



Angostura Limited & Trinidad Distillers Limited
VENDOR REGISTRATION FORM

INSTRUCTION SHEET

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

Instructions

1. Please ensure this Form is fully completed including **Section G – Due Diligence** prior to submission. Incomplete forms will not be accepted.
2. The Supplier/Vendor business address must be a physical address; PO Boxes are **not** acceptable.
3. 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.
4. If applicable, Intermediary Bank information can be obtained from the respective bank.
5. Both USD and TTD banking information must be completed if payments are to be made in both currencies.
6. Banking details are required to be supported by either the masthead (top) of your bank statement (please redact balance and transaction data) or confirmed on a signed letterhead.
7. If applicable, please ensure the company stamp is affixed in the space provided in **Section E**.
8. Forms must only be completed by an **individual with appropriate authority** from the Supplier/Vendor.
9. Forms must be accompanied by legible copies of the required documents listed in the Document Checklist in **Section D. Incomplete forms will be rejected.**
10. 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/VENDOR DESIGNATION			COMPANY CODE		SAP SUPPLIER/VENDOR ACCOUNT NUMBER (if existing)
NEW ☐	EXISTING ☐	NAME CHANGE ☐	AL ☐	TDL ☐	
SUPPLIER / VENDOR NAME					
INDUSTRY TYPE			BUSINESS TYPE		
SUPPLIER/ VENDOR CATEGORY (select one only)			ONE TIME ☐	SOLE TRADER ☐	COMPANY ☐
PAYMENT TERMS		PAYMENT CURRENCY		ESTIMATED CONTRACT VALUE	

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

COMPANY AUTHORIZED SIGNATORY:	
JOB TITLE / DESIGNATION:	
PRIMARY CONTACT PERSON:	
CONTACT JOB TITLE / DESIGNATION:	

BUSINESS ADDRESS	TELEPHONE:
	MOBILE:
	FAX:
	EMAIL:

MAILING ADDRESS (if different from Business Address)	REGISTERED OFFICE ADDRESS

SECTION C: SUPPLIER/VENDOR BANKING & TAX INFORMATION

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

COMPANY/BUSINESS REGISTRATION NUMBER	
VAT REGISTRATION NUMBER	
TAX ID NUMBER (Mandatory for all non-resident suppliers & contractors)	
PAYE REGISTRATION NUMBER (Trinidad & Tobago residents only)	
BIR REGISTRATION NUMBER (Trinidad & Tobago residents only)	

BANKING & PAYMENT INSTRUCTIONS

CURRENCY (select one only)	TTD ☐	USD ☐	GBP ☐	CAN ☐	EUR ☐	OTHER ☐
ACCOUNT HOLDER NAME						
BENEFICIARY BANK NAME						
BENEFICIARY BANK ADDRESS						
BENEFICIARY BANK ACCOUNT NO.	BENEFICIARY SWIFT CODE		BENEFICIARY ABA/SORT CODE			
INTERMEDIARY BANK NAME						
INTERMEDIARY BANK ADDRESS						
BENEFICIARY BANK ACCOUNT NO.	BENEFICIARY SWIFT CODE		BENEFICIARY ABA/SORT CODE			

Banking Details must be validated by either a redacted Bank Statement or letter on Corporate Letterhead



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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/Vendors.

COMPANY	YES/NO
Cert of Registration or Incorporation (Mandatory)	
VAT Registration (if applicable)	
Tax ID Certificate (Mandatory for Foreign/ International Suppliers)	
BIR Registration (T&T suppliers only)	
Most recent Annual Return (T&T suppliers only)	
Return of beneficial Ownership (T&T Suppliers only)	

SOLE TRADER/ PARTNERSHIP	YES/NO
Cert of Registration (Applicable for suppliers with a "trading as" status)	
VAT Registration (if applicable)	
Tax ID Certificate (Mandatory for Foreign/ International Suppliers)	
BIR Registration (T&T suppliers only)	
PAYE Registration (T&T suppliers only)	

SECTION E: SUPPLIER/ VENDOR 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)

Business Unit of Function

Requested By (Name/ Signature/Date)

Executive Manager (Name/Signature/Date)

HSSE Manager (Name/Signature/Date)

Finance Business Partner (Name/Signature/Date)

Verified by internal Audit (Name/Signature/Date)

SAP Entry(Name/Signature/Date)

Procurement Manager (Name/Signature/Date)

Vendor Category

(To be completed by the Procurement Manager ONLY)

Strategic Bottleneck Leverage Routine

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SECTION G: DUE DILIGENCE CHECKLIST

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.
For the purposes of this Questionnaire, please note the following definitions:

- “Company” shall mean the locally managed entities within the Angostura Group of Companies.
- “Vendor/Supplier” 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.
- “Associated Persons” means the Vendor’s directors, officers, employees, agents, representatives, consultants, Sub-vendors/suppliers, intermediaries, beneficial owners and any other persons acting for or on behalf of the Vendor in connection with the Company

All declarations related to the questions below must be made on the Vendor/Supplier’s letterhead and signed by an individual with the appropriate authority to make such declarations.

- 1

Is the Vendor/Supplier 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 Vendor/Supplier 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 Vendor/Supplier a director, official or employee of the Company? If yes, please provide details of all relationships as an attachment

YES ☐

NO ☐
- 4

How many years has the Vendor/Supplier 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 have the Vendor/Supplier worked with? Supply full names, addresses and other relevant contact information for three (3) independent referees.

1.

2.

3.
- 6

Has the Vendor/Supplier 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 as an attachment.

YES ☐

NO ☐
- 7

Has the Vendor/Supplier 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 as an attachment.

YES ☐

NO ☐
- 8

Has the Vendor/Supplier paid or received incentives or commissions in connection with a bid, tender, job or contract with a Company? If so, please supply full details as an attachment.

YES ☐

NO ☐
- 9

Is the Vendor/Supplier the subject of any past, present, or probative litigation that could affect the Vendor/Supplier’s activities and their ability to provide the required goods/services to the Company? If so, supply full details as an attachment.

YES ☐

NO ☐