

FAIRSHARE PROGRAMME APPLICATION FORM

Thank you for registering with the FairShare Programme. This programme will allow you the opportunity to engage in business with governmental agencies and **help your business grow**. Before you apply to be a part of the FairShare Registry, please take note of the following:

Your business is eligible to participate in the Fair Share Programme if:

1. *The business is at least 51% owned by Trinidad and Tobago residents over 18 years*
2. *The business is registered in Trinidad and Tobago with the Ministry of Legal Affairs*
3. *Your business is a micro and/or small enterprise, having all of the following:*
 - I. *Less than \$1.5 Million in Assets (excluding land and building)*
 - II. *Less than 25 Employees (full-time equivalent)*
 - III. *Less than \$5 Million in Annual Revenue*

To ensure that your application for certification is processed speedily, please enclose copies of the following documents with your completed application form:

1. One form of national identification (National ID, Driver's Permit or Passport)
2. Certificate of Registration for your business (under the Business Names Act) or your co-operative (under the Co-operative Societies Act)
3. Three (3) Client Reference letters for your company
4. Résumé of owner(s)

Completed forms must be submitted to:

**The FairShare Programme
Enterprise Development Division
Ministry of Labour and Small and Micro Enterprise Development
Level 5, Duke Place
#50-54 Duke Street, Port of Spain**

If you have any questions, please contact the FairShare Unit at 299 0300 or email fairshare@gov.tt.

Note: The information provided will be used to include your business on an online database of micro and small enterprises (MSEs). *Each business owner may register ONLY ONE business for which he or she has a majority ownership.*

SECTION 1 – GENERAL INFORMATION ON BUSINESS

Contact Person and Job Title																					
Legal Name of Business																					
Business' Legal Registration No.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Contact Number(s)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Fax Number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
E-mail																					
Website (if applicable)																					
Business Address/Mailing Address																					
Regional Corporation																					
BIR Number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
NIS Number (if applicable)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
V.A.T. Number (if applicable)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Are there any TAX payments overdue?	YES <input type="checkbox"/> NO <input type="checkbox"/>																				
If "YES", have payment arrangements been made?	YES <input type="checkbox"/> NO <input type="checkbox"/>																				

SECTION 2 – BUSINESS INFORMATION

1. Describe your MAIN business activities.			
2. Does your business have any professional or trade licences?			YES <input type="checkbox"/> NO <input type="checkbox"/>
3. If "YES", please state the name of business, professional/trade licence(s) below and attach copies of these licences to this form.			
4. What is the structure of your business? CHOOSE ONE ONLY.			
Sole Trader <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	
Cooperative <input type="checkbox"/>	Joint Venture <input type="checkbox"/>	Limited Liability co. <input type="checkbox"/>	
Other (specify) <input type="checkbox"/>			
5. Number of Employees	Part-time	Full-time	Total
6. BUSINESS SIZE – ASSET VALUE (Excluding land and building) Please tick the box indicating which value is applicable.			
\$ 50,000 or less <input type="checkbox"/>	\$ 50,001 - \$250,000 <input type="checkbox"/>	\$250,001 - \$1.5 Million <input type="checkbox"/>	More than \$1.5 Million <input type="checkbox"/>
7. BUSINESS SIZE – SALES TURNOVER What is the average annual volume of sales that your company made for the past three (3) years?			
Less than \$250,000 <input type="checkbox"/>	\$250,000 - \$5,000,000 <input type="checkbox"/>	More than \$5,000,000 <input type="checkbox"/>	

SECTION 3 – OWNER(S) INFORMATION

SECTION 3.A: TO BE COMPLETED BY COMPANIES/BUSINESSES ONLY. CO-OPERATIVES MUST GO TO SECTION 3.B BELOW.

	Owner 1	Owner 2
Name		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Job Title		
Contact No.		
Email Address		
Home Address		
Proof of Citizenship (PP/DP/ID)		
*IF THERE ARE ADDITIONAL OWNERS, PLEASE ATTACH INFORMATION ON A SEPARATE SHEET.		
1. I/We have owned this business since (yyyy/mm/dd)		
2. Does any owner also have ownership in any other non-publicly traded business?		YES <input type="checkbox"/> NO <input type="checkbox"/> If "Yes", go to question 3.
3. (a) Name of owner(s)		
(b) Business name		
(c) % Ownership in other business		
4. PLEASE ATTACH CURRICULUM VITAE OF OWNER/S AND KEY EMPLOYEES. INCLUDE ANY QUALIFICATIONS THAT ARE RELEVANT TO THE BUSINESS BEING REGISTERED.		
5. PLEASE ATTACH A LIST OF THE COMPANY'S DIRECTORS: NAME AND ADDRESS (IF APPLICABLE)		

SECTION 3.B: TO BE COMPLETED BY CO-OPERATIVES ONLY.

	President	Secretary
Name		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Contact No.		
Email		
1. This co-operative was registered on (yyyy/mm/dd)		
2. PLEASE ATTACH A LIST OF DIRECTORS: NAME AND ADDRESS		

SECTION 4 – BUSINESS MANAGEMENT AND STAFFING

TO BE COMPLETED BY ALL APPLICANTS

A. AUTHORISED REPRESENTATIVES:

Identify your business' management personnel who are authorized representatives:

Name	Job Title	Years with Organisation

Does the business owner/director also manage the business?

YES

NO

B. PROJECT MANAGEMENT:

Please list the THREE LARGEST CONTRACTS (in terms of revenue) or MOST IMPORTANT CONTRACTS completed by your business within the last three (3) years.

Name of Contractor/ Contact Number	Name/Location of Project	Type of Work Done	Contract Value (TT\$)

C. CLIENT REFERENCES:

PLEASE ATTACH THREE (3) REFERENCE LETTERS FROM CLIENTS AFFILIATED WITH YOUR BUSINESS.

SECTION 5 – DECLARATION OF TRUTH

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS WITHIN THE CONTEXT OF THE FAIRSHARE PROGRAMME.

I _____ (*full name*), swear or affirm that I am _____ (*title*) and an authorised representative of the applicant business/co-operative _____ (*name*) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. I recognise that the information submitted in this application is for the purpose of certificating the business into the FairShare Programme by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorise such agency to contact any entity named in the application, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named business' eligibility.

I agree to provide written notice to the recipient agency of any material change in the information contained in the original application within 30 calendar days of such change.

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for denial or immediate revocation of certification.

I declare, under penalty of perjury, that the information provided in this application and supporting documents is true and correct.

Signature: _____

Date: _____

Stamp of Business/Co-operative: