



## SUPPLIER ACCREDITATION APPLICATION FORM

Company Name:	
Registered Address:	
Satellite Office: Warehouse Address:	
Telephone No.(s) :	Fax No:
Website Address :	E-mail Address:
Contact Person:	Position:
DTI/SEC. Reg.No:	Date Reg.with DTI/SEC:
TIN/Value Reg.No.:	TIN/VAT Reg. Date:
Business Reg. No.:	Bus. Reg. Date:
ISO Certified: QMS <input type="checkbox"/> EMS <input type="checkbox"/> OHSAS <input type="checkbox"/> Others <input type="checkbox"/>	ISO Certificate No.: _____
Credit Terms:	Credit Limit:
Date Established:	Market/Industries Served:

### OWNERS/STOCKHOLDERS

NAME	POSITION	ADDRESS	TEL. NO.	TIN NO.

### BANK REFERENCES

NAME	BRANCH/ADDRESS	CONTACT PERSON/TEL. NO.



**CONTACT PERSONS**

NAME	POSITION	DEPARTMENT	TEL.NO.	NATIONALITY
	President	Executive Dept.		
	Accounting Manager	Accounting Dept.		
	Sales Manager	Sales Department		
	Delivery Incharge	Logistic Department		
	Technical Incharge	Tech. Department		

**AFFILIATED COMPANIES & RELATED BUSINESS**

COMPANY NAME	% OF OWNERSHIP	ADDRESS & CONTACT NO.

**5 MAJOR CLIENTS**

COMPANY NAME	ADDRESS	CONTACT NO.	CONTACT PERSON

**ORGANIZATIONAL STATUS**

How many full time employees does this company have?

The supplier category is:  Local Manufacturer  Dealer  Local Distributor  
 Foreign Manufacturer  Foreign Supplier  Others \_\_\_\_\_



**OWNERSHIP STRUCTURE**

Is this company a division or a subsidiary of another company?      Yes                      No                         

If yes, what is the name of the parent company?

\_\_\_\_\_

If yes, in what country is the parent company located?

\_\_\_\_\_

\_\_\_\_\_

**QUALITY & ENVIRONMENTAL MANAGEMENT**

Do you have a documented Quality Management System (QMS)?    Yes                                            No   

If Yes please submit a copy of the certificate.

If No, do you operate your own internal QMS ?              Yes                          No   

If Yes, please supply a copy of your in-house quality procedures/systems.

Do you have a documented Environmental Management ?              Yes                          No   

If Yes submit a copy of your environmental policy, sustainable procurement policy.

**HEALTH & SAFETY**

Do you employ a H&S adviser, consultant ?              Yes                                            No   

If yes please submit the name, qualifications and experience of the persons.

Do you have a H&S policy manual?                      Yes                                            No   

If yes please supply a signed and dated copy of the H&S policy statement.

**Please include a brief summary of any goods or services that you supply; (use separate sheets if Necessary)**

_____	_____
_____	_____
_____	_____
_____	_____

**Note: Please do not leave any item blank. Write N/A if information requested is not applicable to your company.**



## REQUIREMENTS FOR ACCREDITATION

1. Letter of Intent
2. Company Profile
3. Certified True Copies of the following documents:
  - 3.1. Business Permit for the Year
  - 3.2. Certificate of Registration from
    - Department of Trade & Industry (DTI) for SOLE PROPRIETORSHIP
    - Securities & Exchange Commission (SEC) for Partnership and Corporation
  - 3.3. By-Laws and Articles of Partnership or Incorporation and General Information Sheet
  - 3.4. ITR (BIR form 1702) – Previous Year
  - 3.5. BIR Certificate of Registration for:
    - 3.5.1 VAT (BIR Form 2303)
  - 3.6. Audited Financial Statement for the last 2 years (BIR Stamped/Received)
  - 3.7. Certificate of Good Credit standing from at least one active major bank (BANK CERTIFICATE)
  - 3.8. Tax Clearance (BIR Form 17.14B)
4. Blank copy of Original Sales Invoice & Official Receipt with BIR Permit No. & Tin No.
5. Sample copy of Purchase Order (from 5 Major Clients)
6. Notarized List of Owned Tools, Equipment, Machines & Vehicle w/ copy of OR/CR.
7. Office, Plant & Warehouse Location Map and Photos
8. Table or Organization/Functional Chart

## OTHER REQUIREMENTS

- 1.0 Certified Test Reports (from Independent Testing Parties) for every product offered.
- 2.0 Certificate of Appointment as Exclusive Distributor or Dealership from Principal (either local or foreign) for each brand of specific product line being carried.  
Copy of any Agreement or Technical Service Support & Assistance.
- 3.0 Technical Brochures/Catalogues for Product offered
- 4.0 Technical Data Sheet
- 5.0 Supply Record for the Past 5 Years of every Product Offered (indicating client Name, Quantity, Type, Project Name and Cost of Supply Contract)
- 6.0 Certificate of Safety Data Sheet (product applicable)
- 7.0 Certificate of Safety Inspection by the Chief, Fire Dept./Unit of the City (for Fire Extinguisher)

**NOTE: When completed, submit all hard copies bind in a Long Expandable Folder Red with Green Expandable Envelope. Submission will be on Thursday from 8:00am to 5:00 pm addressed to;**

*Megawide Procurement Department.  
#20 N. Domingo Street,  
Brgy. Valencia, Quezon City  
Tel.655-1111 Local 855*

***The undersigned hereby confirms that the above information is true and correct, and that we are the duly authorized to enter into this accreditation agreement and the supporting documents attached hereto are genuine and authentic. I also declare that the owners, managers, supervisors, marketing, sales & accounting personnel of our company are not related to any employee of Megawide within the third degree.***



*I hereby authorize MEGAWIDE CONSTRUCTION CORPORATION to obtain pertinent information from clients, banks and any other source necessary for the objective of evaluation for this application. The undersigned also authorizes the release of any information as needed by Megawide from any of the above listed source of information.*

\_\_\_\_\_  
**Signature over Printed Name**  
*Sales Manager*

\_\_\_\_\_  
**Signature over Printed Name**  
*President/Chief Executive Officer*

**REMINDERS:**

- 1.0 The application should be completed by all suppliers seeking registration as an approved service provider. This however does not guarantee business with Megawide.**
- 2.0 All the required supporting documentation must be submitted together with the Application Form.**
- 3.0 Megawide reserves the right to reject any incomplete Application Form accompanied by insufficient information.**
- 4.0 Megawide reserves the right to accept or reject any application without being obliged to give any reasons in this respect.**
- 5.0 All supplier information will be treated with strict confidentiality.**
- 6.0 The completion of Supplier Accreditation Application Form is compulsory. Failure to complete this section will result in your application not being considered.**
- 7.0 Megawide reserves the right to validate the accuracy of information presented. Any misinterpretation of facts will lead to disqualification and potentially being restricted to do business with other spheres of government and/or other organs of state.**
- 8.0 Faxed and email documents will not accepted.**