



## ***Sangre Grande Regional Corporation***

***Ramdass Street, Sangre Grande***

***Phone: 668-2488, Fax: 668-2942/668-3111, E-mail:***

***[tenderssgrc@yahoo.com](mailto:tenderssgrc@yahoo.com)***

---

### **CONTRACTOR'S APPLICATION FORM**

**Please fill in all information, if not applicable, indicate by N/A: -**

1. Name : .....  
(Individual or Firm in Block Letters)

2. Address : .....  
.....  
.....  
(Work base for handling works and services)

3. Registered Business Address : .....  
.....  
.....

4. The number of years in business: .....

5. Telephone No. : ..... Fax No. : .....

6. B.I.R. Reg. No. (Compulsory) : ..... V. A. T. Reg. No : .....

Comp. Reg. No. : ..... Employers PAYE# : .....  
(Compulsory)

7. Type of Organization :

Sole Trader  Partnership

Limited Liability Company  Other

8. Date of Registration/  
Incorporation (Compulsory) : .....

9. NIS Registered  
Yes  No  (Compulsory)

If Yes state Nis Registration No.....

10. Size of Operation :  
Small  Medium  Large

12. If Limited Liability Company

Shareholders	Address	No. of Shares Held

13. Particulars of Director/Partners or Members – (Compulsory)

NAME	Address	B.I.R NO.

13. Indicate below the services/supply of goods (as listed on the introduction) for which you are applying and have the necessary resources, expertise and experience to perform.

- |                             |                          |                             |                          |
|-----------------------------|--------------------------|-----------------------------|--------------------------|
| Construction -Building      | <input type="checkbox"/> | Painting                    | <input type="checkbox"/> |
| Welding/Fabricator          | <input type="checkbox"/> | Straightening/Auto Painting | <input type="checkbox"/> |
| Maintenance of Cemeteries   | <input type="checkbox"/> | Electrical                  | <input type="checkbox"/> |
| Maintenance of Roads/Traces | <input type="checkbox"/> | Maintenance of Rec. Ground  | <input type="checkbox"/> |

PROJECT	YEAR	EMPLOYER	CONTRACT PRICE

Other .....

14. Key Contracts Executed by you in the last three (3) years.

15. Brief details of equipment and tools owned (list may be attached if necessary)

DESCRIPTION	MAKE AND MODEL	YEAR OF MANUFACTURE

16. Referees (1) Name .....

Address .....

.....

Telephone .....

(2) Name .....

Address .....

.....

Telephone .....

17) Other Information

.....

.....

.....

18) Please supply copies of certificates for items number 6,8 & 9

19) Please submit financial statements which would include, at a minimum, your income statement and balance sheets for at least two (2) years. If your company began its operations within the year that is seeking approval written explanation should be included from the Town/ County Superintendent for the basis of the inclusive of the company.

I/We certify that the information given above is correct.

.....

**Signature**

.....

**Position**

.....

**Date**

---

**FOR OFFICIAL USE ONLY**

SERVICE/GOODS

Date of Application : .....

Date of Approval by  
C.T.B. and Ref. : .....

**Recommendation**

.....  
.....  
.....

.....  
**Technical Officer**