



# DEVELOPERS PROGRAMME APPLICATION FORM

**Instructions:** Please complete all fields. Use additional pages if necessary

## SECTION A: COMPANY'S PROFILE

Name of Company: \_\_\_\_\_

Company's Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from above)

Date of Incorporation: \_\_\_\_\_ No. of Years in Operation: \_\_\_\_\_ No. of Years providing service being proposed on: \_\_\_\_\_

Telephone No: 

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 Office

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 Fax

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 Other

Email Address: \_\_\_\_\_

Type of Company:  Sole Proprietor  Partnership  Corporation  Private Company  
(please select)  Consortium  Joint Venture  Other Specify: \_\_\_\_\_

Number of Staff (Key Personnel) Technical \_\_\_\_\_ Administrative \_\_\_\_\_ Supervisory \_\_\_\_\_

## SECTION B: PERSONNEL AUTHORISED TO SIGN CONTRACTS

Name	Official Capacity

Director(s)/Partner(s)	Specific /General Skills

Company's Shareholder(s)	

### Completed by:

Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**SECTION C: EXPRESSIONS OF INTEREST TO DEVELOP NHT LANDS**  
**EXPERIENCE AND PERFORMANCE HISTORY**

**INSTRUCTIONS TO DEVELOPERS**

*Please list all the developments that the company has been involved in within the last ten (10) years. For each development, clearly state the company's role along with description (including numbers and type of units or facilities), final development cost and implementation dates. Date is to be stated in the format, mm-dd-yyyy. Provide details of any disputes and/or litigation matter with any of the development stakeholders, customers or service providers.*

**USE ADDITIONAL PAGES WHERE NECESSARY**

Developer's Legal Name: \_\_\_\_\_

Developer's Address: \_\_\_\_\_

Name of Development		
Description of Development		
Cost of Development		
Development Start Date		
Development End Date		
Details of owners/main stakeholders	Name:	Name
	Address:	Address:
	Contact Person(s)	Contact Person(s)
	Contact No.	Contact No.
Roles	<input type="radio"/> Prime Developer <input type="radio"/> Sub-Developer <input type="radio"/> Contractor	<input type="radio"/> Prime Developer <input type="radio"/> Sub-Developer <input type="radio"/> Contractor
Certificate of completion issued:	<input type="radio"/> Yes <input type="radio"/> No <i>If no state reason(s) _____</i>	<input type="radio"/> Yes <input type="radio"/> No <i>If no state reason(s) _____</i>

Is the firm in or was in a dispute?  Yes  No Dispute Amount: \$ \_\_\_\_\_ Status of Dispute:  Resolved  Unresolved  
 If Yes, State the Nature \_\_\_\_\_

Is the firm in or was in a litigation?  Yes  No Status of Litigation  Resolved  Unresolved  
 If Yes, State the Nature \_\_\_\_\_

***I hereby declare that the information provided in this application is true, and acknowledge that the Procuring Entity reserves the right to reject my application if any information stated herein is found to be false.***

Developer's Legal Name: \_\_\_\_\_

Developer's Address: \_\_\_\_\_

Date: \_\_\_\_\_



# DEVELOPERS PROGRAMME APPLICATION FORM

## EXPRESSION OF INTEREST TO DEVELOP NHT LANDS DISCLAIMER AND AFFIDAVIT FORM

It is understood and agreed that the information submitted herein is to be used by the Government of Jamaica (hereinafter referred to as the "Government") and the National Housing Trust (hereinafter referred to as the "Trust") in determining, according to their judgement and discretion, the ability of the prospective developer to perform work in connection with the Developers Programme for Design, Building and Civil Infrastructure Works on land owned by the NHT.

The Disclaimer and Affidavit Form must be completed and submitted as part of the application.

The developer gives the Government of Jamaica and the National Housing Trust the right to check and verify all the information given in this document from whatsoever sources- consultants, clients, banks, insurance companies, staff etc. In addition, the Trust or its representative(s) may be allowed to view or make copy of our company's financial statements for evaluation.

Head of Entity/Director: \_\_\_\_\_

Name of Entity: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Other Telephone No \_\_\_\_\_

Fax No. \_\_\_\_\_

Email Address: \_\_\_\_\_

I \_\_\_\_\_ being duly sworn make oath and say that the information provided herein is, to the best of my knowledge, true and accurate.

SWORN AT \_\_\_\_\_

in the parish/state of \_\_\_\_\_ this \_\_\_\_\_ day \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signed and Sealed by Head of Entity/Director

Witness by: \_\_\_\_\_  
Justice of the Peace /Notary Public