

VENDOR VERIFICATION FORM

THE PUBLIC TREASURY DEPARTMENT

PUBLIC TREASURY BUILDING NORTH ST. OPPOSITE POLICE HEADQUARTERS EAST ST. P. O. BOX N-7524 NASSAU, BAHAMAS

TELE: (242)3020545/3020592/3020525/3020534

**THIS FORM MUST BE COMPLETED AND SUBMITTED BY EITHER:

- ✓ Scan/Email: Controlssection@bahamas.gov.bs✓ Hand deliver

Note: In order for the form to be proc	essed the required highlighted field must be filled in.
Current Vendor ID:	
Legal Name of Business:	
Trading Name:	
Owner of Business:	
Company Street Address: (required)	
Postal Address:	
City:	
Country:	
Business Phone:	
Email:	
	The email address provided would be the one used by our office to inform you of payments sent to the bank
Cell:	e e e e e e e e e e e e e e e e e e e
Fax No.:	
Business Licence No.:	
Business Registration No.:	
Sub Office(s):	□ Nassau □ Grand Bahama □ Abaco
**Please indicate if the sub offi	ces have the same bank account as New Providence:
Company Bank Name/Code:	
Branch Code/Street Address:	

Bank Account Number (Flease provide	e either Checking or Savings Account Number):	
Checking:		
	E SAME AS THE TRADING NAME INDICATED ON THE BUSINESS	
National Insurance No. For	Business:	
Tax Identification Num	ber (TIN):	
Financial and Corporate Service Li	cence No.:	
	City:	
	State:	
	Country:	
I am authorized to represent the above		
COMPANY REPRESENTATIVE NAME	COMPANY REPRESENTATIVE TITLE	
Note: A copy of the following documents are required Copy of Financial and Corporate Service Licence (only for insurance companies and financial institutions) Copy of tax compliant certificate (TCC)		
DATE RECEIVED:	☐ APPROVED: ☐ NOT APPROVED:	