



Vendor Accreditation Form

Fill up this VAF in typewritten form

_____ Date Submitted

A. BACKGROUND INFORMATION

Registered Name of the Company	Date Business Operation Started	Terms of Payment _____ days
Office Mailing Address _____ Owned _____ Leased	Area: _____ sqm	
Warehouse Mailing Address _____ Owned _____ Leased	Area _____ sqm	
Office Telephone Nos.	Office Fax Nos.	
Warehouse Telephone Nos.	Warehouse Fax Nos.	
Main Owners/Proprietor	Authorized Company Representative	No. of Personnel
Email Address	Email Address	

B. BUSINESS ORGANIZATION

Type of Business Organization (Place an X mark)	Type of Business Operation: (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 _____	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Exclusive Distributor <input type="checkbox"/> General Trading/ Merchandising <input type="checkbox"/> Service Company <input type="checkbox"/> Others, please specify _____

C. BUSINESS REGISTRY (Indicate existing permit numbers. Write a dash if necessary. And attach a photocopy of the permits indicated herein)

Type of Permit	Permit No.	Date Issued	Expiration Date
Securities & 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)			
FDA License to Operate			
FDA Medical Device Registration			
PhilGEPS Registration (if any)			
Certificate of GMP			
Others, _____			

D. PRODUCT LINES & CORRESPONDING BRANDS

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

E. ASSETS & LIABILITIES

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

Total Equity	Total Current Assets	Total Current Liabilities	Gross Income (Deficit)
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, finance and accounting personnel of our company are not related to any employee of DLSMHSI within the fourth civil degree of affinity or 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 ? _____

Company name indicated in your Official Receipt? _____

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

If a corporation, please 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, please answer the following:

a.) Date of Organization: _____

b.) Name and Address of General Partners:

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

G. Key Personnel & Contacts (Authorized to accept PO's and other commercial documents)

NAME	TITLE/POSITION	SIGNATURE	EMAIL ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

H. BANK REFERENCE/S:

I. Have you ever provided product or services to DLSMHSI? If yes, please enumerate.

J. Please list at least three (3) major products or services and the corresponding contact person & details/email.

Products/Services/Projects	Contact Person	Details/Emails
_____	_____	_____
_____	_____	_____
_____	_____	_____

K. Please list at least three (3) major products or services and the corresponding contact person & details/email. (TO WHOM YOUR FIRM IS PRESENTLY SUPPLYING PRODUCTS OR SERVICES)

Products/Services/Projects	Contact Person	Details/Emails
_____	_____	_____
_____	_____	_____
_____	_____	_____

L. Please list at least three (3) major SUPPLIERS and the corresponding contact person & details/email.

Products/Services/Projects	Contact Person	Details/Emails
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you.