

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.
- 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 the reason on an additional sheet of paper, preferably the company letterhead.
- 5. If applicable, Intermediary Bank information can be obtained from the 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 the 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.

SCM-PRO-VEN-001 Rev.7 Date Prepared: 2001-11-01 Date Revised: 2023-12-08



SECTION A: CONTRACT INFOR	MATION (To be co	mpleted by A	AL/TDL Perso			
SUPPLIER DESIGNATION	COMPAN	IY CODE		SAP VENDOR ACCOUNT NUMBER		
<u>NEW</u> EXISTING NAME CH	ANGE AL	TDL		(if existing)		
				L		
SUPPLIER/CONTRACTOR BUSINESS N	AME					
INDUSTRY TYPE	INDUSTRY TYPE TYPE OF BU					
SUPPLIER/CONTRACTOR CATEGORY	(select one only)	ONE TIME	SOLE TRADEF	R COMPANY CONTRACTOR		
		\bigcirc	\circ			
CONTRACT NUMBER (if applicable)	EFFECTIVE DATE	DURATION		TERMINATION DATE		
<u> </u>						
PAYMENT TERMS	PAYMEN	IT CURRENCY		ESTIMATED CONTRACT VALUE		
	7		I			
SECTION B: SUPPLIER/CONTR	ACTOR CONTACT	INFORMAT	ION (To be co	ompleted by all applicants)		
COMPANY AUTHORIZED SIGNATORY	<u> </u>		JOB TITLE / D	ESIGNATION		
PRIMARY CONTACT PERSON			CONTACT IOF	B TITLE / DESIGNATION		
T. M. CONTACT LIBOR						
DUSINESS AS SECTION						
BUSINESS ADDRESS			NE.			
TELEPHONE:						
		MOBILE:				
		FAX:				
		EMAIL:				
		•				
MAILING ADDRESS (if different from I	Rusinass Addrass)	REGISTE	RED OFFICE AD	DRESS		
WALLING ADDRESS (II different from I	Dusiliess Address;	KEGISTE	KED OTTICE AD	DRESS		
SECTION C: SUPPLIER/CONTRA	CTOR BANKING	X TAX INFO	RMATION .			
REGISTRAT	TION & TAX DETAILS	(Not applicabl	e for ONE TIME	Suppliers)		
COMPANY/BUSINESS REGISTRATION	NUMBER					
	HOWIDER					
VAT REGISTRATION NUMBER						
TAX ID NUMBER						
(Mandatory for all non-resident supplier						
PAYE REGISTRATION NUMBER						
(Trinidad & Tobago residents only)						
BIR REGISTRATION NUMBER (Trinidad & Tobago residents only)						
Transact of Longo Legislating Only)						
	BANKING & PA	YMENT INSTR	UCTIONS			
CURRENCY (select one only) TTD USD GBP CAN EUR OTHER				EUR LOTHERL		
ACCOUNT HOLDER NAME						
BENEFICIARY BANK NAME						
BENEFICIARY BANK ADDRESS						
BENEFICIARY BANK ACCOUNT NO.	BENEFICIARY SWIF	T CODE		BENEFICIARY ABA/ SORT CODE		
INTERMEDIARY BANK NAME		_		· · · · · · · · · · · · · · · · · · ·		
INTERIOLDIANT DANK NAME						
INTERMEDIARY BANK ADDRESS						
	BENEFICIARY SWIF	T CODE		BENEFICIARY ABA/ SORT CODE		



SECTION D: DOCUMENT CHECKLIST

	Compa	nny		Contractor	
Cert of Registration (Applicable for suppliers with a "trading as" status) VAT Registration	Incorpo (Mand VAT Re	gistration		Cert of Registration or Incorporation (Mandatory) VAT Registration	
(if applicable) Tax ID Certificate (Mandatory for Foreign/	Tax ID (Mand	licable) Certificate atory for Foreign/		(if applicable) Tax ID Certificate (Mandatory for Foreign/	
International Suppliers) BIR Registration (T&T suppliers only)	BIR Reg	ational Suppliers) gistration uppliers only)		International Suppliers) BIR Registration (T&T suppliers only)	
PAYE Registration (T&T suppliers only)		ecent Annual Return suppliers only)		Due Diligence Checklist – See SECTION "G"	
Authorized Supplier Representat (Please Print) Authorized Signature & Date (dd, Company Stamp (If applicable)		2			
SECTION F: Angostura AUTI	HORIZATION (To be completed by	<u>Angostu</u>	ra Personnel Only)	
SECTION F: Angostura AUTI	HORIZATION (To be completed by	<mark>Angostu</mark>	ra Personnel Only)	
	[To be completed by	Angostu	ra Personnel Only)	
ness Unit of Function	,	To be completed by	Angostu	ra Personnel Only)	
ness Unit of Function uested By (Name/ Signature/Date)	/Date)	To be completed by	Angostu	ra Personnel Only)	
ness Unit of Function uested By (Name/ Signature/Date) utive Manager (Name/Signature,	/Date)	To be completed by	Angostu	ra Personnel Only)	
ness Unit of Function uested By (Name/ Signature/Date) utive Manager (Name/Signature, Manager (Name/Signature/Date)	/Date) e) nature/Date)	To be completed by	Angostu	ra Personnel Only)	
ness Unit of Function lested By (Name/ Signature/Date) utive Manager (Name/Signature/ E Manager (Name/Signature/Date) nce Business Partner (Name/Signa	/Date) e) nature/Date)	To be completed by	Angostu	ra Personnel Only)	
ness Unit of Function uested By (Name/ Signature/Date) utive Manager (Name/Signature/ E Manager (Name/Signature/Date) nce Business Partner (Name/Signature/Ince Business Partner (Name/Signature/Ince Business Partner (Name/Signature/Ince Business Partner (Name/Signature)	/Date) e) nature/Date)	To be completed by	Angostu	ra Personnel Only)	
ness Unit of Function Juested By (Name/ Signature/Date) Jutive Manager (Name/Signature/ Manager (Name/Signature/Date) Jurement Manager (Name/Signature/Signature) Jurement Manager (Name/Signature/Date)	/Date) e) nature/Date)		Angostu	Bottleneck Leverage	Routine



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 <u>must</u> 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 O
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?
	<u>yea</u> rs
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 O
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.