0 to 2 years

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3 to 5 years

☐

6 to 10 years

☐

Over 10 years

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8. Provide a Notarized declaration of not being insolvent, in receivership, bankrupt, or being wound up. (for third party vendors only)

**Declaration:** *I hereby declare that the details furnished above are true and correct to the best of my knowledge.*

**Name:** \_\_\_\_\_

**Designation in Company:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Phone Contact:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**NOTE:**

- i. Areas marked as 'third party vendors only' denote requirements only applicable to applicants intending to act as third party vendor integrators.
- ii. All required supporting documents to be provided upon completion of development of the integration software prior to certification.
- iii. Declaration sign off to be undertaken by authorized personnel only.