

SMALL BUSINESS AND SMALL BUSINESS SUPPLIER COMBINED REGISTRATION FORM

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MINISTRY
OF
BUSINESS



SMALL BUSINESS
BUREAU

SMALL
BUSINESS
PROCUREMENT
PROGRAMME

FOR OFFICIAL USE ONLY

	Small Business Registration	Approved	Declined	Reg. No.:
	Supplier Registration	Approved	Declined	Reg. No.:

PLEASE VERIFY YOUR STATUS AS A SMALL BUSINESS BELOW PRIOR TO REGISTRATION

To qualify for registration as an Approved Small Business and be eligible for participation in the Small Business Procurement Programme, businesses must satisfy the requirements of a small business as set out in the Small Business Act of 2004:

Section 2.(1) of the Small Business Act of 2004 states: "small business" means any person or persons, including a body corporate or unincorporate, carrying on business in Guyana for gain or profit and satisfying the criteria listed hereunder, but does not include any business having as its principal object the furtherance of a charitable or political purpose ...

Sub-section 2.(1).f further states that a small business must satisfy: at least two of the following conditions

- (i) employs not more than twenty-five persons;*
- (ii) has gross annual revenues of not more than sixty million dollars;*
- (iii) has total business assets of not more than twenty million dollars:*

YOU MUST MEET AT LEAST TWO OF THE CONDITIONS TO QUALIFY. Please register only if qualified. Registration is free.

Part 1 of the form (pages 3 to 7) only grants application for status as a small business. Part 2 of the form (pages 8 to 11) must also be completed to apply for registration in the Procurement Programme.

Section 11 (1) of the Small Business Act of 2004 states "The Government shall use its best endeavours to ensure that at least twenty percent of the procurement of goods and services required annually by the Government is obtained from small businesses and for this purpose, the Council shall prepare annually a Small Business Procurement Programme".

From January 2019, with the implementation of the Small Business Procurement Programme (SBPP), all small business suppliers wishing to participate in the SBPP and bid on set-aside contracts for small business must be registered with the Small Business Bureau (SBB), and include their SBPP registration number in their bid/quotation submissions for all Government of the Cooperative Republic of Guyana (GCRG) procurement. These forms are available at SBB, regional SBB Centres, or by e-mail request to sbppguyana@gmail.com.

To register for the SBPP, business must complete BOTH Part 1 and Part 2 of the Small Business and Small Business Supplier Combined Registration Form.

Completed forms with supporting documentation should be e-mailed to sbppguyana@gmail.com, submitted to SBB or regional SBB Centres in-person, or mailed to The CEO, Small Business Bureau, Ministry of Business, Lot 1, La Penitence, Georgetown. GUYANA.

An e-mail acknowledging receipt of the form and its details, with an application number, will be sent by SBB to the primary contact person identified on the form (Part 1 – A.4) for verification of accuracy of the supplied data. Once SBB completes internal verification of the supplied data with its sister GCRG agencies, an e-mail of the supplier registration certificate with the supplier registration number will be sent to the primary contact person identified on the form, or can be collected from SBB. For more information please e-mail sbppguyana@gmail.com or call +592 226-8120, +592 226-8123, or +592 226-8133.

The preference is to complete the form electronically using the free Adobe Reader. When using Adobe Reader required fields are highlighted in red, and help is available if the mouse pointer is placed over the field.

Small businesses must renew registration with SBB annually. Renewal forms are available at SBB, regional SBB Centres, or by e-mail request to sbppguyana@gmail.com.

INSTRUCTIONS FOR COMPLETING THE FORM (SBB MUST BE IMMEDIATELY INFORMED OF ANY CHANGES TO THE SUPPLIED DATA IN WRITING)

All required data items have an * following the data item label, e.g. A.1 Business Name* indicates that all businesses must complete it. All other items should be filled in if possible.

Complete form in blue or black ink only.

Complete all items in BLOCK letters.

PART 1:

Section A captures basic business information

SBB must be immediately informed in writing of any changes to the supplied data.

A.2 Trading Name - If different from commonly used Business Name, enter the name of the business as TIN, VAT, NIS, or SBB registered; the same trading name should have been used for all.

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A.3 Business Type* - Tick more than one box if necessary. Specify Other business type in the box provided next to Other check box.

A.4 Primary Contact Information* - How SBB contacts the business. SBB must be immediately informed in writing if changed.

A.4.c E-mail Address* - Primary contact e-mail address. All correspondence between SBB and business will use this address.

A.5 Secondary Contact Information - Alternative contact information if the primary contact is unreachable. SBB must be informed of any changes.

A.7 Trading Address - If different from Physical Address, enter the full Business Trading Address as TIN, VAT, NIS, or SBB registered; all should be the same.

A.13 Primary Business Sector* - Name the specific business activities, e.g. Manufacture of musical instruments, or Processing and preserving of fruits and vegetables.

A.14 Industry Type(s)* - Select based on the main business activity(ies).

A.15 Business Outline (Describe business activities and sector)* - Write a brief outline of what the business is and what it supplies.

Section B captures registration and compliance history data

Copies of Business Registration, TIN, and NIS (if local business) certificates must be attached to completed form (if submitting physical copy) or attached to e-mail (if submitting electronically).

B.4.a Business TIN No.* - Enter business's TIN registration number. All businesses must have a Tax Identification Number; local or foreign.

B.4.b TIN Date* - Enter date of TIN registration. All businesses must have a Tax Identification Number; local or foreign.

B.5.a Business VAT No.* - Enter business's VAT registration number. Enter N/A if no Value Added Tax registration..

B.5.b VAT Date* - Enter date of VAT registration. Leave blank if no Value Added Tax registration.

B.6.a Business NIS No.* - Enter business's NIS registration number. All local businesses must have a National Insurance Scheme registration number. Enter N/A if no NIS.

B.6.b NIS Date* - Enter date of NIS registration. Leave blank if no National Insurance Scheme registration.

Section C captures business ownership information

Copies of each owner's ID card and TIN certificate must be attached to completed form (if submitting physical copy) or to e-mail (if submitting electronically). Enter primary owner information first. All owners must be listed. If insufficient space provided, attach list and documentation for remaining owners to completed form (if submitting physical copy) or to e-mail (if submitting electronically).

C.1-4.d* - Choose "Y" (Yes) if either mentally or physically disabled, or both.

Section D captures core business activities, standards compliance, operational licensing, and dealership information

Copies of standards compliance and operational licensing documentation must be attached to completed form (if submitting physical copy) or to e-mail (if submitting electronically).

D.1*-5 - Enter only as many as applicable. Enter standards compliance/operational licensing only if applicable. Enter only one standards compliance/operational license per field.

D.6-8 - Applies only to registered dealers.

Section E captures required information to qualify as a small business as per the Small Business Act (2004)

Attach copies of GRA and NIS compliance letters. Attach, as applicable, copies of most recent PAYE employer return, income tax return/corporation tax return, and property tax return as submitted to GRA to completed form (if submitting physical copy) or to e-mail (if submitting electronically). If your business does not file any of income tax/corporation tax/property tax, attach copies of your financial statements describing assets and revenue (Income Statement, Statement of Current Assets and Liabilities).

E.3.a Gross Sales/Turnover for Previous Tax Year* - Enter the gross sales/turnover as the value of goods and services sold during the last tax year. The standard tax year in Guyana ends on December 31. If different, use your tax year for calculation.

E.3.b Gross Sales/Turnover Projection for Current Tax Year* - Enter the gross sales/turnover as the value of goods and services the business expects to make within the next tax year. The standard tax year in Guyana begins on January 1. If different, use your tax year for calculation.

E.4 Net Business Assets at End of Previous Tax Year* - Enter the total value of business assets as valued at the end of the previous tax year. The standard tax year in Guyana ends on December 31. If different, use your tax year for calculation.

Section F captures Small Business Bureau survey data

Section G provides a business self-declaration which is legally binding which the business accepts by signing

G.1 Legally Binding Self-Declaration* to be signed by up to 4 business owners.

PART 2:

Section A captures business's basic procurement history and expectations for Programme participation

Section B captures basic business contract history information for up to last 5 contracts and/or bids – GCRG and other

Enter as many contracts and/or bids as possible, up to 5.

Section C captures information to produce a business capability statement

Update SBB with any changes to information in writing (e-mail or physical letter).

C.1-4 - Enter as much detail as you feel relevant. Use full sentences.

Section D provides an authorization to release information to interested parties, a business code of conduct, and a business self-declaration, all of which are legally binding which the business accepts by signing

D.1 Authorization to Release Information to Interested Parties* - Indicated Yes (D.1.a) or No (D.1.b).

D.2 Legally Binding Code of Conduct*

D.3 Legally Binding Self-Declaration* to be signed by up to 4 business owners.

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IMPORTANT: Fill form in BLOCK letters. Use blue or black ink only.

PART 1: BUSINESS REGISTRATION

***Complete Part 1 regardless of any previous registration with the Small Business Bureau.**

A.1 Business Name*

A.2 Trading Name *(If Different)*

A.3 Business Registration Type*

Business Names Registration

Registered Company

SBB Registered Small Business

Sole Trader

Partnership

Cooperative

Other

A.4.a Primary Contact Name (Full Name)*

A.4.b Primary Contact Phone Number*

A.4.c Primary Contact E-Mail Address*

A.5.a Secondary Contact Name (Full Name)

A.5.b Secondary Contact Phone Number

A.5.c Secondary Contact E-Mail Address

A.6.a Physical Address*

Line 1*:

Line 2*:

Line 3*:

A.7.a Trading Address *(If Different)*

Line 1:

Line 2:

Line 3:

Same as Physical

A.6.b Administrative Region*

A.7.b Administrative Region

A.8.a Mailing Address *(If Different)*

Same as Physical

Same as Trading

Line 1:

OR PO Box #:

Line 2:

Post Office Location:

Line 3:

A.9 Business E-Mail Address

A.10 Business Website

A.14 Industry Type(s)*

Works

A.11 Business Phone Number

A.12 Business Fax Number

Goods

Consulting Services

A.13 Primary Business Sector*

Other Services

Other

A.15 Business Outline (Describe business activities by sector)*

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B. Attach copies of Business Registration, TIN, and NIS certificates to completed form.

B.1.a Registration No.(s)*

Business Names Reg. No.

Company Reg. No.

SBB Small Business Reg. No.

Partnership Reg. No.

Cooperative Reg. No.

CARICOM CSME Reg. No.

Other Reg. No.

B.1.b Registration Date(s)*

Reg. Date (DD/MM/YYYY)

Reg. Date (DD/MM/YYYY)

Reg. Date (DD/MM/YYYY)

Reg. Date (DD/MM/YYYY)

Reg. Date (DD/MM/YYYY)

Reg. Date (DD/MM/YYYY)

Reg. Date (DD/MM/YYYY)

B.2 Business Registration Location*

Guyana

Other

B.3 Date Business Commenced (DD/MM/YYYY)*

B.4.a Business TIN*

B.4.b TIN Date (DD/MM/YYYY)*

B.5.a Business VAT No.*

B.5.b VAT Date (DD/MM/YYYY)*

B.6.a Business NIS No.*

B.6.b NIS Date (DD/MM/YYYY)*

B.7.a-d Compliance History: Enter the date (YYYY/MM) of the most recently filed return.*

B.7.a PAYE*

B.7.b Income Tax*

B.7.c VAT*

B.7.d NIS*

C. At least one owner is required for sole proprietors. If insufficient space, attach a list of the remaining owners including full details. Attach copies of TIN certificates and ID cards to completed form.

C.1.a Owner Name (Full Name)*

C.1.b Gender* M / F

C.1.c Birthdate*

C.1.d Differently Abled* Yes / No

C.1.e Position Title*

C.1.f TIN No.*

C.1.g ID No.*

C.2.a Owner Name (Full Name)

C.2.b Gender M / F

C.2.c Birthdate

C.2.d Differently Abled Yes / No

C.2.e Position Title

C.2.f TIN No.

C.2.g ID No.

C.3.a Owner Name (Full Name)

C.3.b Gender M / F

C.3.c Birthdate

C.3.d Differently Abled Yes / No

C.3.e Position Title

C.3.f TIN No.

C.3.g ID No.

C.4.a Owner Name (Full Name)

C.4.b Gender M / F

C.4.c Birthdate

C.4.d Differently Abled Yes / No

C.4.e Position Title

C.4.f TIN No.

C.4.g ID No.

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D. List core business activities (Works/Goods/Consulting Services/Other Services/Other) **together with any certified national or international standards compliance or operational license, and what, if any, dealerships are held by the business. If insufficient space, attach a list of the remaining activities, compliances/licenses, and dealerships. Attach copies of compliance standards and operational licenses documentation to completed form.**

D.1.a Core Activity*

Description:

D.1.b Compliance Standard or Operational License*

Name:

No.:

Expiration Date (DD/MM/YYYY):

Details:

D.2.a Core Activity

Description:

D.2.b Compliance Standard or Operational License

Name:

No.:

Expiration Date (DD/MM/YYYY):

Details:

D.3.a Core Activity

Description:

D.3.b Compliance Standard or Operational License

Name:

No.:

Expiration Date (DD/MM/YYYY):

Details:

D.4.a Core Activity

Description:

D.4.b Compliance Standard or Operational License

Name:

No.:

Expiration Date (DD/MM/YYYY):

Details:

D.5.a Core Activity

Description:

D.5.b Compliance Standard or Operational License

Name:

No.:

Expiration Date (DD/MM/YYYY):

Details:

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D.6.a Authorized Dealership ID No.	D.6.b Date Appointed (DD/MM/YYYY)
D.6.c Contact Person (Full Name, Phone, E-Mail)	D.6.d Dealership Type and Products Covered

D.7.a Authorized Dealership ID No.	D.7.b Date Appointed (DD/MM/YYYY)
D.7.c Contact Person (Full Name, Phone, E-Mail)	D.7.d Dealership Type and Products Covered

E. Attach copies of GRA and NIS compliance letters. Attach, as applicable, copies of most recent PAYE employer return, income tax return/corporation tax return, and property tax return as submitted to GRA to completed form (If your business does not file income tax/corporation tax/property tax, attach copies of your financial statements (Income Statement, Statement of Current Assets and Liabilities)).

E.1.a Total Full-Time Employees*	E.1.b Youth (Under 18 Years) Full-Time Employees*
E.1.c Female Full-Time Employees*	E.1.d Differently Abled Full-Time Employees*
E.2.a Total Part-Time Employees*	E.2.b Youth (Under 18 Years) Part-Time Employees*
E.2.c Female Part-Time Employees*	E.2.d Differently Abled Part-Time Employees*
E.3.a Gross Sales/Turnover for Previous Tax Year* GY\$	
E.3.b Gross Sales/Turnover Projection for Current Tax Year* GY\$	
E.4 Net Business Assets at End of Previous Tax Year* GY\$	

F.1 Are you a current Small Business Bureau client? Yes / No

F.2 Briefly describe your past interactions with the Small Business Bureau.

F.3 Are you interested in the following service(s) from the Small Business Bureau?

Grant Funding Yes / No Amount: GY\$ Loan Funding Yes / No Amount: GY\$

Administrative Support Yes / No Training Yes / No Type:

F.4 Indicate the challenges, if any, faced by your business.

Cash Flow Management	Choosing What to Sell	Pests and Disease
Access to Finance	Attracting Clients/Customers	Tax/Regulation Compliance
Marketing Strategy	Business Management Knowledge	Other
Hiring Skilled Labour	Business Management Skills	

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G.1 Legally Binding Self-Declaration*

We the undersigned declare that the details provided in this form as business owners, are correct to the best of our knowledge, and that, in the event of changes, details will be provided as soon as possible to the Small Business Bureau. **UNSIGNED FORMS WILL NOT BE PROCESSED BY SBB.**

Applicant (Primary):

Position:

Signature:

Date:

Applicant (Secondary):

Position:

Signature:

Date:

Applicant:

Position:

Signature:

Date:

Applicant:

Position:

Signature:

Date:

FOR OFFICIAL USE ONLY

Interviewed Yes No

Interviewed By:

Date:

Notes:

Verified By:

Signature:

Date:

Notes:

Attached Documents:

TIN Certificate NIS Card Business Registration(s):

Income/Corporation Tax PAYE Property Tax Financial Statements:

GRA Letter NIS Letter

Operational License(s)/Compliance Standard(s):

Owner TIN Certificate(s) ID Card(s)

Approved

Declined

Reason(s) for Refusal:

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PART 2: SUPPLIER REGISTRATION

***Part 2 must be completed in full to be considered for registration in the Small Business Procurement Programme.**

A.1 Rate your level of familiarity with the procurement process.*

Not-at-all Familiar Slightly Familiar Moderately Familiar Very Familiar Extremely Familiar

A.2 Indicate your experience as a bidder/contractor in the public and private sectors. *(If Applicable)**

Prepared Bidding Documents	Experience (Any) in the Private Sector
Obtained Bid Security	Experience (Any) in the Public Sector
Submitted Bid(s)	Amount of Times:
Won Contract(s)	Amount of Times:
Executed Contract(s)	Amount of Times:
	List Public Agencies Interacted With:

A.3 Indicate challenges you have faced as a bidder/contractor. *(If Applicable)**

Finding Contracts that Align with Business	Winning Contracts
Obtaining Bidding Documents	Executing Contracts
Understanding Bidding Documents	Meeting Technical/Quality Standards
Understanding Bidding Process	Lack of Technical Knowledge/Skills
Filling Out Bidding Documents	Lack of Access to Financing
Creating Quotations	Lack of Access to Support Services
Obtaining Bid Security	Other
Obtaining Performance Bonds	

A.4 Which Programme support area(s) do you expect to use/participate in?*

Online List of Procurement Opportunities	Awareness Sessions on Contract Execution
Support for Accessing Financing	Fulfillment Training (Technical Knowledge/Skills)
Business Portfolio Building, Promotion, and Networking	Standards and Quality Training
Bidding Process Training	None

A.5 Briefly describe how the Small Business Bureau can best help you participate in public procurement. (What are your biggest challenges? What would be most helpful to overcome them? (E.g., grants, training, online support, in-person support, etc.))

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B. List the details of the last 5 contracts held or bid on. (If Applicable)*

B.1.a Interest*	B.1.b Contract*	B.1.c Procuring Entity*
Bid On	Title:	B.1.d Signed (DD/MM/YYYY)
Held	Description:	B.1.e Value GY\$
B.1.f Status	Completed On-Going	Late In Dispute Other

B.2.a Interest	B.2.b Contract	B.2.c Procuring Entity
Bid On	Title:	B.2.d Signed (DD/MM/YYYY)
Held	Description:	B.2.e Value GY\$
B.2.f Status	Completed On-Going	Late In Dispute Other

B.3.a Interest	B.3.b Contract	B.3.c Procuring Entity
Bid On	Title:	B.3.d Signed (DD/MM/YYYY)
Held	Description:	B.3.e Value GY\$
B.3.f Status	Completed On-Going	Late In Dispute Other

B.4.a Interest	B.4.b Contract	B.4.c Procuring Entity
Bid On	Title:	B.4.d Signed (DD/MM/YYYY)
Held	Description:	B.4.e Value GY\$
B.4.f Status	Completed On-Going	Late In Dispute Other

B.5.a Interest	B.5.b Contract	B.5.c Procuring Entity
Bid On	Title:	B.5.d Signed (DD/MM/YYYY)
Held	Description:	B.5.e Value GY\$
B.5.f Status	Completed On-Going	Late In Dispute Other

B.6 Provide any additional contract information that may be useful below.

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C. Capability Statement: Briefly outline management, technical, and business strengths. This information will be used to create a business profile for distribution to Government entities and to be made available online. The statement should be approximately one half-page long. If insufficient space, attach remainder to completed form. (This information can be updated by request to the Small Business Bureau.)

C.1 Specific Capabilities and Skills

C.2 Past Performance History *(If Applicable)*

C.3 Awards and Commendations *(If Applicable)*

C.4 Resumes (Work and Achievement History) of Key Management Personnel

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D.1 Authorization to Release Information to Interested Parties*

As part of the Programme, the Small Business Bureau will compile participant profile information, which will be distributed to Government entities and made available in an online registry. Profile information is shared ONLY for those applicants that have been accepted into the Programme.

The profile information that will be shared includes:

- Part 1: A.1 – A.15 (Business Information)
- Part 2: C.1 – C.4 (Capability Statement)
- Any portfolio information shared with the Small Business Bureau explicitly for inclusion in the Register of (Small Business) Suppliers.

D.1.a Yes, we authorize the Small Business Bureau to release the aforementioned information.

D.2 Legally Binding Code of Conduct*

The following applies to all suppliers:

- The supplier may not engage in corrupt practices.
- The supplier adheres to the tenets of Guyana's Green Economy and Guyana's environmental policy.
- The supplier recognizes the existing labour laws of Guyana.
- The supplier does not discriminate as defined by the Constitution and laws of Guyana.
- The supplier must disclose any conflict of interest where the procuring entity or Small Business Bureau staff may have any interest of any kind in the supplier's business or has economic ties with the supplier.

D.3 Legally Binding Self-Declaration*

We the undersigned declare that the details provided in this form as supplier owners, are correct to the best of our knowledge, and that, in the event of changes, details will be provided as soon as possible to the Small Business Bureau. We further agree to comply with **D.1 Authorization to Release Information to Interested Parties** and **D.2 Code of Conduct** listed above. **UNSIGNED FORMS WILL NOT BE PROCESSED BY SBB.**

Applicant (Primary):

Position:

Signature:

Date:

Applicant (Secondary):

Position:

Signature:

Date:

Applicant:

Position:

Signature:

Date:

Applicant:

Position:

Signature:

Date:

FOR OFFICIAL USE ONLY

Verified By:

Signature:

Date:

Notes:

Approved

Declined

Reason(s) for Refusal: