

REGISTRATION FORM

FOR THE SUPPLY OF GOODS AND PROVISION OF WORKS AND SERVICES

Goods/Service Category:					
Name of Company or Trader					
Registered Address of Main Office					
Telephone No:			Fax:		
Email:			Website:		
Contact Person:			Tel No.:		Email:
Value of Supply which the Company/Trader is interested in undertaking					
Please tick (✓) the appropriate box (es).					
<input type="checkbox"/> Under \$100,000.00		<input type="checkbox"/> \$100,000.00 to \$500,000.00		<input type="checkbox"/> \$500,000.00 to \$1 million	
<input type="checkbox"/> \$1 million to \$5 million		<input type="checkbox"/> Over \$5 million			
1. Establishment of Company/Trader					
Year:			Country:		
2. Type of Organization					
Please tick (✓) the appropriate box (es).					
<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Partnership			
<input type="checkbox"/> Limited Company		<input type="checkbox"/> Consortium			
<input type="checkbox"/> Joint Venture		<input type="checkbox"/> Other (specify)			
3. Please attach the Certificate of Incorporation of Company or Business Registration for Trader as evidence certifying the existence of the business. (Compulsory)					
4. Please attach where applicable the following:-					
i. Valid Income Tax and Value Added Tax <u>Clearance Certificates</u> issued by the Board of Inland Revenue. (Compulsory)					
ii. Valid <u>Compliance Certificate</u> issued in accordance with the National Insurance Act. (Compulsory)					
iii. <u>Audited Financial Statements</u> for the last three (3) years or (where in operation for less than 3 years) Or Unaudited Financial Statements/Management Accounts together with a letter of support from your banker. (Compulsory)					

iv. Company profile. (Compulsory)			
5. Key personnel : (Directors, Chief Executive Officer and Management Staff) <i>A separate sheet can be attached</i>			
Name	Nationality	Job Title	Years' of Experience
6. Number of Year Experience in Category:			
b. Value of similar contracts entered into over the past 2 years and status of projects (e.g. complete, incomplete).			
7. a. References/ Previous Clients. Please list name and address and valid contact numbers.			
Contact Name			
Company:			
Address:			
Tel. (1)		Tel. (2)	
Email:			
b. References/ Previous Clients. Please list name and address and valid contact numbers.			
Contact Name			
Company:			
Address:			
Tel. (1)		Tel. (2)	
Email:			



THE NATIONAL AGRICULTURAL MARKETING AND DEVELOPMENT CORPORATION (NAMDEVCO)

3¼mm, S.S. Erin Road, Debe,

Trinidad & Tobago, W.I.

Tel: (868) 647-3218, Fax: (868) 647-6087, Website: www.namdevco.com

8. The National Agricultural Marketing and Development Corporation (NAMDEVCO) reserves the right to make reasonable inquires of clients and references indicated in this submission to establish historical performance and performance capability of the supplier. Further, all information received will be considered confidential and will be maintained as such.

All requested documents to be submitted (including the completed Registration form) may be scanned and submitted by email to the Corporation's email address registrationofsuppliers@namdevco.com. Alternatively, they may be delivered to our Head Office at 3¼MM SS Erin Road, Debe.

Applicant's Declaration

I hereby certify that the information submitted in this Registration Form is complete and true in all respects. I understand and agree that failure to submit compulsory documents or providing false information will disqualify the Applicant from Registration. The Applicant, by submitting this registration form, certifies that all documents submitted in electronic form as part of this exercise have not been altered in any way and is a true and correct copy of the original document it purports to represent. The Applicant further acknowledges that any alteration of the documents may amount to fraud under the Laws of Trinidad and Tobago.

Name (block letters)

Signature

Position on Company / Trader

Date



Company's/Trader's Seal or Stamp