



VENDOR NUMBER: _____

VENDOR ACCREDITATION FORM

<input type="checkbox"/> LRSI	<input type="checkbox"/> LMI	<input type="checkbox"/> DPAIRS	<input type="checkbox"/> LFI	
<input type="checkbox"/> LCSi	<input type="checkbox"/> LPHI	<input type="checkbox"/> CARES	Other: _____	<input type="checkbox"/> VAT
<input type="checkbox"/> LHI	<input type="checkbox"/> GGEI	<input type="checkbox"/> HAL		<input type="checkbox"/> Non VAT
<input type="checkbox"/> LDSI	<input type="checkbox"/> GEMDC	<input type="checkbox"/> PAFI		
<input type="checkbox"/> LCFI	<input type="checkbox"/> NCCC	<input type="checkbox"/> HFI		

Classification Code (See at the back) :	Contact Person
Vendor Name:	Contact No.
Nature of Business:	Tax Identification Number:

OFFICES	CONTACT NUMBER
Head Office	
Factory/Warehouse	
Branches	

TYPE OF OWNERSHIP

Single Proprietorship
 Partnership or Corporation
 Cooperative

SUPPLIES FOR (Check ALL applicable area)	Vendor Type
<input type="checkbox"/> Luzon <input type="checkbox"/> Mindanao <input type="checkbox"/> Visayas <input type="checkbox"/> Outside Philippines : _____	<input type="checkbox"/> TRADE <input type="checkbox"/> NON-TRADE

LICENSES and OTHERS

Sales Invoice Delivery Receipt
 VAT Registration No. _____
 DTI/SEC Registration No. _____
 Business Permit No. _____
 SSS No. _____
 BFAD Permit No. _____

PRODUCT LINES

Product Classification	Merchandise Type	Brands
1)		
2)		
3)		

ORGANIZATIONAL STRUCTURE

Company Officers

Name	Position	Mobile Numbers

ADDITIONAL DETAILS

Is the owner an ex-NCCC Associate? YES NO
 Does the company have ex-NCCC Associate/s? YES, list the name and previous department below NO

Name	Department	Name	Department

REFERENCES

Bank	Credit Line	Security/Collateral	Address:

TOP CUSTOMERS

Name	Address	Goods Supplied	Volume of Business/Yr.

TOP SUPPLIERS (Material Providers)

Name	Address	Goods Purchased	Credit Line

For NCCC Purchasing Department Use ONLY

AGREEMENTS

Duration of Contract: _____	Plan Lead Time _____	Discounts _____
Terms of Payment _____	Delivery Schedule _____	Intro: _____
Freight Charges _____	Booking Schedule _____	Trade: _____
Fee (Concessionaire) : _____	Buyer Code: _____	

Return Policy:

Always Allowed Bad Order Allowance: _____ Others: _____

Vendor will supply to:

All branches Branch/es: _____

VENDOR CERTIFICATION

This is to certify that all data submitted herein are true and correct.

Vendor Representative
Signature over printed name

Date

VENDOR CLASSIFICATION CODE

AA - Associate Activities	FU - Fund Custodians	LS - Lessors	PU - Publication
AS - Associate's Association	GV - Government	LG - Logistics	RE - Retainer
BK - Bank	HP - Hospitals	OF - Other Financials	SC - Service Contractor
CH - Charitable Institutions	HT - Hotels	OU - Outright	SH - Schools
CO - Consignment	IC - Inter-company	NT - Non Trade	TE - Tenants
CS - Concession	IP - Imported	PR - Promotion	UT - Utilities
EE - Employee			

ACCREDITATION REQUIREMENTS CHECKLIST

- Letter of Intent
- Company Profile
- Business Permit
- Sanitary Permit
- Certificate of Registration with DTI
- Certificate of Registration with SEC
- Certificate of VAT or Non-VAT Registration
- Certificate of Exclusive Distributorship
- SSS Membership Certificate
- Cooperative Development Authority (CDA) Registration
- License to Operate / FDA Permit
- Certificate of Product Registration / FDA Permit
- National Meat Inspection Service Certificate (NMIS)
- Import Commodity Clearance (ICC)
- Philippine Standards (PS) Mark
- Brochures/Project Catalog/Price list
- Product Sample
- Sample or photocopy of Invoice (Delivery receipt or Sales Invoice)
- Location Map of Business Establishment
- 1 2x2 ID Picture of Company Representative
- 1 2x2 ID Picture of Delivery Representative
- Duly authenticated copy of Articles of Incorporation/
Partnership and By-Laws
- Merchandising Fee: _____
- Other Charges: _____ PhP _____
- Other Requirement: _____

IMPORTANT INSTRUCTIONS

- 1.) The letter of Intent shall be addressed to Mr./Ms. _____, Purchasing Department Manager / NBU Head.
- 2.) Submit the accreditation documents in a legal-sized folder in two (2) sets.
The vendor accreditation form shall comprise the first two pages, followed by the accreditation documents which shall be arranged according to order indicated in the accreditation requirement check list.
Put an index tab with your company name on the upper right edge of the folder. There should be an index tab arranged in descending order for every requirement. Please make the font size of the company name (in index tab) bigger than those of the requirements.
- 3.) Photocopy of the latest General Information Sheet (for Corporations) shall be included with other documents required herewith.

VALIDATION and APPROVAL

Validated by:

Approved by:

Buyer
Signature over printed name / Date

Manager
Signature over printed name / Date

Board of Directors
Signature over printed name / Date

Note: Failure to submit the documents required or follow any foregoing instructions may delay the processing and/or may be ground for denial of application