



CENTRAL PROCUREMENT OFFICE

Cocolife Building, 6807 Ayala Avenue, Makati City

Tel# (02) 8 810-7888

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 _____ |
|--|--|

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.:
