 GreenSol Ltd	Supplier Registration Form	
	Document No.	GSL-QMS-F-14
	Revision No:	0
	Release Date:	24-FEB-2025

Instructions:

- For **digital submission**, please complete this form electronically and email it to Meera Ramcharitar at mramcharitar@greensolltd.com; Donimer Velasquez at dvelasquez@greensolltd.com; Nimla Seeberan at nseeberan@greensolltd.com;
- For **manual submission**, print, complete, and mail it to #61-67 Cipero Road, Retrench, San Fernando.
- Ensure all applicable required fields are filled out to avoid processing delays.
- Please fill out the form in BLOCK LETTERS.
- **Suppliers Required Documents:**
 - Please attach all required documents (Certifications, policies, references, etc.)
 - Certification of Incorporation or Business Registration
 - VAT Registration Certificate & VAT Clearance Certificate or Equivalent
 - TAX Clearance Certificates or Equivalent
 - NIS Compliance Certificate or Equivalent
 - Company Profile or Detailed list of services and/or products offered (Include price list if applicable)
 - Company’s HSEQ Policy (signed by Management & Dated) or Supporting Certifications
 - Audited Financial Statements (3 years) or Banker Reference Letter
 - Other relevant certifications where applicable


CONFIDENTIALITY NOTE: *The information provided in this form will be used solely for supplier approval and evaluation and will be kept strictly confidential. It will not be shared with third parties without prior consent.*

SECTION 1: COMPANY INFORMATION

- 1 Company Name: _____
- 2 Registered Business Address: _____
- 3 Country of Registration: _____
- 4 Mailing Address (if different): _____
- 5 Company Website: _____
- 6 Year Established: _____
- 7 Business Structure: Sole Proprietor Partnership Corporation Limited Liability
- 8 Date of Incorporation: _____

SECTION 2: (A) PRIMARY CONTACT INFORMATION

- 1 Primary Contact Name: _____
- 2 Job Title: _____
- 3 Phone Number: _____
- 4 Email Address: _____

 GreenSol Ltd	Supplier Registration Form	
	Document No.	GSL-QMS-F-14
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- 1 Secondary Contact Name: _____
- 2 Job Title: _____
- 3 Phone Number: _____
- 5 Email Address: _____

SECTION 2: (B) COMPANY INFORMATION

	NAME	SHAREHOLDER/ DIRECTOR	ADDRESS	SHAREHOLDER % OWNED
1				
2				
3				
4				
5				


SECTION 3: BUSINESS OPERATIONS

- Type of Business (Manufacturer, Distributor, Service Provider, Other): _____
- 1 Description of Products/Services Provided: _____
- 2 Industry Certifications (ISO, OSHA, etc.): _____
- 3 Safety and Environmental Compliance Certifications: _____
- 4

SECTION 4: FINANCIAL INFORMATION

- 1 Bank Name & Branch: _____
- 2 Bank Address: _____
- 3 Country of Bank: _____
- 4 IBAN (if applicable): _____
- 5 Swift Code: _____

(Required ONLY for Foreign Currency Accounts)

 GreenSol Ltd	Supplier Registration Form	
	Document No.	GSL-QMS-F-14
	Revision No:	0
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- 6 Bank Account Number: _____
- 7 Currency: _____
- 8 Bank Contact Name: _____
- 9 Bank Contact Email: _____

SECTION 5: QUALITY & SAFETY COMPLIANCE


- 1 Do you have a Quality Management System? (Yes/No): _____
 If yes, please provide certification details: _____
- 2 Do you have an Environmental Management System? (Yes/No): _____
 If yes, please provide certification details: _____
- 3 Do you have a Health, Safety, Environment, and Quality Policy? (Yes/No) _____
 If yes, please provide a copy. _____
- 4 Does your company have a full-time HSEQ Representative? _____
 Name: _____
 Contact Number _____
 Email: _____

SECTION 6: INSURANCE INFORMATION

- 1 Do you carry General Liability Insurance? (Yes/No): _____
 If yes, provide policy details: _____
- 2 Do you carry Workers' Compensation Insurance? (Yes/No): _____
 If yes, provide policy details: _____

SECTION 8: REFERENCES Please provide at least three business references:

- 1 Company Name: _____
 Contact Person: _____
 Phone Number: _____
 Email Address: _____
- 2 Company Name: _____
 Contact Person: _____

 GreenSol Ltd	Supplier Registration Form	
	Document No.	GSL-QMS-F-14
	Revision No:	0
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Phone Number: _____

Email Address: _____

3 Company Name: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

SECTION 9: DECLARATION & AUTHORIZATION I/We hereby certify that the information provided in this Supplier Registration Form is accurate and complete to the best of our knowledge. We understand that any misrepresentation may lead to disqualification from the supplier registration process.

Authorized Representative:


1 Name: _____

2 Job Title: _____

3 Signature: _____

4 Date: _____

5 Company Stamp: _____

 GreenSol Ltd	Supplier Registration Form	
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FOR OFFICE USE ONLY

Application No.: _____

Documents Received:

- | | | |
|--|------------------------------|-----------------------------|
| Certification of Incorporation or Business Registration | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| VAT Registration Certificate & VAT Clearance Certificate or Equivalent | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| TAX Clearance Certificates or Equivalent | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| NIS Compliance Certificate or Equivalent | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Company Profile | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Company's HSEQ Policy (signed by Management & Dated) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Audited Financial Statements (3 years) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Banker Reference Letter | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other relevant certifications where applicable | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Approval Status (Approved / Rejected): _____

Reviewed By: _____

Date: _____

Comments: _____