

## FAIRSHARE PROGRAMME APPLICATION FORM

Thank you for considering application for certification 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 nationals 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. *Assets less than \$1.5 Million (excluding land and building)*
  - II. *Less than 25 employees (full-time equivalent)*
  - III. *Annual revenue is less than \$5 Million*

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. Income Tax Certificate with File Number
4. Value Added Tax (VAT) Registration Certificate and Number (or exemption)

Client References and/or public recognition awards to your company

Completed forms must be submitted to:

**The Fair Share Programme  
The Enterprise Development Division  
Ministry of Labour and Small and Micro Enterprise Development  
Level 6, Tower C, 1 Wrightson Road,  
Port of Spain**

If you have any questions, please contact the Enterprise Development Division, FairShare Unit at 627 – 0756 or email [fairshare@gov.tt](mailto:fairshare@gov.tt).

## SECTION 1 – NOTES FOR APPLICANTS

You are required to fill out all sections of this form. The information provided will be used to include your business on a database of micro and small enterprises (MSEs). This database will be accessible by representatives from government ministries, departments and agencies, statutory bodies and state enterprises to view contact information, business activities and client references in order to procure your services.

Be advised that inaccurate information, misrepresentations and omissions **will** prevent your entry into the FairShare Programme.

### PLEASE NOTE

- Each business owner may register **ONLY ONE** business for which he or she has a majority ownership.
- This programme **DOES NOT** guarantee that your business will receive a public sector contract.

## SECTION 2 – GENERAL INFORMATION ON BUSINESS

<b>Contact Person and Job Title</b>																					
<b>Legal Name of Business</b>																					
<b>Business' Legal Registration No.</b>	<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>																				
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<b>E-mail</b>																					
<b>Website (if applicable)</b>																					
<b>Business Address</b>																					
<b>Mailing Address of Business (if different from above)</b>																					
<b>BIR Number</b>	<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>																				
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<b>V.A.T. Number</b> (Or V.A.T. Exemption Letter)	<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>																				
<b>Are there any TAX payments overdue?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>																				
<b>If "YES", what payment arrangements have been made?</b>																					
Give an account no more than 5 lines of what you are doing to clear overdue taxes																					

## SECTION 3 – BUSINESS INFORMATION

<b>1. Describe your main business activities.</b>			
<b>2. Does your business have any professional or trade licences?</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>3. If "YES", please state the name of business, professional/trade licence(s) below and attach copies of these licenses to this form.</b>			
<b>4. What is the structure of your business? CHOOSE ONE ONLY.</b>			
Sole Trader <input type="checkbox"/>		Partnership <input type="checkbox"/>	
Cooperative <input type="checkbox"/>		Joint Venture <input type="checkbox"/>	
		Corporation <input type="checkbox"/>	
		Limited Liability co. <input type="checkbox"/>	
Other (specify) <input type="checkbox"/> .....			
<b>5. Number of employees</b>	<b>Part-time</b>	<b>Full-time</b>	<b>Total</b>
	Number of part-time workers.	Number of full-time employees only.	Total Full and Part time employees
<b>6. BUSINESS SIZE – ASSET VALUE (Excluding land and building)</b> 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"/>	
<b>7. BUSINESS SIZE – SALES TURNOVER</b> What is the average volume of sales your company's makes on an ANNUAL basis?			
Less than \$250,000 <input type="checkbox"/>		\$250,000 - \$5,000,000 <input type="checkbox"/>	
		More than \$5,000,000 <input type="checkbox"/>	
<b>8. PLEASE SUBMIT COPIES OF YOUR BUSINESS TAX RETURNS OVER THE PAST 3 YEARS. (NOT APPLICABLE TO CO-OPERATIVES)</b>			
<b>ONLY THE FIRST THREE (3) PAGES FOR EACH YEAR'S CORPORATE TAX RETURN IS TO BE SUBMITTED.</b>			

## SECTION 4 – OWNER(S) INFORMATION

SECTION 4.A: TO BE COMPLETED BY COMPANIES/BUSINESSES ONLY. CO-OPERATIVES MUST GO TO SECTION 4.B.

	Owner 1	Owner 2
<b>Name</b>		
<b>Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Job Title</b>		
<b>Contact No.</b>		
<b>Email Address</b>		
<b>Home Address</b>		
<b>Proof of Citizenship (PP/DP/ID)</b>		
<b>*IF THERE ARE ADDITIONAL OWNERS, PLEASE ATTACH INFORMATION ON A SEPARATE SHEET.</b>		
<b>1. I/We have owned this business since (yyyy/mm/dd)</b>		
<b>2. Does any owner also have ownership in any other non-publicly traded business?</b>		YES <input type="checkbox"/> NO <input type="checkbox"/>  If "Yes", go to question 3.
<b>3. (a) Name of owner(s)</b>		
<b>(b) Business name</b>		
<b>(c) Ownership in other business</b>	Figure between 1–100%	Figure between 1-100%
<b>4. Does any owner perform a management or supervisory function for any other business? If "Yes", identify name of business</b>		YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Owner(s) Name</b>	<b>Position</b>	<b>Business</b>
<b>5. PLEASE ATTACH CURRICULUM VITAE OF OWNER/S AND KEY EMPLOYEES. INCLUDE ANY QUALIFICATIONS THAT ARE RELEVANT TO THE BUSINESS BEING REGISTERED.</b>		
<b>6. PLEASE ATTACH A LIST OF THE COMPANY'S DIRECTORS: NAME AND ADDRESS (IF APPLICABLE)</b>		

**SECTION 4.B: TO BE COMPLETED BY CO-OPERATIVES ONLY.**

	President	Secretary

<b>Name</b>		
<b>Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Contact No.</b>		
<b>Email</b>		
<b>Home Address</b>		
<b>Proof of Citizenship (PP/DP/ID)</b>		
<b>7. I/We registered this co-operative on (yyyy/mm/dd)</b>		
<b>8. Does any director also have ownership in any other non-publicly traded business or co-operative?</b>		YES <input type="checkbox"/> NO <input type="checkbox"/> If "Yes", go to question 3.
<b>9. (a) Name of director(s)</b>		
<b>(b) Company/Co-operative name</b>		
<b>(c) Ownership in co-operative/ company</b>		
<b>10. Does any director perform a management or supervisory function for any other business? If "Yes", identify name of business</b>		YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Owner(s) Name</b>	<b>Position</b>	<b>Business</b>
<b>11. PLEASE ATTACH CURRICULUM VITAE OF OWNER/S AND KEY EMPLOYEES. INCLUDE ANY QUALIFICATIONS THAT ARE RELEVANT TO THE BUSINESS TO BEING REGISTERED.</b>		
<b>12. PLEASE ATTACH A LIST OF THE COMPANY'S DIRECTORS: NAME AND ADDRESS</b>		

## SECTION 5 – BUSINESS MANAGEMENT AND STAFFING

### 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. BANKING INFORMATION

Name of Banker	
Contact Person	
Address	
Contact Number(s)	

### C. 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.

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

### D. CLIENT REFERENCES:

**PLEASE ATTACH REFERENCES FROM THREE CLIENTS AFFILIATED WITH YOUR BUSINESS.**

## SECTION 6 –CLASSIFICATION

**Indicate which category (or categories) most closely reflects(s) your business activity.**

**TICK ALL THAT APPLY**

Sector	Activity
A - Agriculture, forestry and fishing <input type="checkbox"/>	01 - Crop and animal production, hunting and related service activities <input type="checkbox"/>
	02 - Forestry and logging <input type="checkbox"/>
	03 - Fishing and aquaculture <input type="checkbox"/>
	00 - Other <input type="checkbox"/>
C - Manufacturing <input type="checkbox"/>	10 - Manufacture of food products <input type="checkbox"/>
	11 - Manufacture of beverages <input type="checkbox"/>
	12 - Manufacture of tobacco products <input type="checkbox"/>
	13 - Manufacture of textiles <input type="checkbox"/>
	14 - Manufacture of wearing apparel <input type="checkbox"/>
	15 - Manufacture of leather and related products <input type="checkbox"/>
	16 - Manufacture of wood and of products of wood and cork, except furniture; manufacture of articles of straw and plaiting materials <input type="checkbox"/>
	17 - Manufacture of paper and paper products <input type="checkbox"/>
	18 - Printing and reproduction of recorded media <input type="checkbox"/>
	19 - Manufacture of coke and refined petroleum products <input type="checkbox"/>
	20 - Manufacture of chemicals and chemical products <input type="checkbox"/>
	21 - Manufacture of basic pharmaceutical products and pharmaceutical preparations <input type="checkbox"/>
	22 - Manufacture of rubber and plastics products <input type="checkbox"/>
	23 - Manufacture of other non-metallic mineral products <input type="checkbox"/>
	24 - Manufacture of basic metals <input type="checkbox"/>
	25 - Manufacture of fabricated metal products, except machinery and equipment <input type="checkbox"/>
	26 - Manufacture of computer, electronic and optical products <input type="checkbox"/>
	27 - Manufacture of electrical equipment <input type="checkbox"/>
	28 - Manufacture of machinery and equipment (n.e.c.) <input type="checkbox"/>
	29 - Manufacture of motor vehicles, trailers and semi-trailers <input type="checkbox"/>
30 - Manufacture of other transport equipment <input type="checkbox"/>	
31 - Manufacture of furniture <input type="checkbox"/>	
33 - Repair and installation of machinery and equipment <input type="checkbox"/>	
32 - Other manufacturing <input type="checkbox"/>	

D - Electricity, gas and air conditioning supply	<input type="checkbox"/>	35 - Electricity, gas and air conditioning supply	<input type="checkbox"/>
		00 - Other	<input type="checkbox"/>
E - Water supply; sewerage, waste management and remediation activities	<input type="checkbox"/>	36 - Water collection, treatment and supply	<input type="checkbox"/>
		37 - Sewerage	<input type="checkbox"/>
		38 - Waste collection, treatment and disposal activities; materials recovery	<input type="checkbox"/>
		39 - Remediation activities and other waste management services	<input type="checkbox"/>
		00 - Other	<input type="checkbox"/>
F - Construction	<input type="checkbox"/>	41 - Construction of buildings	<input type="checkbox"/>
		42 - Civil engineering (services)	<input type="checkbox"/>
		43 - Specialised construction activities	<input type="checkbox"/>
		00 - Other	<input type="checkbox"/>
G1 - Wholesale and retail trade;	<input type="checkbox"/>	45 - Retail trade (shops, clothing retail, electronics, computers, pharmaceuticals, household and miscellaneous items etc.)	<input type="checkbox"/>
		46 - Wholesale trade, except of motor vehicles and motorcycles	<input type="checkbox"/>
G2 - Automotive services	<input type="checkbox"/>	45 - Repair of motor vehicles and motorcycles	<input type="checkbox"/>
		00 - Other automotive	<input type="checkbox"/>
H - Transportation and storage	<input type="checkbox"/>	49 - Land transport	<input type="checkbox"/>
		50 - Water transport	<input type="checkbox"/>
		51 - Air transport	<input type="checkbox"/>
		52 - Warehousing and support activities for transportation	<input type="checkbox"/>
		53 - Postal and courier activities	<input type="checkbox"/>
		00 - Other	<input type="checkbox"/>
I - Accommodation and food services	<input type="checkbox"/>	55 - Accommodation (Guesthouses, hotels, lodging etc.)	<input type="checkbox"/>
		56 - Catering, food and beverage service activities	<input type="checkbox"/>
		00 - Other	<input type="checkbox"/>
J - Information and communication	<input type="checkbox"/>	58 - Printing, publishing, packaging	<input type="checkbox"/>
		59 - Motion picture, video and television programme production, sound recording and music publishing activities	<input type="checkbox"/>
		60 - Programming and broadcasting activities	<input type="checkbox"/>
		61 - Telecommunications	<input type="checkbox"/>
		62 - Computer programming, consultancy and related activities	<input type="checkbox"/>
		63 - Information service activities (Data processing, hosting and related activities; web portals)	<input type="checkbox"/>
K - Financial and insurance activities	<input type="checkbox"/>	64 - Financial service activities, except insurance and pension funding	<input type="checkbox"/>
		65 - Insurance, reinsurance and pension funding, except compulsory social security	<input type="checkbox"/>
		66 - Activities auxiliary to financial service and insurance activities	<input type="checkbox"/>
		00 - Other	<input type="checkbox"/>
L - Real estate activities	<input type="checkbox"/>	68 - Real estate activities	<input type="checkbox"/>

M - Professional, scientific and technical activities <input type="checkbox"/>	69 - Legal and accounting activities <input type="checkbox"/> 70 - Activities of head offices; management consultancy activities <input type="checkbox"/> 71 - Architectural and engineering activities; technical testing and analysis <input type="checkbox"/> 72 - Scientific research and development <input type="checkbox"/> 73 - Advertising and market research <input type="checkbox"/> 75 - Veterinary activities <input type="checkbox"/> 74 - Other professional, scientific and technical activities <input type="checkbox"/>
N - Administrative and support service activities <input type="checkbox"/>	77 - Rental and leasing activities <input type="checkbox"/> 78 - Employment activities (employment agencies etc.) <input type="checkbox"/> 79 - Travel agency, tour operator, reservation service and related activities <input type="checkbox"/> 80 - Security and investigation activities <input type="checkbox"/> 81 - Services to buildings and landscape activities <input type="checkbox"/> 82 - Office administrative, office support and other business support activities <input type="checkbox"/> 00 - Other <input type="checkbox"/>
P - Education <input type="checkbox"/>	85 - Education (tutoring of adults, children, computer and specialised education etc.) <input type="checkbox"/> 00 - Other <input type="checkbox"/>
Q - Human health and social work activities <input type="checkbox"/>	86 - Human health activities <input type="checkbox"/> 87 - Residential care activities <input type="checkbox"/> 88 - Social work activities without accommodation <input type="checkbox"/> 00 - Other <input type="checkbox"/>
R - Arts, entertainment and recreation <input type="checkbox"/>	90 - Creative, arts and crafts, and entertainment activities <input type="checkbox"/> 90 - Fashion, creative arts etc. <input type="checkbox"/> 91 - Libraries, archives, museums and other cultural activities <input type="checkbox"/> 92 - Gambling and betting activities <input type="checkbox"/> 93 - Sports activities and amusement and recreation activities <input type="checkbox"/> 00 - Other <input type="checkbox"/>
S - Other service activities <input type="checkbox"/>	95a - Repair of computers and personal and household goods <input type="checkbox"/> 95b – Janitorial and other cleaning services <input type="checkbox"/> 96 - Other personal service activities (beauty-care, personal care etc.) <input type="checkbox"/>

## SECTION 7 – 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 FAIR SHARE 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 certifying the business into the Fair Share 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: