



Vendor Information		
<b>Company Name:</b>		<b>Date Established:</b>
		<b>Telephone Number:</b>
<b>Registered Address:</b>		<b>Fax Number:</b>
		<b>Email Address:</b>
		<b>Company Website:</b>
<b>Proposed Payment Terms:</b>		
<b>TYPE OF ORGANIZATION</b>		<b>NUMBER OF EMPLOYEES</b>
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<b>Total:</b>
<input type="checkbox"/> Partnership	<input type="checkbox"/> Others:	<b>Direct Hire:</b>
<b>TYPE OF OPERATION</b>		
<input type="checkbox"/> Marketing	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Service
<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Construction Classification:	<input type="checkbox"/> Retailer
<input type="checkbox"/> Importer	<input type="checkbox"/> Indentor	<input type="checkbox"/> Dealer/Distributor
<b>Company Previous Name</b> (if necessary):		
<b>Affiliated Companies:</b>		
Required Documents		
<b>For Local Vendor:</b> <input type="checkbox"/> Company Profile* <input type="checkbox"/> Product List and Services* <input type="checkbox"/> List of Clients* <input type="checkbox"/> Table of Organization <input type="checkbox"/> Updated Business/ Mayor's Permit* <input type="checkbox"/> BIR Certificate of Registration 2303* <input type="checkbox"/> Certified True Copy of SEC Registration/DTI*	<input type="checkbox"/> Article of Partnership/Incorporation* <input type="checkbox"/> Updated Latest Audited Financial Statement for the last two (2) years except for newly established firm* <input type="checkbox"/> Certificate of NPC Registration ( <i>Data Privacy Act of 2012</i> ) – for companies with 250 above employees* <input type="checkbox"/> Data Privacy Sheet*	<input type="checkbox"/> Certified True Copy of SSS Certificate of Registration <input type="checkbox"/> Authorized/Exclusive Distributorship, Dealership Agreement/Certificate <input type="checkbox"/> Certificate of Tax Exemption/PEZA Accreditation Certificate <input type="checkbox"/> Vendor Accreditation Form* <input type="checkbox"/> Anti-Corruption Policy and Whistle Blowing Procedure*
<b>Additional Documents:</b> <input type="checkbox"/> PCAB License* <input type="checkbox"/> List of Equipment Owned or Leased <input type="checkbox"/> License Certificate of Mechanical/Electrical/Civil/ Electronics Engineers <input type="checkbox"/> DOLE Certificate of Registration <input type="checkbox"/> TESDA Certificate of Skilled Workers <input type="checkbox"/> OSH Certificate of Compliance <input type="checkbox"/> MSDS (if applicable)	<input type="checkbox"/> List of Completed/Ongoing Projects with the following information: <ul style="list-style-type: none"> <li>• Name of the project</li> <li>• Location of the project</li> <li>• Amount</li> <li>• Contact Details of Customer</li> <li>• Status</li> <li>• Type</li> <li>• Date</li> </ul> <input type="checkbox"/> ISO Certificates (if any)	<b>For Foreign Vendor:</b> <input type="checkbox"/> Company Profile* <input type="checkbox"/> Product List and Services* <input type="checkbox"/> Table of Organization <input type="checkbox"/> Authorized/Exclusive Distributorship, Dealership Agreement/Certificate <input type="checkbox"/> ISO Certificates (if any) <input type="checkbox"/> Data Privacy Sheet* <input type="checkbox"/> Anti-Corruption Policy and Whistle Blowing Procedure* <b>NOTE</b> *Minimum documents required for purchases of Php 10,000 and below



Corporate Officers and Owners	
<b>Name:</b> <b>Position:</b> <b>Contact Details:</b> <b>E-mail Address:</b>	<b>Name:</b> <b>Position:</b> <b>Contact Details:</b> <b>E-mail Address:</b>
Products and Services Offered	
Warehouse Information	
<b>Address:</b> <b>NOTE</b> Please provide a sketch/drawing	<b>Area:</b>
	<b>Capacity:</b>
Delivery Service Capability	
<b>Owned:</b> <b>Rented:</b>	<b>Owned:</b> <b>Rented:</b>
<b>Owned:</b> <b>Rented:</b>	<b>Owned:</b> <b>Rented:</b>
Bank References	
<b>Name of the Bank:</b> <b>Contact Person/Position:</b>	<b>Name of the Bank:</b> <b>Contact Person/Position:</b>
Customer References	
<b>Name of the Company:</b> <b>Company Address:</b> <b>Contact Person/Position:</b> <b>Product Supplied:</b> <b>Feedback from the Customer:</b>	<b>Name of the Company:</b> <b>Company Address:</b> <b>Contact Person/Position:</b> <b>Product Supplied:</b> <b>Feedback from the Customer:</b>



TRENDS GROUP, INC.

# VENDOR ACCREDITATION FORM

Vendor President/CEO/Owner Details	
<b>Name:</b>	<b>Contact Details:</b>
<b>Position:</b>	<b>E-mail Address:</b>
<b>Date:</b>	Signature over printed name
Authorized Vendor Representative Details	
<b>Name:</b>	<b>Contact Details:</b>
<b>Position:</b>	<b>E-mail Address:</b>
I certify that all the information provided is true, complete, and correct.	
I hereby certify that the information given above are to the best of my / our knowledge true and correct.	
Attached are copies of our Articles of Incorporation, DTI Registration and other requirements.	
I hereby authorize Trends Group Inc., its subsidiaries, affiliates, partners, successors and/or assigns (the "TGI") to collect, process, store, and use any and all information that I furnish the TGI for the purpose of conducting appropriate due diligence checks, evaluating my/our proposal and conducting corresponding background checks, assessing my/our viability as a vendor and processing my/our accreditation, communicating with me/us about matters relating to my/our required products and/or services, performing other actions necessary or desirable in the implementation of our contract, and any other purpose relating to my products and/or services. I agree that the retention period of the processed data (except for archival data necessary for statistical purposes) shall cover a period of ten years, or upon the termination of any residual relationship, whichever comes later. I agree that the processed data shall be accordingly expunged at the termination of the retention period. I hereby knowingly waive any and all statutory or regulatory provisions governing the confidentiality of such information, to the extent necessary for the Trends Group Inc. to conduct its business and comply with other government regulations, when applicable. In the event that I disclose another person's information, I attest that consent has been obtained from that person to disclose and process the information in accordance with applicable laws.	
<b>Date:</b>	Signature over printed name



TRENDS GROUP, INC.

# VENDOR ACCREDITATION FORM

*(To be filled out by TGI Officers Only)*

Reviewed By (TGI Vendor Management):		Reviewed By (TGI ACCG):	
Date:	Signature over printed name	Date:	Signature over printed name
Approved By (TGI Procurement Manager or SCM Head):			
Date:	Signature over printed name		
<b><u>Comments:</u></b>			