

Date: _____

GENERAL COMPANY INFORMATION

Company Name: _____

Commercial Name (DBA, if applicable): _____ Years Established: _____

Company Address: _____

City: _____ State: _____ Country: _____

Phone Number(s): _____ Website: _____

EIN or VAT ID Number: _____ Company ID Number (CID): _____

Type of Business: Manufacturer Distributor Vendor

Type of Company: Limited Liability Incorporation Sole Proprietorship Other: _____

Does the company have authorized distributors in Dominican Republic? No Yes

If the response above is 'Yes':

Company Name: _____ RNC Number: _____ Phone Number: _____

Company Address: _____ Email: _____

What company is responsible for covering warranties? (if applicable) Our company Distributor in D.R. Other

If the response above is 'Other':

Company Name: _____ RNC Number: _____ Phone Number: _____

Company Representative: _____ Email: _____

Does the company have a supply chain security certification? No Yes: CTPAT BASC OEA Other: _____

PRODUCTS / SERVICES OFFERED

BRANDS REPRESENTED / DISTRIBUTED

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CONTACT INFORMATION

President (CEO)
Name: _____ Email: _____

General Manager
Name: _____ Email: _____

Legal Representative (Authorized Firm)
Name: _____ Email: _____

Sales Executive
Name: _____ Email: _____

Accounts Receivable
Name: _____ Email: _____

Does the company have among its stakeholders a Politically Exposed Person (PEP)?: No Yes

The Financial Action Task Force (FATF) defines a PEP as an individual who is or has been entrusted with a prominent public function. This term applies to anyone entrusted with such function by their country, a foreign country, an international organization, or is family member of a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Public function examples include: a) Domestic or Foreign (head of state or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials) or b) International Organizations (directors, deputy directors and members of the board or equivalent function).

Name: _____ Public Function: _____

National ID / Passport: _____ Nationality: _____ Year(s) in Function: _____

(please initialize and seal this page)

COMMERCIAL REFERENCES (CLIENTS)

Company Name:	<input type="text"/>	Email:	<input type="text"/>
Representative:	<input type="text"/>	Phone(s):	<input type="text"/>
Company Name:	<input type="text"/>	Email:	<input type="text"/>
Representative:	<input type="text"/>	Phone(s):	<input type="text"/>
Company Name:	<input type="text"/>	Email:	<input type="text"/>
Representative:	<input type="text"/>	Phone(s):	<input type="text"/>

BANK INFORMATION

Bank Name:	<input type="text"/>	Account Number:	<input type="text"/>
Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking		Currency: <input type="checkbox"/> USD <input type="checkbox"/> EUR	
SWIFT or BIC Code:	<input type="text"/>	ABA Code (US accounts only):	<input type="text"/>
Bank Address:	<input type="text"/>		
Bank Name (if an additional account is available):	<input type="text"/>	Account Number:	<input type="text"/>
Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking		Currency: <input type="checkbox"/> USD <input type="checkbox"/> EUR	
SWIFT or BIC Code:	<input type="text"/>	ABA Code (US accounts only):	<input type="text"/>
Bank Address:	<input type="text"/>		

ADDITIONAL DOCUMENTS REQUIRED

- 1. Letter confirming your company is authorized to distribute / represent the brands mentioned above
- 2. Supply chain security certificate (if applicable): CTPAT, BASC, OEA, or other
- 3. Responsible fishing certificate (ASC, BIM, BAP GULF, RFM, G, or other)
- 4. Wire transfer instructions
- 5. Bank account certificate
- 6. Additional certificate (if applicable)

I hereby declare that the information provided in the first and second page of the present document is true and correct. I authorize the company to make any investigation to verify them. It is understood on my part that if the information provided is false or incorrect this application will be automatically annulled. And that it may also be rejected if the information requested on this form is not filled completely. The information provided in this form will be used confidentially.

Name (President or General Manager)	Signature	Company Stamp
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**** FOR INTERNAL USE ONLY ****

Supplier Requested by			
Name:	<input type="text"/>	Employee Code:	<input type="text"/>
Area or Department:	<input type="text"/>	Product(s) first purchase:	<input type="text"/>
Buyer		Project (if applicable):	<input type="text"/>
Name:	<input type="text"/>	Buyer Code:	<input type="text"/>
Negotiation			
Credit Terms:	<input type="text"/>	Currency: <input type="checkbox"/> US <input type="checkbox"/> DOP <input type="checkbox"/> EU <input type="checkbox"/> OTHER:	<input type="text"/>

This supplier is to be used for the following companies within Grupo Puntacana: All Specifically _____

Supplier Application in SAP

SAP supplier code: Created by:

Is this supplier related to a previous supplier created before? No Yes. SAP code for previous supplier: _____

VP or Director of Area

PURCHASING & LOGISTICS DEPARTMENT

OBSERVATIONS:

SUPPLIER REVISED ()	SUPPLIER AUTHORIZED ()	SUPPLIER REJECTED ()
Type of Industry: <input type="text"/>	Branch: <input type="text"/>	Type of Operation: <input type="text"/>

Purchasing Manager

Purchasing & Logistics Director

Date: _____