

Date: _____

GENERAL INFORMATION

Company Name:	Commercial Name (DBA, if applicable):		
Company Address:	City:	State:	Country:
Phone Number(s):	Website:		
EIN or VAT ID Number:	Company ID Number (CID):		
Type of Business: Manufacturer () Distributor () Vendor ()		Years established:	
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:
Company Address:	Email: Phone Number:
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:
Company Representative:	Email: Phone Number:

PRODUCTS / SERVICES OFFERED

BRANDS REPRESENTED / DISTRIBUTED

CONTACT INFORMATION

President (CEO)	
Name:	Email:
General Manager	
Name:	Email:
Sales Executive	
Name:	Email:
Accounts Receivable	
Name:	Email:
Legal Representative (Authorized Firm)	
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:

COMMERCIAL REFERENCES (CLIENTS)

If applicable, please include references of clients in Dominican Republic.

Company Name:	Email:
Representative:	Phone(s):
Company Name:	Email:
Representative:	Phone(s):
Company Name:	Email:
Representative:	Phone(s):

BANK INFORMATION

Bank Name:	Account Number:
Account Type: Savings () Checking ()	Currency: USD () EUR ()
SWIFT or BIC Code:	ABA Code (US accounts only):
Bank Address:	
Bank Name (if an additional account is available):	Account Number:
Account Type: Savings () Checking ()	Currency: USD () EUR ()
SWIFT or BIC Code:	ABA Code (US accounts only):
Bank Address:	

ADDITIONAL DOCUMENTS REQUIRED

1. Letter confirming that your company is an authorized distributor / representative of the brands mentioned above.
2. Wire transfer instructions
3. Bank account certificate

I hereby declare under oath that all data and information provided in all pages herein are absolutely true and correct. I hereby freely, consciously and expressly AUTHORIZE the Company to confirm and verify, either directly or through its related companies, the information provided herein and to consult available databases or credit information centers, both locally and internationally, which include Credit Information Systems, as well as to proceed with any other means, as deemed necessary, to carry out such due diligence, including the identification of beneficial ownership to any of my business relationships. I understand that in the event of disagreement or if the provided information proves to be false, this request shall be automatically canceled without the possibility of hiring me as a service provider. I also understand that this application may be rejected. If any information requested herein has not been completed in its entirety. All information provided herein shall be treated as being strictly confidential, notwithstanding any rights the company may have pursuant the disclosure of such information to any competent authority.

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

Supplier Requested by:		
Name:	Product(s) of interest for first purchase:	
Area or Department:	Employee Code:	Project (if applicable):

Buyer	
Name:	Buyer Code:

Negotiation	
Credit terms:	This supplier is to be used for the following companies within Grupo Puntacana:
Currency: USD () EUR () OTHER:	All () Specifically:

Supplier Application in SAP	
SAP supplier code:	¿Is this supplier related to a previous supplier created before? NO () YES ()
Created by:	SAP code for previous supplier:

PURCHASING & LOGISTICS DEPARTMENT

OBSERVATIONS:

SUPPLIER REVISED ()

SUPPLIER AUTHORIZED ()

SUPPLIER REJECTED ()

Purchasing Manager

Purchasing & Logistics Director

(Both pages must be stamped and signed)