



Government of Bermuda  
 Ministry of Public Safety and Housing  
 BERMUDA HOUSING CORPORATION  
**CONTRACTOR APPLICATION**



Name of Applicant: .....

**Company Details**

Operating Name: .....

Number of Years in Business: .....

Company Type:     Sole Proprietorship     Partnership     Limited Liability     Corporation  
                           Other .....

Address: .....

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.....

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Telephone: .....

Cellular: .....

E-mail: .....

Fax: .....

Website: .....

Board of Directors

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List of Investors (including % of ownership)

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**Tax Details**

Are your accounts current with Government?

Payroll Tax  
 Yes     No

Social Insurance  
 Yes     No

**Personnel**

Name(s):

Qualifications:

Experience:

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**Assets**

List below the items of plant and equipment owned by your company and the value.

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**Business Contacts**

Accountant: .....

Lawyer: .....

**References**

List four past projects, name the main point of contact and attach pictures.

Project:	Contact:	Pictures attached
.....	.....	<input type="radio"/>
.....	.....	<input type="radio"/>
.....	.....	<input type="radio"/>
.....	.....	<input type="radio"/>

List and attach two written references (no family or business partners):

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List the names of any other companies that you own or are/have been affiliated with in the past 15 years:

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Have you ever been involved in court proceedings or arbitration on any project?  Yes  No

If yes, provide details: .....

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Have you ever declared liquidation or bankruptcy?  Yes  No

If yes, provide details: .....

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**\*\*\*\* Failure to complete all relevant parts of this form may invalidate the application \*\*\*\***

Signature ..... Date: .....

