



The National Insurance Board

of the Commonwealth of The Bahamas

Know Your Company Form

Company Information

The information contained on this form will be treated as confidential and used solely to determine your company's qualifications and will not be disclosed to others.

Company Name: _____ N.I. #:

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Trading Name of Business: _____

Business License #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 VAT Tin #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address: _____

Primary Contact: _____ Website: _____

Owner(s): _____

Directors: _____

Telephone: _____ (land line) _____ (cell) Fax: _____

Email: _____

Type of Business: Corporation Partnership Limited Liability Company Sole Proprietor
 Other (Please specify) _____

Date Founded: _____ Location of Incorporation: _____ Years in Business: _____
dd/mm/yyyy

Name of Liability Insurance Company: _____ Expiration Date: _____
dd/mm/yyyy

List other names under which your company has conducted business: _____

Is your company owned or controlled by a parent Company? Yes No If *yes*, describe on a separate sheet.

Is your company willing to accept a Purchase Order? Yes No



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Works Experience

Please list the trades that you are qualified to perform: _____

List the type of work you wish to perform: _____

State the dollar range of work you wish to perform: \$ _____

Has the Company done work for NIB before? Yes No If yes, please describe on a separate sheet.

Please provide photocopies of any trade and professional licenses required for you to perform your services.

Has any license ever been denied or revoked? Yes No If yes, please describe on a separate sheet.

Do you currently hold or have previously held a bahamian business license? Yes No If yes, please provide dates.

Operations

Please list the five (5) largest contracts that you have completed:

Project	Contract Time	Date Started	Date Completed	Contract Value	General Contractor



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References

Name	Address	Tel.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Banking Information

Principal Bank _____ Branch: _____

Account Manager: _____ Telephone: _____

Fax: _____ Email Address _____

Secondary Bank _____ Branch: _____

Account Manager: _____ Telephone: _____