



VENDOR ACCREDITATION FORM

Vendor Information		
Company Name:		Date Established:
		Telephone Number:
Registered Address:		Fax Number:
		Email Address:
		Company Website:
Proposed Payment Terms:		
TYPE OF ORGANIZATION		NUMBER OF EMPLOYEES
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	Total:
<input type="checkbox"/> Partnership	<input type="checkbox"/> Others	Direct Hire:
TYPE OF OPERATION		CLASSIFICATION
<input type="checkbox"/> Marketing	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Importer
<input type="checkbox"/> Service	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Indentor
<input type="checkbox"/> Construction	<input type="checkbox"/> Retailer	<input type="checkbox"/> Dealer/Distributor
Company's Previous Name (if applicable):		
Affiliated Companies:		
Required Documents		
For Local Vendor: <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*
Additional Documents: <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"> • Name of the project • Location of the project • Amount • Contact Details of Customer • Status • Type • Date <input type="checkbox"/> ISO Certificates (if any)	For Foreign Vendor: <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* NOTE *Minimum documents required for purchases of Php 10,000 and below



Environmental, Safety and Health Management System Requirements

(Please submit supporting documents for all items below.)

Requirement	Applicable? (Yes/No)	If NO, please justify
1 Licenses, Registrations and Certifications		
1.1 Fire Safety Inspection Certificate (FSIC)		
1.2 Environmental Compliance Certificate (ECC)		
1.3 Certificate of Non-Coverage (CNC)		
1.4 DENR Hazardous Waste Generator ID (HWID)		
1.5 LLDA Clearance		
1.6 Sanitary Permit, as applicable to the project		
1.7 Other Permits (please specify)		
2 Environment, Health and Safety Policies, Programs, and Procedures		
2.1 OHS/EMS/ESH Policy		
2.2 Monitoring of legal and other requirements		
2.3 OSH Program submitted to DOLE		
2.4 Anti-Sexual Harassment Policy		
2.5 Child Labor Free Policy		
2.6 Waste Management Plan		
2.7 Hazard Identification, and Risk Assessment		
2.8 Aspect and Impact Analysis		
2.9 Incident and Accident Management		
2.10 Emergency Procedure		
3 Inspections and Audits		
3.1 DOLE Routine Inspection (if any) last inspection _____		
3.2 DENR Inspection		
3.3 Other inspections and audits. Have you received any notice of violations or have been flagged for non-compliance to legal requirements?		
4 Latest ESH Reports		
4.1 Employer's Work Accident/Injury Report (WAIR)		
4.2 Annual Work Accident/Injury Exposure Data Report (AEDR)		
4.3 Annual Medical Report (AMR)		
4.4 Report on Safety Organization (RSO)		
4.5 Semi-Annual Report (DO 174-17)		
4.6 Self-monitoring Report/Compliance Monitoring Report		
4.7 DOE Audit Reports		
5 Accident/Incident Monitoring		
5.1 Major Accident (Fatal, Lost Time Incident, etc.) for the last 3 years		
5.2 Corrective Action Report for major accident (if applicable)		



TRENDS GROUP, INC.

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



TRENDS GROUP, INC.

VENDOR ACCREDITATION FORM

Vendor President/CEO/Owner Details	
Name:	Contact Details:
Position:	E-mail Address:
Date:	Signature over printed name

Authorized Vendor Representative Details	
Name:	Contact Details:
Position:	E-mail Address:
<p>I hereby certify that the information given above is to the best of my / our knowledge true and correct.</p> <p>Attached are copies of our Articles of Incorporation, DTI Registration, and other requirements.</p> <p>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 expunged accordingly 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.</p>	
Date:	Signature over printed name

FOR TGI USE ONLY

Reviewed By (Procurement):		Reviewed By (ACCG):	
Date:	Signature over printed name	Date:	Signature over printed name
Approved By (Procurement Manager or SCM Head):			
Date:	Signature over printed name		
Comments:			