

FORM 1 - APPLICATION FOR ACCREDITATION FORM FOR SUPPLIER OF NON- TRADE GOODS AND SERVICES

DIRECTION: Fill- up necessary fields and tick boxes as appropriate. Leave items blank if not applicable.

SECTION 1 – GENERAL INFORMATION

_____ **Date**

APPLICATION IN ACCREDITATION OF : _____
(Specify good/ service)

Corporation Partnership Sole Proprietorship Others _____

1.1 Name of Firm : _____
a) Office Address : _____
b) Phone Number(s) : _____
c) Fax Number : _____
d) Email Address : _____

1.2 Suppliers' Category

Local Manufacturer Dealer
 Service Establishment Consolidator
 Local Distributor Contractor
 Foreign Supplier Others

1.3 Manager of the Firm

a) Name : _____
b) Designation : _____
c) Phone Number : _____
d) Signature : _____
e) E-mail Address : _____

1.4 Authorized Representative

a) Name : _____
b) Designation : _____
c) Phone Number : _____
d) Signature : _____
e) E-mail Address : _____

SECTION 2 – COMPANY PROFILE

2.1 Registration/Licenses: (Submit copies of the following):

	Registration/ License #	Place of Registration	Date of Registration	Expiration Date
1. DTI Business Name Registration				
2. CTC of SEC Registration				
3. CTC of Articles of Incorporation and By-Laws				
4. Mayor's Permit/Municipal License				
5. BIR VAT Registration Certificate				
6. Sample of D/R, SI and OR				

2.2 Ownership

NAME(S) of Owner/Stockholders	TIN Number
1.	
2.	
3.	
4.	
5.	
6.	

2.3 Extent of Filipino ownership on the firm's assets: _____%

2.4 Description and location of Shops/ Facilities/ Service Centers/ Branches:

Description (include area in m ²)	Address	No. of Employees

SECTION 3 – GOODS AND SERVICES

3.1 Items Supplied

Name	Description	After Sales Service Description(s)

SECTION 4 – FINANCES

	Previous Year	Current Year
Total Current Assets	P	P
Total Current Liabilities	P	P

Bank Information

Name of Bank and Branch	Credit Limit	Account Officer and Contact Number
	P	
	P	

*A non- refundable application fee of P _____ is payable upon submission of this accreditation form.
 *Validity of accreditation is one (1) year from date of approval. Thus accreditation may be renewed every year.
 *Kindly Fill-up and return this application form to:
 Philippine Seven Corporation, 7th Floor, Columbia Tower, Ortigas Ave. Pasig City
 Or Fax a t705-5229

AFFIDAVIT

I hereby certify that all information provided herein is true and correct, and I hold myself liable for any misrepresentation or false statement made herein.

In witness thereof, I have hereunto affixed my signature this ____ day of _____, 200____ at _____, Philippines.

Affiant

Republic of the Philippines)
PROVINCE/CITY OF) S.S.

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 200__ at _____, affiant exhibited to me his/her Community Tax Certificate No. _____ issued at _____ on _____.

NOTARY PUBLIC