



Caribbean Airlines Vendor Registration

A. VENDORS DETAILS		
Vendor Name: _____		
Vendor Registered Address: _____ _____		
Mailing Address if different to the above: _____ _____		
Phone Number: _____	FAX Number: _____	Cell Number: _____
E-mail Address: _____	Website Address: _____	
Contact Person: _____		
Names of Principals/Owners/Directors: _____ _____		
List Shareholders currently or formerly employed with CAL. _____		
List Directors currently or formerly employed with CAL. _____		
List Employees formerly employed with CAL. _____		
Vat Registered? Yes <input type="checkbox"/> (Copy Required) VAT Number _____	Vat Registered? No <input type="checkbox"/> (Attach a copy of your VAT exemption letter)	How long have you been in business? _____
Company Registration Number: (Copy Required) _____	FAA/EASA Certification Number: _____	
Type or Legal Entity: _____		
Name of Shareholders: _____		
BIR Tax Clearance: _____		
Company Certificate of Incorporation: _____		
Company certification from Governing Authority: _____		
Please indicate which size classification that best describes your firm.	Number of Employees: <input type="checkbox"/> under 25 <input type="checkbox"/> 25 - 50 <input type="checkbox"/> 50 - 100 <input type="checkbox"/> 100 - 500 <input type="checkbox"/> 500 - 750 <input type="checkbox"/> 750 - 1000 <input type="checkbox"/> Over 1000	
List the categories of goods and /or services in which your firm is most competitive: _____ _____ _____		
How many years has your business been in the current business? _____		
Have you ever done business with Caribbean Airlines before? If yes:		
(a) When? _____		
(b) What service/goods were provided? _____ _____		

B. REFERENCES			
Name three (3) customer references with contact details with whom you have done business with in the past year:			
Name	Address	Phone	Email Address
Do you have any close family or relations employed at Caribbean Airlines Limited. If yes, give details:			
C. TYPE OF PAYMENT			
Credit Terms offered:		Payment Details:	
Banking Information:			
Wire Transfer Information:			
I understand that the information provided is true and correct to the best of my knowledge.		Company Stamp:	
Signature: _____ Authorized Representative of Firm			
Name: _____ (Block Letters)			
Title: _____			
Date: _____		Date: _____	
FOR USE BY CARIBBEAN AIRLINES PURCHASING DEPARTMENT			
Vendor Code (SAP #)	Entered By	Date	
FOR USE BY CARIBBEAN AIRLINES ONLY			
Buyer's Acknowledgement			
The Buyer hereby acknowledges that no conflict of interest currently exists between himself and this vendor.			
Buyers Name: _____			
Signature: _____		Date: _____	
Procurement Mgr's Name: _____			
Signature: _____		Date: _____	
Other Acknowledgement			
I hereby acknowledge that no conflict of interest currently exists between myself or my department and this vendor.			
Signature: _____		Date: _____	
Failure to fully complete this form will result in the non payment of your invoices. Caribbean Airlines acknowledges that the information contained in this document is confidential and will ensure that its confidentiality will be maintained. Submission of this form does not confer acceptance by Caribbean Airlines nor does it form any contractual agreement between parties.			
Return completed copy to: Procurement Department Caribbean Airlines Limited, IERE House, Golden Grove Road, Piarco, Trinidad Tel: 1-868-669-3000 Ext. 2627, 2628 or 2650 Fax: 1-868-669-3535 Email: procurement-dept@caribbean-airlines.com			

D. INSTRUCTIONS

- Sections 1 - 3 must be completed and routed to: Quality Assurance for Technical Vendors
- Incomplete forms will be returned to requestor.

Section 1: Requestor Info

Requestor Name	Buyer Code	Date (yyy-mm-dd)
Signature		Telephone

Section 2: Reason for request (check one) **Section 2A: Reason for adding new vendor/supplier**

<input type="checkbox"/> New Vendor/Supplier -. If yes, complete section 2A <input type="checkbox"/> Name change <input type="checkbox"/> Address change <input type="checkbox"/> Deletion <input type="checkbox"/> Request for temporary approval Manufacturer <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New requirement <input type="checkbox"/> Alternate/Additional source <input type="checkbox"/> Replacement vendor <input type="checkbox"/> Okay to delete Vendor/Supplier
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Reason	Additional comments
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DIRECTORS: (Please declare any criminal offences, conflict of interest)
Are there any judgments, claims or suits pending against you? Yes No
Is the company insolvent, in receivership, being administered by the court, subject to legal proceedings? Yes No
If yes to any of the above, please provide details: _____

Section 3: Authorization for Vendor Use

Name: _____
Signature: _____
 Vice President - Maintenance & Engineering
Date: _____

Section 4: Quality Use Only

Evaluator's Name	Approval #
Telephone	Vendor Code (Trax #)
Approval date	Not Approved (see details below)
Entered By	Date

Details

Signature:- _____
 Quality Manager Maintenance
Date: _____