



## BUSINESS PARTNER ACCREDITATION FORM

Document No. : F-MPR-002

Revision No. : 02

Effective Date : 04/30/22

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Instruction: Please accomplish this form completely and submit the required documents listed below. The information given would serve as basis for accreditation.

Company Name:					
Address:		Telephone No.:			
		Fax No.:			
		E-mail :			
Contact Person:		Position:			
Type of Ownership:                    ( ) Single Proprietorship                    ( ) Partnership                    ( ) Corporation					
Nature of Business/Industry:					
No. of Years in Business:					
Products/Services:					
No. of Employees:					
Do you have documented procedures for:		Yes	No	N/A	Remarks
incoming, in-process and final inspection?					
calibration of instruments?					
control of non-conforming products?					
handling emergencies and accidents?					
implementing good manufacturing/housekeeping practices?					
control of documents?					
implementing corrective and preventive actions?					
manpower selection?					
Are you confident you can respond to any supply chain disruption without unacceptable loss?					
Are your items due for delivery protected against damage, alteration and loss?					
Does your business have a disaster recovery plan in the event of natural disaster? Flood?					
<p>Please submit the following documents with <math>\surd</math>: - - to be filled-up by ECDLCC Procurement Officer</p> <ul style="list-style-type: none"> <li>( ) Certificate of Registration with SEC/DTI Registration</li> <li>( ) BIR Registration/TIN Number</li> <li>( ) Mayor's Permit</li> <li>( ) Company Profile/Brochure</li> <li>( ) Environmental Compliance Certificate (for supplier of aggregates)</li> <li>( ) Quarry Permit (for supplier of aggregates)</li> <li>( ) Others, specify _____</li> </ul>					



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I/We hereby certify that the information furnished are in all respect true and correct. It is agreed that ECDLCC may inquire into the accuracy of the information submitted. It is further agreed that these information shall remain the property of ECDLCC whether or not the accreditation applied for is granted.

Any information/document found to be false and incorrect shall be sufficient ground for disapproval of this application for accreditation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please sign above printed name

Designation

Date

## FOR ECDLCC

Plant Visit Conducted?  Not required

Yes

Conducted by: \_\_\_\_\_

Date: \_\_\_\_\_

Reference: \_\_\_\_\_

Samples Submitted?  Not required

Yes

Evaluated by: \_\_\_\_\_

Date: \_\_\_\_\_

Reference: \_\_\_\_\_

Criteria	Ideal Score	Actual Score	Remarks
Has existing documented procedures	20%		
Has reasonable product/service cost	20%		
Has submitted all necessary legal documents	20%		
Has contingency/risk-based systems in place	20%		
Quality of Sample(s) and/or Quality of Service(s) offered - - does not have a big effect on environment/safety	20%		

Comments/Recommendations:

Approved of accreditation

70%

Disapproved for accreditation

50% & below

Conditional

between 50 & 70%

Recommended by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: