



SUPPLIER OR SERVICE PROVIDER'S PREQUALIFICATION AND PROFILE FORM

1. Name of Applicant or Organisation:

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2. Contact information:

▪ Telephone

▪ Cell Contact

▪ Fax

▪ Email address

3. Registered address:

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4. No of years in operation:

5. Service or Product offered:

6. Status of the firm

(a) Sole Proprietor (b) Partnership

(c) Limited Company (d) Private Co.

(e) Joint Venture (f) Consortium

(g) State owned/affiliated

7. Name of Directors / Partners / Proprietor and Key personnel of the organization:

Children's Authority of Trinidad and Tobago, 35A Wrightson Road, Port of Spain. Tel: 627-0748 Fax: 624-6316. Website: www.ttchildren.org

15. Client References:

Company Name	Address	Contact name	Tel/Fax/Cell No.	Email address

Declaration:

I / We have read the all instructions and I / We understand that if any false information is detected at a later date, any future contract made between ourselves and Children's Authority of Trinidad and Tobago, on the basis of the information given by me / us can be treated as invalid by the Authority and I / We will be solely responsible for the consequences.

I / We agree that the decision of Children's Authority of Trinidad and Tobago in selection of Vendors will be final and binding to me / us.

I/We confirm that all the information furnished by me/us hereunder is correct to the best of my/our knowledge and belief.

I / We agree that I / We have no objection if enquiries are made about the work listed by me / us in the accompanying sheets.

SIGNATURE:

DATE:

STAMP/SEAL OF THE FIRM / COMPANY

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