

To be completed by all vendors



THE UNIVERSITY OF THE WEST INDIES, ST AUGUSTINE

VENDOR DUE DILIGENCE FORM

REQUEST FOR EXPRESSIONS OF INTEREST

The Design, Production and Supply of UWI-branded Rings for the St. Augustine Campus

Please read the following information carefully before filling out this form

Instructions to Vendors

1. Please ensure this form is completed in its entirety.
2. This Form is applicable to all suppliers, contractors and consultants seeking to engage in business with The University of the West Indies, St. Augustine Campus (The UWI).
3. Where clarification is needed, feel free to contact the Faculty/Department/Unit representative who is in direct liaison with you or your organization.
4. A signed hard copy of this Form can be submitted; however, scanned and PDF versions will be accepted provided that it contains the signature of an authorized signatory and company stamp (if applicable).
5. Forms must be accompanied by legible copies of all required and supporting documents. Failure to submit said documents would deem this Form as incomplete and will be rejected.
6. Forms must be approved by the appropriate UWI personnel prior to engagement of any procurement activities.

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DOCUMENT CHECKLIST

The following list of items are considered mandatory and must be submitted with this Registration Form

SOLE TRADER/BUSINESS:		✓
1	Business Name Registration Certificate	
2	BIR Registration Certificate	
3	VAT Registration Certificate <i>(if applicable)</i>	
4	PAYE Registration Certificate <i>(if applicable)</i>	
5	NIS Registration Certificate <i>(if applicable)</i>	
6	Completed Due Diligence Checklist <i>(See Section D)</i>	
7	Principal Place of Business	
8	Copy of license to trade in precious metals and stones	
CORPORATION:		
1	Certificate of Incorporation and Certificate of Continuance	
2	BIR Registration Certificate	
3	VAT Registration Certificate and VAT Clearance Certificate (no later than 6 months old)	
4	PAYE Registration Certificate and Income Tax Clearance Certificate (no later than 6 months old)	
5	NIS Registration Certificate and NIS Clearance Certificate (no later than 6 months old)	
6	Completed Due Diligence Checklist <i>(See Section D)</i>	
7	Notice of Registered Office or Notice of Change of Registered Office	
8	Principal Place of Business (if different from Registered Office)	
9	Notice of Directors or Notice of Change of Directors	
10	Last Return of Beneficial Interest in Shares of a Company	
11	List of Key Personnel/Principal Officers	
12	Copy of most recent Insurance Policies for Workmen' s Compensation, Contractors All Risk Insurance and Public Liability Insurance (where applicable)	
13	Copy of license to trade in precious metals and stones	

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For Internal Use Only:
VENDOR ID.# _____

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for the St. Augustine Campus*

Please read the following information carefully before filling out this form.

SECTION A: VENDOR BUSINESS INFORMATION

Name of Vendor: (legal/registered name of sole trader/business/corporation)	
Address of Vendor: (Registered Office and Principal Place of Business if different)	
BIR Number:	
VAT Registration Number: (If applicable)	
NIB Registration Number:	
Country of Incorporation/Registration:	
Year Incorporated/Registered:	
Type of Business Organization: (sole proprietor, partnership, limited liability company, joint venture, Not for Profit etc.)	
Nature of Business/ Type of Product/Service: <i>List services as a jeweler related to the design, production and supply of branded rings for schools universities and other major learning institutions</i>	

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SECTION B: VENDOR CONTACT INFORMATION

Phone Number:	
Fax Number: (optional)	
E-mail:	
Business website: (optional)	
Primary Contact's Name:	
Primary Contact's Designation:	
Primary Contact's Phone:	
Primary Contact's E-mail:	

SECTION C: DUE DILIGENCE

Licenses

1. To be eligible, Vendors must be licensed to trade in precious metals and stones (copy of up to date license to be submitted with this Form documentary evidence).

2. Track record/Work Experience

In relation to the design, production and supply of **branded rings for** schools, universities and other major learning institutions, list below the relevant major similar services carried out by your organization over the last 10 years.

Client (School/ Institution) Name	Client Telephone Number	Description of Services (include quantities of rings supplied per annum)	Total Contract Sum TT\$	CONTRACT PERIOD

Please note The UWISTA reserves the right to contact the listed clients for further information

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Financial Information

3. Are your financial accounts or management reports for the last three (3) years:

- | | | | | |
|------------------------------------------------|-----|--------------------------|----|--------------------------|
| a. completed by a reputable firm/consultant | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. up-to-date | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c. audited | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d. available for viewing on-request by the UWI | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

4. The Vendor is required to submit a letter from their bank/financial institution indicating their organization is in good financial standing.

Name and address of Bank or Financial Institution

5. Is your organization able to provide the following insurances required in the course of contract delivery (if yes, indicate insurance provider):

- | | | | | | |
|---------------------------|-----|--------------------------|----|--------------------------|-------|
| | | | | Insurance provider | |
| a. Workman's Compensation | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | _____ |
| b. Contractor's All-Risk | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | _____ |

Conflict of Interest and Ethical behavior in Procurement

6. Do any Owners, Partners, Directors, Officers, Employees or shareholder of the vendor with decision making authority currently hold (or held within the last three years) any position of employment within The University of the West Indies, St. Augustine Campus (UWISTA)?

If yes, please provide the details below:

Name	Department	Position (s)	Dates (From/To)

7. Is any immediate family member (spouse, child, parent, brother, sister, cousin, nephew or niece or member residing in the immediate household) of any of the Owners, Partners, Directors, Officers or Shareholders of the vendor with decision-making authority currently employed by, the UWI STA.

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If yes, please provide the details below:

Name of Relative	Position at The UWI	Relationship (i.e. Husband, Wife, Child, etc.)	Years during which the person was employed

8. Has any Owner, Partner, Director, Officer or Employee of the vendor with decision-making authority ever been accused of, subjected to investigation, or convicted of bribery, fraud or corruption?

Yes No

If yes, please provide the details and outcomes below:

9. Has any Owner, Partner, Director, Officer or Employee of the vendor ever been paid or given anything of value to any official, governmental or otherwise in order to retain business or obtain an improper advantage?

Yes No

If yes, please provide the details and outcomes below:

10. Has any Owner, Partner, Director, Officer or Employee of the vendor with decision-making authority ever been the subject of any criminal investigation or disciplinary procedure in relation to the vendor's business activities?

Yes No

If yes, please provide the details and outcomes below:

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11. Has any Owner, Partner, Director, Officer or Employee of the vendor ever been disciplined by any professional organization or body in relation to the vendor's business activities?

Yes No

If yes, please provide the details and outcomes below:

12. Has the Vendor ever been denied membership in any association or body, or had its membership revoked from said body?

Yes No

If yes, please provide the details and outcomes below:

Litigation/ Claims History

13. Has your organization ever been insolvent, in receivership, bankrupt or is being wound up, affairs being administered by a court or a judicial officer, business activities suspended and the subject of legal proceedings for any of the foregoing.

Yes No

If yes, please provide the details and outcomes below:

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SECTION D: VENDOR DECLARATION

I, _____, hereby declare, on behalf of _____, that to the best of my knowledge, after due inquiry, the information provided on this Form, including any attached documents, is accurate, complete and up-to-date. I also certify that if there is a material change to the information provided in this Form, I will promptly report that information to the UWI STA. I also authorize The University of the West Indies and/or its representatives to undertake further investigation, if so desired, to verify the validity and accuracy of the information contained herein. I understand that any incorrect or false statements made on this Form can render my registration as a vendor of The UWI invalid and can result in revocation of such registration.

.....
Authorized Signature

.....
Date

.....
Company Stamp (if applicable)