



Angostura Limited & Trinidad Distillers Limited
SUPPLIER/CONTRACTOR INFORMATION FORM

INSTRUCTION SHEET

Please read the following instructions carefully before filling out and/or submitting this form

Instructions

1. This form is formatted to be printed on 8½ x 14, “legal” size paper. Alterations to its formatting are not allowed and all altered forms will be rejected.
2. Please ensure Form is fully completed. **Section G – Due Diligence** is to be filled out by **Contractors ONLY**.
3. The Supplier/Contractor business address must be a physical address, PO Boxes are **not** acceptable.
4. If the name on your bank account is different from your company/legal name, please indicate reason on an additional sheet of paper, preferably the company letterhead.
5. If applicable, Intermediary Bank information can be obtained from respective bank.
6. Both USD and TTD banking information must be completed if payments are to be made in both currencies.
7. If applicable, please ensure the company stamp is affixed in space provided below.
8. A signed hard copy of this Form must be submitted. Scanned and PDF versions are only accepted provided that the original document is subsequently sent.
9. Forms must only be completed by an **individual with appropriate authority** from the Supplier/Contractor.
10. Forms must be accompanied by legible copies of the required documents listed in the Document Checklist in SECTION D. **Incomplete forms will be rejected.**
11. Forms must be approved by the appropriate Angostura/Trinidad Distillers personnel prior to submission to the Purchasing Department.



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SECTION A: CONTRACT INFORMATION (To be completed by AL/TDL Personnel)

SUPPLIER DESIGNATION			COMPANY CODE		SAP VENDOR ACCOUNT NUMBER
NEW <input type="checkbox"/>	EXISTING <input type="checkbox"/>	NAME CHANGE <input type="checkbox"/>	AL <input type="checkbox"/>	TDL <input type="checkbox"/>	(if existing) <input type="text"/>
SUPPLIER/CONTRACTOR BUSINESS NAME			<input type="text"/>		
INDUSTRY TYPE	<input type="text"/>	TYPE OF BUSINESS	<input type="text"/>		
SUPPLIER/CONTRACTOR CATEGORY (select one only)			ONE TIME <input type="radio"/>	SOLE TRADER <input type="radio"/>	COMPANY <input type="radio"/>
			CONTRACTOR <input type="radio"/>		
CONTRACT NUMBER (if applicable)	EFFECTIVE DATE	DURATION	TERMINATION DATE		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
PAYMENT TERMS	PAYMENT CURRENCY		ESTIMATED CONTRACT VALUE		
<input type="text"/>	<input type="text"/>		<input type="text"/>		

SECTION B: SUPPLIER/CONTRACTOR CONTACT INFORMATION (To be completed by all applicants)

COMPANY AUTHORIZED SIGNATORY		JOB TITLE / DESIGNATION	
<input type="text"/>		<input type="text"/>	
PRIMARY CONTACT PERSON		CONTACT JOB TITLE / DESIGNATION	
<input type="text"/>		<input type="text"/>	
BUSINESS ADDRESS			
<input type="text"/>		TELEPHONE:	<input type="text"/>
		MOBILE:	<input type="text"/>
		FAX:	<input type="text"/>
		EMAIL:	<input type="text"/>
MAILING ADDRESS (if different from Business Address)		REGISTERED OFFICE ADDRESS	
<input type="text"/>		<input type="text"/>	

SECTION C: SUPPLIER/CONTRACTOR BANKING & TAX INFORMATION

REGISTRATION & TAX DETAILS (Not applicable for ONE TIME Suppliers)

COMPANY/BUSINESS REGISTRATION NUMBER	<input type="text"/>
VAT REGISTRATION NUMBER	<input type="text"/>
TAX ID NUMBER <i>(Mandatory for all non-resident suppliers & contractors)</i>	<input type="text"/>
PAYE REGISTRATION NUMBER <i>(Trinidad & Tobago residents only)</i>	<input type="text"/>
BIR REGISTRATION NUMBER <i>(Trinidad & Tobago residents only)</i>	<input type="text"/>

BANKING & PAYMENT INSTRUCTIONS

CURRENCY (select one only)	TTD <input type="checkbox"/>	USD <input type="checkbox"/>	GBP <input type="checkbox"/>	CAN <input type="checkbox"/>	EUR <input type="checkbox"/>	OTHER _____
ACCOUNT HOLDER NAME	<input type="text"/>					
BENEFICIARY BANK NAME	<input type="text"/>					
BENEFICIARY BANK ADDRESS	<input type="text"/>					
BENEFICIARY BANK ACCOUNT NO.	BENEFICIARY SWIFT CODE	BENEFICIARY ABA/ SORT CODE				
<input type="text"/>	<input type="text"/>	<input type="text"/>				
INTERMEDIARY BANK NAME	<input type="text"/>					
INTERMEDIARY BANK ADDRESS	<input type="text"/>					
BENEFICIARY BANK ACCOUNT NO.	BENEFICIARY SWIFT CODE	BENEFICIARY ABA/ SORT CODE				
<input type="text"/>	<input type="text"/>	<input type="text"/>				



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SECTION D: DOCUMENT CHECKLIST

The following lists indicate the required documents that must be submitted with this application by the various categories of suppliers/contractors.

Sole Trader		Company		Contractor	
Cert of Registration (Applicable for suppliers with a "trading as" status)	<input type="checkbox"/>	Cert of Registration or Incorporation (Mandatory)	<input type="checkbox"/>	Cert of Registration or Incorporation (Mandatory)	<input type="checkbox"/>
VAT Registration (if applicable)	<input type="checkbox"/>	VAT Registration (if applicable)	<input type="checkbox"/>	VAT Registration (if applicable)	<input type="checkbox"/>
Tax ID Certificate (Mandatory for Foreign/International Suppliers)	<input type="checkbox"/>	Tax ID Certificate (Mandatory for Foreign/International Suppliers)	<input type="checkbox"/>	Tax ID Certificate (Mandatory for Foreign/International Suppliers)	<input type="checkbox"/>
BIR Registration (T&T suppliers only)	<input type="checkbox"/>	BIR Registration (T&T suppliers only)	<input type="checkbox"/>	BIR Registration (T&T suppliers only)	<input type="checkbox"/>
PAYE Registration (T&T suppliers only)	<input type="checkbox"/>	Most recent Annual Return (T&T suppliers only)	<input type="checkbox"/>	Due Diligence Checklist – See SECTION "G"	<input type="checkbox"/>

SECTION E: SUPPLIER/CONTRACTOR DECLARATION (Mandatory of ALL Suppliers & Contractors)

I, the undersigned, hereby declare that to the best of my knowledge and belief that the details provided in this application and its accompanying documents are accurate and true. I also authorize Angostura Limited, Trinidad Distillers and/or their representatives to undertake further investigation, if so desired, into the validity and accuracy of the information contained herein. I understand that any incorrect or false statements made on this form may render our application invalid and rejected.

Authorized Supplier Representative Name & Title
(Please Print)

Authorized Signature & Date (dd/mm/yyyy)

Company Stamp (If applicable)

SECTION F: Angostura AUTHORIZATION (To be completed by Angostura Personnel Only)

Requested By (Name/ Signature/Date)			
Business Unit of Function			
Executive Manager (Name/Signature/Date)			
HSSE Manager (Name/Signature/Date)			
Finance Manager (Name/Signature/Date)			
Procurement Manager (Name/Signature/Date)			
Snr. Manager Supply Chain (Name/ Signature/Date)			
SAP Entry (Name/Signature/Date)			
Verified by (Name/Signature/Date)			



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SECTION G: DUE DILIGENCE CHECKLIST

This pre-contract due diligence questionnaire is intended to be answered by contractors ONLY prior to entering contracts.

The purpose of this questionnaire is to determine whether further due diligence is necessary for us to comply with our local Anti-Corruption and Company laws.

In addition to these questions, Contractors are also required to submit the following documents:

- 1. Return of Directors 2. List of Current Shareholders and Directors**

For the purposes of this checklist please note the following definitions:

“Company” shall mean the locally managed entities within the Angostura Group of Companies.

“Contractor” shall mean the legal entity being contracted with its directors, officers and key employees as well as any associated organizations.

"Relative" refers to siblings, spouse, parents and children as well as extended family relations, if known.

All declarations related to the questions below must be made on the Contractors letterhead and signed by an individual with the appropriate authority to make such declarations.

- 1 Is the Contractor a government official or an employee of any government, municipal or public agency? If so, provide details.
YES NO
- 2 Is any relative of the Contractor a government official or an employee of any government, municipal or public agency? If yes, please provide details of all relationships.
YES NO
- 3 Is any relative of the Contractor a director, official or employee of the Company? If yes, please provide details of all relationships.
YES NO
- 4 How many years has the Contractor engaged in supplying the goods or services to be provided to the Company? What level of industry expertise or experience does the contractor have?
_____ years
- 5 What other companies has Contractor worked with? Supply full names, addresses and other relevant contact information for three (3) independent referees.
1. _____
2. _____
3. _____
- 6 Has the Contractor made any disclosures to any government authorities, involving fraudulent or corrupt misconduct or improper accounting, including bribery? If yes, please supply full details of these disclosures.
YES NO
- 7 Has the Contractor been suspended from doing business in any capacity, been charged with and/or convicted of any criminal act in any jurisdiction, or been the subject of any allegation of fraud, bribery, or other related activities? If so, please supply full details.
YES NO
- 8 Has the Contractor paid or received incentives or commissions in connection with the bid, tender, job or contract with the Company? If so, please supply full details as an attachment.
YES NO
- 9 Is the Contractor the subject of any past, present, or probative litigation that could affect the Contractors' activities and their ability to provide the required goods/services to the Company? If so, supply full details as an attachment.
YES NO