

	<h1>External Provider Accreditation Form</h1> <h2>Forms and Templates</h2>		<b>Document Number:</b>  FM-SS-11.13
	<b>Department:</b> Quality Assurance	<b>Effective Date:</b> June 05, 2017	<b>Revision No</b> 0


	<b>EXTERNAL PROVIDER ACCREDITATION FORM</b>		Document No. FM-SS-11.13
			Effective Date: June 05, 2017
			Revision No. 0
			Department: Quality Assurance
PROVIDER'S BUSINESS NAME:		Please Check One: <input type="checkbox"/> Existing Supplier <input type="checkbox"/> New Supplier	Date:
<b>1. CONTACT INFORMATION</b>			
Address:		Tel. No/s: Fax No/s: E-mail Address:	
Contact Person & Position			
<b>2. ORGANIZATIONAL INFORMATION (preferably include Organizational Chart)</b>			
Nature of Business: <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Others <input type="checkbox"/> Trading <input type="checkbox"/> Contractor/Services		Years in Business:	Total number of employees:
Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Others		Primary Owner <input type="checkbox"/> Filipino <input type="checkbox"/> Foreigner,	
<b>3. PRODUCTS / SERVICES OFFERED / SUPPLIED</b>			
Description of services being offered or supplied (use additional sheets if necessary) Tamper Evident Security Seals		Delivery / Service Lead Time:	
		No. of Delivery Vehicles	
<b>4. FACILITIES INFORMATION</b>			
TYPE	LOCATION / ADDRESS		
Office		<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
Warehouse		<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
Plant/Fabrication		<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
<b>5. MARKET INFORMATION (please state at least 3 customers)</b>			
MAJOR CUSTOMERS	CONTACT PERSON	Tel. No(s).	
<b>6. FINANCIAL / REGISTRATION INFORMATION</b>			
Sec Reg. No. DTI Registration No.		BIR Certificate No.: / TIN: Business Permit	
Bank References	Branch	Acct. Officer	Tel. No.

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*Please refer to printed files for signatures of approvers.*

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	<b>7. Provider declaration</b>		
	Does the supplier complied to all permits and licenses as required by the local government to legally operate a business?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the supplier have its own pool of manpower to cover immediate requirements of the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the supplier have affiliations/accreditations to any gov't agencies for special permits? If yes, which one/s (i.e. PEZA, CTAP etc...) and submit proof of such certificate.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the supplier have its own maintenance shop and technician to work on immediate repair? If yes, submit proof of resources such as pictures.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the supplier currently have relatives working in F2? If yes, provide the name and position title		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the supplier currently employ previous employee of F2 and its affiliates? If yes, specify who and describe position title.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the supplier have any objections for F2 or its duly appointed representative to enter supplier's premises for inspection of product, services and facilities? If Yes, document supplier objections below:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8. DOCUMENTS NEEDED TO SUBMIT</b>			
<input type="checkbox"/> <b>TRUCKER</b> <input type="checkbox"/> Company profile <input type="checkbox"/> Company's Organizational Chart (If any) <input type="checkbox"/> Business Permit <input type="checkbox"/> SEC / DTI Registration Certificate <input type="checkbox"/> Certificate of Registration 2303 <input type="checkbox"/> DOLE Permit (If needed) <input type="checkbox"/> Latest list of clients including contact no. <input type="checkbox"/> List of vehicles with corresponding OR/CR (Updated) <input type="checkbox"/> Copy of Truck Insurance Policy (Updated) <input type="checkbox"/> Signed External Provider Accreditation form		<input type="checkbox"/> <b>SUPPLIER</b> <input type="checkbox"/> SEC / DTI Registration Certificate <input type="checkbox"/> Certificate of Registration 2303 <input type="checkbox"/> Mayor's Permit <input type="checkbox"/> Company profile <input type="checkbox"/> Signed External Provider Accreditation form <input type="checkbox"/> <b>MANPOWER</b> <input type="checkbox"/> SEC / DTI Registration Certificate <input type="checkbox"/> Certificate of Registration 2303 <input type="checkbox"/> Mayor's Permit <input type="checkbox"/> Company profile <input type="checkbox"/> Dole Permit <input type="checkbox"/> Signed External Provider Accreditation form	
<b>9. CREDIT TERMS</b> <input type="checkbox"/> Negotiable <input type="checkbox"/> Non-negotiable			
Maximum Credit Limit _____		Payment Terms _____	
The undersigned hereby declares that the foregoing are true and correct to the best of his/her knowledge and belief.			
Signature over Printed Name _____ Position _____		Date _____	

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