

MEMORANDUM

For: ALL CONCERNED

From: MS. RITA AURORA O. BERNAD
Head, Central Procurement Office

Subject: SUBMISSION OF APPLICATION FOR ACCREDITATION OF SUPPLIERS, DISTRIBUTORS, CONTRACTORS, AND SERVICE PROVIDERS

Date: 24 January 2023

To promote cost-efficiency and ensure full transparency across the whole Cocolife Group of Companies while still maintaining the highest quality standards in the products and services supplied, all suppliers, distributors, contractors, and service providers must be accredited before the Central Procurement Office in order to participate in the bidding, selection, and awarding of the items, supplies, and contracts. Those who intend to become an accredited supplier, distributor, contractor, or service provider must accomplish and submit the Accreditation Form along with the following:

- a. Company Profile;
- b. Mayor's Permit and Business License;
- c. VAT Registration;
- d. SEC and/or DTI Registration;
- e. List of Existing Clients (with name and number of contact person);
- f. Certificate of Exclusive Distributorship, if applicable; and
- g. Authority/Consent to Allow a Cocolife Representative (Nikko A. Sorita) to conduct Site/Plant Visit.

Scanned copies of the aforementioned requirements must be submitted to cpo@cocolife.com on or before 4:30 P.M. of February 24, 2023 (1 month / 31 days after release of this memorandum). All applications containing incomplete, patently



CENTRAL PROCUREMENT OFFICE

Tel#: (02) 8810-7888 loc 223

Email Address: cpo@cocolife.com

incorrect/misleading information, and/or late submissions shall be automatically denied accreditation.

The accreditation form to be accomplished is attached herein and may also be downloaded from www.cocolife.com. For all concerns, questions, and clarifications, kindly please email us directly at cpo@cocolife.com or you may call at 8812-9015 Local 223.

For immediate compliance.

Thank you for your cooperation.

RITA AURORA O. BERNAD

Head, Central Procurement Office



FACILITIES MANAGEMENT DEPARTMENT

Cocolife Building, 6807 Ayala Avenue, Makati City

Tel#: (02) 8 812-9015 to 58

SUPPLIERS ACCREDITATION FORM

Fill up this SAF in typewritten form

_____ Date Submitted

A. BACKGROUND INFORMATION

Registered Name of the Company	Date Business Operation Started
Office Mailing Address	
Warehouse Mailing Address	
Office Telephone Nos.	Office Fax Nos.
Warehouse Telephone Nos.	Warehouse Fax Nos.
Main Owners/ Proprietor	Authorized Company Representative
Email Address and Company Email Address	Email Address

B. BUSINESS ORGANIZATION

Type of Business Organization: (Place an X mark) <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Cooperative <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Others, please specify _____	Type of Business Operation: (Place an X mark) <input type="checkbox"/> Manufacturing <input type="checkbox"/> Exclusive Distributor <input type="checkbox"/> General Trading or Merchandising <input type="checkbox"/> Service Company <input type="checkbox"/> Others, please specify _____
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C. BUSINESS REGISTRY (Indicate existing permit numbers. Write a dash " - " if unnecessary. And attach a photocopy of the permits indicated herein.)

Type of Permit	Permit No.	Date Issued	Expiration Date
Securities and Exchange Commission			
Department of Trade and Industry			
Board of Investment			
Business Permit from the Office of the Mayor			
Philippine Contractor's Accreditation Board			
VAT Registry Number (BIR 2303)			

D. PRODUCT LINE

Please enumerate major product lines (or services) separated by a comma: (Please attach accomplished product checklist)

E. ASSETS & LIABILITIES

(From most recent fiscal or calendar year. Attach a photocopy of latest Audited Balance Sheet and Income Statement.)

Total Equity	Total Current Assets	Total Current Liabilities	Gross Income (Deficit)
For the Year Ended			(MM/YYYY)
<input type="checkbox"/> Calendar <input type="checkbox"/> Fiscal			

DECLARATION: I certify that the foregoing information are true and correct. I also declare that the owners, managers, supervisors, marketing, sales and accounting personnel of our company are not related to any employee of COCOLIFE within the third degree of consanguinity.

_____ Please Sign over Printed Name

_____ Official Designation

F. Additional Supplier Information:

How many years has your organization been in business as a contractor / supplier? (Please encircle) _____

Company name indicated in your Official Receipt? _____

How many years has your organization been in business under its present business name? _____

If a corporation, answer the following:

a. Date of Incorporation: _____

b. Place of Incorporation: _____

c. President's Name: _____

d. Vice President's Name(s): _____

e. Secretary's Name: _____

f. Treasurer's Name: _____

If Partnership, answer the following:

a. Date of Organization: _____

b. Names and Addresses of General Partners

If Single Proprietorship, describe your organization and principal's name:

Have you ever provided services or products to our company? If yes, what products or services? _____

Please list at least three (3) major projects done / contact person / contact numbers

Please list at least three (3) major projects / clients, contact persons & contact nos.:

(to whom your firm is presently supplying services or products)

Please list at least three major suppliers, contact person & contact nos.:

