



40 Solar Street, Bel-Air Village, Makati City
 Tel, No. (02) 8 523-8215, (02) 8 897-1856 Fax 8 895-9412

GM FORM 025

SUPPLIER/CONTRACTOR ACCREDITATION FORM

INSTRUCTION: Print all information in CAPITAL LETTERS. Put N/A for information that is not applicable.

DATE: (MM/DD/YYYY)				REFERENCE NO.			
SUPPLIER INFORMATION							
BUSINESS NAME (Last Name)		(First Name)		(Middle Name)		(Name Extension)	
BUSINESS ADDRESS (House No.)		(Street)		(Barangay)		(City)	
MOBILE NO. -		TELEPHONE NO. -		EMAIL ADDRESS			
CLASSIFICATION <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Others _____				TIN		DATE ESTABLISHED (MM/DD/YYYY) 	
PLACE OF INCORPORATION				WERE YOU REFERRED BY SOMEONE FROM BAVA? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please identify _____			
BUSINESS AND TRADE REFERENCES							
NAME AND ADDRESS				CONTACT PERSON & NO.			
PRODUCTS OR SERVICES							
ITEM/SERVICE DESCRIPTION				SPECIFICATIONS			

MINIMUM ACCREDITATION REQUIREMENTS

(Please submit the following together with this form)

- a. Current Municipal / City Permit
- b. Single Proprietorship - Registration of Business Name with DTI
- c. Corporation - Articles of Incorporation and By-Laws from the SEC
- d. Latest audited Financial Statements and Income Tax Return (For newly organized businesses within the year, at least the latest Balance Sheet must be submitted.)
- e. BIR Certificate of Registration
- f. Street map of the company location and 3R size photos (digital acceptable) of the office & other facilities
- g. Other documents: _____

ADDITIONAL REQUIREMENTS (FOR CONTRACTORS)

- a. Certificate of Good Standing issued by the Philippine Domestic Construction Board (PDCB)
- b. Philippine Contractors Accreditations Board (PCAB) and Inter Agency Contractors (IAC) License.

All information contained in this form with be treated with confidentiality in compliance with the Data Privacy Act.

INSPECTION DETAILS (FOR BAVA USE ONLY)		
CHECKED/EVALUATED PRODUCTS OR SERVICES BY: <input type="checkbox"/> Called Prospect <input type="checkbox"/> Site Visit	REMARKS	DATE ACCOMPLISHED (MM/DD/YYYY) <div style="text-align: center;"> </div>
VERIFIED CURRENT CLIENTS: <input type="checkbox"/> Yes <input type="checkbox"/> No	REMARKS	DATE ACCOMPLISHED (MM/DD/YYYY) <div style="text-align: center;"> </div>
VERIFIED TRADE REFERENCES: <input type="checkbox"/> Yes <input type="checkbox"/> No	REMARKS	DATE ACCOMPLISHED (MM/DD/YYYY) <div style="text-align: center;"> </div>
FINAL RECOMMENDATION <input type="checkbox"/> Recommended to be a BAVA _____ Contractor/ _____ Supplier <input type="checkbox"/> Not Recommended		

 Evaluator Signature over Printed Name

Recommending Approval:

Approved by:

 Section Head

 Village Manager