



APPLICATION FOR ACCREDITATION

REQUIRED DOCUMENTS TO BE SUBMITTED TOGETHER WITH THE APPLICATION FOR ACCREDITATION FORM:

1. If a Corporation, the **ARTICLES OF INCORPORATION** as registered with the Security and Exchange Commission (SEC).
2. If a Partnership, the **PARTNERSHIP AGREEMENT** as registered with the Security and Exchange Commission (SEC).
3. If a sole Proprietorship, the **BUSINESS NAME** as registered with the Department of Trade and Industry (DTI).
4. **CURRENT LICENSE** to operate in the city or locality where the business is located.
5. **APPOINTMENT AS EXCLUSIVE DISTRIBUTOR/ AGENT**, if not the actual manufacturer of the item, notarized before a Notary Public.

If appointed by a foreign- based manufacturer/ supplier, appointment as exclusive distributor/agent shall have to be authenticated by the Philippine Embassy where the foreign based manufacturer/ supplier is located.

6. Any single imported item costing P10,000.00 or more delivered by the supplier would require the submission of document (s) that will prove that such item (s) are truly imported;
7. If the supplier / manufacturer is represented by a Third Party, **A POWER OF ATTORNEY OR A BOARD RESOLUTION** evidencing the authority to be represented shall be submitted to Air Transportation Office (ATO);
8. Supplier dealing on a certain specific item and brand of equipment must show **“TRACK RECORD”** evidencing sales of such item for five (5) years, **FINANCIAL STATEMENT including income tax return** for the last (2) years shall be submitted to Air Transportation Office (ATO).
9. Evidence to show that the supplier/ manufacturer has an Office or store which is subject to inspection by the Committee;
10. Specific item (s) desired by supplier to supply to the Agency;
11. **NATIONAL TELECOMMUNICATION COMMISSION (NTC) PERMIT** if the supplier dealer/manufacturer is supplying or dealing with radio communications equipment; and;
12. **VAT REGISTRATION CERTIFICATE.**

ANY FALSE STATEMENT OR SUBMISSION OF A FRAUDULENT INFORMATION REGARDING THE ABOVE DOCUMENTS SHALL BE A GROUND FOR DISQUALIFICATION AND MAY BE A BASIS TO BLACKLIST THE PARTY FROM DOING BUSINESS WITH THE AGENCY.



APPLICATION FOR ACCREDITATION

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|---|---------------------------------------|--------------------------|-----------------------|
| 1. Registered Name of the Business Enterprise: | | | |
| 2. Date Business Operation Started: | | | |
| 3a. Official Address: | | 3a1. Tel. No. | |
| 3b. Postal Address: | | 3b1. Tel. No. | |
| 3c. Office Address: | | 3c1. Tel. No. | |
| 3d. Cable Address: | | 3d1. Tel. No. | |
| 4. General Description of Business Activity: <i>(Put a check "✓" mark on appropriate activity)</i> | | | |
| <input type="checkbox"/> | Local Trading | <input type="checkbox"/> | Manufacturer |
| <input type="checkbox"/> | Indentor | <input type="checkbox"/> | Distributor |
| <input type="checkbox"/> | Eng'g & Construction | <input type="checkbox"/> | Franchise Dealer |
| <input type="checkbox"/> | | <input type="checkbox"/> | General Service |
| <input type="checkbox"/> | | <input type="checkbox"/> | Fabrication |
| <input type="checkbox"/> | | <input type="checkbox"/> | Transport |
| 5. Type of Organization: <i>(Put a check "✓" mark on appropriate type)</i> | | | |
| <input type="checkbox"/> | Corporation | <input type="checkbox"/> | Family Corp. |
| <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Single Proprietorship |
| <input type="checkbox"/> | | <input type="checkbox"/> | Cooperative |
| <input type="checkbox"/> | | <input type="checkbox"/> | Others: |
| 6. Business Registry: | | | |
| <input type="checkbox"/> | Security & Exchange Commission (SEC) | No. | Date: |
| <input type="checkbox"/> | Board of Investments (BOI) | No. | Date: |
| <input type="checkbox"/> | Department of Trade & Industry (DTI) | No. | Date: |
| <input type="checkbox"/> | Municipal Registry | No. | Date: |
| <input type="checkbox"/> | 7. Value Added Tax (VAT) Registration | No. | Date: |
| 8. Name/s of Authorized Representative: | | | |
| <input type="checkbox"/> | General Manager | Tel. No. | |
| <input type="checkbox"/> | Sales Manager | Tel. No. | |
| <input type="checkbox"/> | Sales Representative | Tel. No. | |
| <input type="checkbox"/> | Collection Manager | Tel. No. | |
| 9. Name/s of official or employees whom you are appointing to represent your firm at opening or bids: | | | |
| | Name | Designation | Specimen Signature |
| a.) | | | |
| b.) | | | |
| c.) | | | |
| d.) | | | |

10. Bank Depositories:

| Name of Bank | Telephone Number |
|--------------|------------------|
| a.) | |
| b.) | |

11. Name/s of Sister Companies: (Include holding company)

| Company | Complete Address | Telephone Number |
|---------|------------------|------------------|
| | | |
| | | |

12. Name/s of Foreign Principal Supplier/s:

| Product | Company | Complete Address |
|---------|---------|------------------|
| | | |
| | | |

13. Name/s of Most Valued Customer/s or Client/s:

| Company | Complete Address | Contact Person | Telephone No. |
|---------|------------------|----------------|---------------|
| | | | |
| | | | |

14. Name/s of Companies in which your firm is accredited:

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I hereby declare under penalties of perjury that the information given above are true and correct to the best of my knowledge and belief. Any significant information withheld from this application or any misrepresentation of information herein which are found inconsistent may be used as sufficient ground for the disapproval of this application.

Printed Name & Signature

Position