



## PROVINCIAL BIDS AND AWARDS COMMITTEE

Submit this form to BAC

### The Proprietor/Manager

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Dear Sir/Madam:

In line with our mandate to maintain an updated roster of bona-fide suppliers, please furnish us certified copies of the following documents:

1. DTI/SEC (Photocopy)
2. Business/Mayor's Permit for **CY Latest** (Photocopy)
3. BIR Tax Clearance (**Latest**) (Photocopy)
4. Photocopy of the **Certificate of Registration (COR)** duly authenticated by the **BIR**
5. Photocopy of OR for the payment of Accreditation/Registration fee (**P 500.00**)
6. Certificate of **PhilGEPS Registration** ([www.PhilGEPS.gov.ph](http://www.PhilGEPS.gov.ph))
7. **Photocopy** of Statement of **Accounting/Billing Statement**

Sample: for **Goods**

for **Catering Services**

- |                  |                        |
|------------------|------------------------|
| • Charge Invoice | * Billing Statement    |
| • Sales Invoice  | * Statement of Account |
8. Photocopy of Official Receipt (OR) (Sample)
  9. Fill-out Supplier Accreditation Information Form

Effective immediately, procurement from your establishment shall be suspended pending submission of the above requirements.

**AMADOR S. AQUINO**  
(OIC-PGSO DEPARTMENT HEAD)

Cellphone No.: 0999-222-1967 press 02320 for BAC or press 6  
PGSO ADMIN / 0998-963-0488

E-mail Address: [bacddn5@gmail.com](mailto:bacddn5@gmail.com)  
For RFQ (Canvass: Shopping B/SVP): [ddnbacsecrfq@gmail.com](mailto:ddnbacsecrfq@gmail.com)





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### SUPPLIER ACCREDITATION INFORMATION

1. Registered Trade/Business Name: \_\_\_\_\_
2. Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Telephone Nos: \_\_\_\_\_  
Cellphone Nos: \_\_\_\_\_  
Fax Nos: \_\_\_\_\_  
Email Address/ Website: \_\_\_\_\_  
Taxpayer Identification Number: \_\_\_\_\_
4. Line of Business:  

\_\_\_\_\_Manufacturer:

\_\_\_\_\_Dealer:

\_\_\_\_\_Exclusive Distributor:

\_\_\_\_\_Others:
5. Principal Products/ Services (Use Additional sheets if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Form of Ownership:  

\_\_\_\_\_Single Proprietorship

\_\_\_\_\_Corporation

\_\_\_\_\_Partnership
7. Name of Authorized Representative: \_\_\_\_\_  
Official Title/Position: \_\_\_\_\_  
Cell phone No. (If any): \_\_\_\_\_

I hereby certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature over Printed name of Proprietor/ Manager

