



PROCUREMENT OFFICE

PO Form SAF 07-2012

De La Salle University-Manila

Supplier 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	Email Address

B. BUSINESS ORGANIZATION

Type of Business Organization: <i>(Place an X mark)</i> <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: <i>(Place an X mark)</i> <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 <i>(Deficit)</i>
For the Year Ended _____			
<input type="checkbox"/> Calendar		<input type="checkbox"/> Fiscal	
			(MM/ YYYY)

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 DLSU 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.:

Please list Trade References / Bank References & contact nos.:
