

Telecommunications Authority of Trinidad and Tobago
#5, Eighth Avenue Extension, off Twelfth Street, Barataria, Republic of Trinidad & Tobago

Telephone: (868) 675-8288; (868) 221-8288; (868) 222-8288 Website: www.tatt.org.tt
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Vendor Pre-qualification Questionnaire

**Connecting with Suppliers and
Streamlining Procurement**

For Official Use

Receipt No. _____

Application Date: _____

Evaluation Date: _____

- Successful
- Unsuccessful

Instructions

Individuals/businesses desirous of providing goods and services to TATT must complete and submit this questionnaire in accordance with the process described below.

All sections of the form must be completed in their entirety. In circumstances where the space provided within the Questionnaire is inadequate, the Contractor/Service Provider is asked to prepare schedules in the format indicated and attach same. All documentation requested must be supplied. This document shall be used to, inter alia, identify and qualify potential suppliers to provide goods, services and works to the Authority. Incomplete submissions will not be considered. Completed documents can be emailed or submitted in a sealed envelope, labelled "Vendor Prequalification Questionnaire" and addressed to Primary Contact:

Primary Contact for Information and Queries

Manager, Procurement
Procurement Department
Telecommunications Authority of
Trinidad and Tobago
#5, Eight Avenue Extension (off Twelfth Street)
Barataria
Tel: 675-8288 ext. 321 or 307
Email: procurement@tatt.org.tt

Manager, Procurement
Procurement Department
Telecommunications Authority of
Trinidad and Tobago
Tobago Office: Shop #D 48, Gulf City
Lowlands, Tobago

Terms and Conditions

General – All applicants are required to comply with the Terms and Conditions of this Vendor prequalification document.

Cost- Applicants should note that they are to bear all costs incurred in the preparation of a pre-qualification submission as required by the Authority.

Information- Applicants are fully responsible for the information given and it is also the responsibility of the applicant to inform the Authority of any change of address, telephone contacts or other relevant information.

No Guarantee of Work- Prequalification is not to be construed as a guarantee of work. Prequalification only determines eligibility to tender for work.

Initial prequalification is for a period of three years with the option to renew.

Applicant Information

Business Name _____
Business Address _____
Phone _____ Alt Phone _____ Fax _____
Email _____

Financial Details

Bankers _____

Applicants are required to provide one or more of the following

- A) Audited Financial Statements for the current and previous two years
- B) Management Accounts for the current and previous two years
- C) A letter of financial standing or capacity from a recognized financial institution
- D) Fill out the table below

Last Two Financial Years	Gross Sales	Assets	Liabilities

Client References for Work Completed

Company Name	Contact Name and Number
1	
2	
3	

Nature of Goods, Services and/or Works Supplied

List of Dealership/Distribution Rights or Exclusive Partnership for any Product/s

Primary Contact

Name _____ Position _____

Telephone _____ Mobile _____

Fax _____ Email _____

Type/Structure of Organization (Please tick appropriate option)

Sole Proprietor	()	Limited Liability	()
Partnership	()	Joint Venture	()
Private Company (with unlimited liability)	()	Consortium	()
Other: Please Specify			

List of Shareholders/Partners

1	4
2	5
3	6

List of Directors	
1	4
2	5
3	6

Key Personnel		
Name	Position	Period of Employment with Firm
1		
2		
3		
4		

Insurance Coverage: The applicant is requested to list the types of Insurance maintained where applicable	
Insurance Coverage	Name of Firm and Address
Workmen's Compensation	
Contractors' All Risk	
Third Party/Public Liability	

Litigation

The Contractor/Service Provider shall indicate any litigation brought against the company over the past three (3) years or whether the company is involved in any litigation that could prevent it from fulfilling its contractual obligations.

Litigation Matter	Litigation Party	Status

Declarations required for compliance with public procurement act

The following two questions and three certified statements must be filled out for your application to be considered complete.

Question (1)

Do you have the legal capacity to enter into a procurement contract with the Telecommunications Authority of Trinidad and Tobago?

YES () NO() Signature _____ Date _____

Question (2)

Have you fulfilled your obligations to pay all the required taxes and contributions in Trinidad and Tobago or country of operation?

Country of operation _____

YES () NO() Signature _____ Date _____

Certified Statement from Director and/or Owner (1)

I, _____ (insert name of director and/or owner) certify that _____ (insert company name) is not insolvent, in receivership, bankrupt or being wound up; its affairs are not being administered by a court or a judicial officer; and its business activities have not been suspended and/or are not the subject of legal proceedings for any of the foregoing.

Signature _____ Date _____

Certified Statement from Director and/or Owner (2)


I, _____ (insert name of director or owner) hereby certify that the directors and/or officers of _____ (insert company name) have not been convicted of any criminal offence/s.

Signature _____ Date _____

Certified Statement from Director and/or Owner (3)

I, _____ (insert name of director and/or owner) hereby certify that _____ (insert company name) has the requisite professional and technical skills, qualifications, permits, financial resources, equipment and other physical facilities, experience and personnel necessary to successfully provide the services identified by the applicant and meet the relevant industry standards.

Signature _____ Date _____

Company Stamp 

Documents and Information Required

Applicants are directed to enclose the documents listed below (where applicable) and to indicate in the check boxes below what has been enclosed. For the last two line items, please select the appropriate yes or no check boxes.

Certificate of registered business name under the Registration of Business Names Act, Chap. 82:85 or company's certificate of incorporation under the Companies Act or Certificate of registered business name in the foreign country	()
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Copy of company's last annual return filed under the Companies Act of Trinidad and Tobago (Form 28)	()
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Joint venture agreement (where applicable)	()
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Valid Board of Inland Revenue registration certificate or Valid tax registration if registered foreign country	()
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Valid National Insurance Board registration certificate	()
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Valid value added tax (VAT) registration certificate	()
--	-----

Organisational profile/brochure including organizational chart and Curriculum vitae (CV) of key personnel	()
---	-----

List of sustainable initiatives launched or a list of ethically sourced or produced products supplied by your organisation	()
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A document summarising the nature of your business	()
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Please indicate if your organisation is Occupational Safety and Health Act (OSHA) compliant. If yes, provide a copy of your safety policy	Yes ()
	No ()

Please indicate your willingness to offer a minimum of 30 days credit	Yes ()
	No ()

Type of Business

Please indicate which type of business by ticking the appropriate boxes.

Janitorial Services	()
Plumbing Services	()
Electrical Services	()
General Maintenance Services	()
General Contractor Services	()
Stationery and Office Supplies	()
Office Equipment and Repairs	()
Office Furniture and Furnishings	()
Catering Services	()
Advertising Services	()
Audio Visual Services	()
Printing and Graphic Design Services	()
Photography Services	()
Rentals (Venues, Tents, Tables etc.)	()
Transportation and Courier Services	()
Training and Development Services	()
Computer and Computer Supplies	()
Telecommunications Equipment Supplies	()
Quantity Surveying Services	()
Insurance Brokerage Services	()
Construction and Engineering Administration Services	()
Human Resources Services	()
ICT Maintenance Services	()
Other please specify:.....	()

Applicant Declaration, Acknowledgement and Signature

I, _____ (full name), affirm that I am the _____ (title) and an authorised representative of the Applicant _____ (name) and that I have read and understood all of the questions in this application and that all of the information and supporting documents submitted are true and correct to the best of my knowledge, and that all responses to the questions are full and complete. I recognise that the information submitted in this application is for the purposes of determining eligibility to supply goods and services to the Authority.

I acknowledge and agree that any false statement or omission made in connection with this application is sufficient cause for denial of eligibility or de-registration from the Authority's Supplier/Contractor Database.

I understand that registration on the Authority's Supplier/Contractor Database does not guarantee the award of work to the entity/person registered.

Signature:

Date:

Company
Stamp/Seal: