

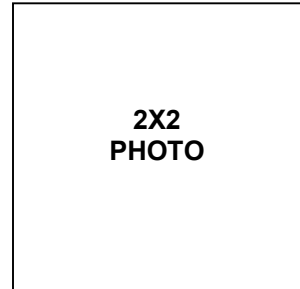


Subic Bay Metropolitan Authority SUPPLIERS ACCREDITATION



INFORMATION SHEET

- PRESIDENT / PROPRIETOR ACCOUNT EXECUTIVE
- MANAGER _____



_____ Company Name

NAME _____

PREFIX SURNAME FIRST NAME MIDDLE NAME

NICK NAME _____ TIN NO. _____

DATE OF BIRTH _____ SEX _____

CIVIL STATUS _____ CITIZENSHIP _____

EDUCATIONAL ATTAINMENT _____

POSITION _____

BUSINESS / OFFICE ADDRESS _____

BUSINESS CONTACT NUMBER (S) _____

PHONE FAX MOBILE

E-MAIL ADDRESS _____ RESIDENCE PHONE NUMBER _____

RESIDENCE ADDRESS _____

I certify that the above information are true and correct and that any misrepresentation will make the accreditation invalid.

_____ SIGNATURE OVER PRINTED NAME

Community Tax Certificate No _____

Issued on _____ Issued at _____

Date Accomplished _____

This form should be separately filled out by Proprietor/Manager and company's Authorized Representative.