

APPLICATION OF DEALERSHIP/ ACCREDITATION

Instruction: Please accomplish this form completely and submit together with the required

documents listed on page 3 to:

EUROCONTROL SWITCHGEAR CORP.

UNIT 619 GTP2. PIONEER HIGHLANDS, PIONEER STREET,

1550 MANDALUYONG CITY

ATTENTION TO REI CARLO D. FLORES

Country Manager

Note: Please bring original documents for authentication.



		DATE FILED:	REMARKS /NOTATIONS
COMPANY NAME			
PREVIOUS BUSINESS NAME		DATE OF NAME CHANGE	
COMPLETE ADDRESS (OFFICE)	TEL NO.	LOT AREA	
	FAX. NO.	FLOOR AREA	
	WEBSITE	___OWNED ___RENTED	
COMPLETE ADDRESS (WAREHOUSE)	TEL NO.	LOT AREA	
	FAX. NO.	FLOOR AREA	
	EMAIL	___OWNED ___RENTED	

ORGANIZATION DATA

SINGLE PROPRIETORSHIP	PARTNERSHIP	CORPORATION	
NAME OF OWNER	NAME OF PARTNERS 1 2	BOARD OF DIRECTORS 1 2 3 4 5	CHAIRMAN CORP. SEC DIRECTORS

PRESIDENT/CHIEF EXECUTIVE OFFICER		REMARKS/NOTATIONS			
GENERAL MANAGER					
CHIEF FINANCE OFFICER/TREASURER					
CHIEF OPERATING OFFICER					
DTI REGISTRATION NO.	SEC REGISTRATION NO.				
DATE REGISTERED					
DATE STARTED OPERATIONS					
BIR CERTIFICATE OF REGISTRATION NO.	TAX IDENTIFICATION NO. (TIN)	DATE REGISTERED			
BUSINESS PERMIT NO.	DATE REGISTERED	VALID UNTIL			
NO. OF EMPLOYEES	MANAGEMENT _____, SUPERVISORY _____, RANK & FILE _____, CONTRACTUAL _____				
CONTACT PERSONS	NAME	POSITION	TEL. NO.	MOBILE NO	EMAIL ADDRESS
FOR TECHNICAL	1				
	2				
FOR ADMIN/FINANCE	1				
	2				

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PRODUCT/ SERVICE DATA

NATURE OF BUSINESS	<input type="checkbox"/> MANUFACTURING. <input type="checkbox"/> TRADING. <input type="checkbox"/> SERVICE CONTRACTOR		<input type="checkbox"/> OTHERS SPECIFY
PRODUCT LINES CARRIED	BRAND	SERVICES OFFERED	
1			
2			
3			
4			
5			

PRODUCT EXCLUSIVELY CARRIED	BRAND	PRINCIPAL/MANUFACTURER	SERVICES OFFERED	REMARKS/NOTATIONS
1				
2				
3				
4				

MACHINERIES / EQUIPMENTS DATE

LIST OF MACHINERIES	LIST OF EQUIPMENTS	LIST OF TOOLS

CUSTOMER / CLIENT DATA

NAME OF CUSTOMER	ADDRESS	CONTACT PERSON	TEL. NO.
1			
2			
3			
4			
5			

BANK INFORMATION

NAME OF BANK	ADDRESS	CONTACT PERSON	TEL. NO. & EMAIL ADDRESS
1			
2			
3			
4			
5			

FOR INDENT SUPPLIERS ONLY

NAME OF SUPPLIERS	COUNTRY OF ORIGIN	PRODUCT	CONTACT PERSON & EMAIL
1			
2			
3			

FOR OFFICIAL USE ONLY

APPLICATION OF DEALERSHIP/ ACCREDITATION



NOTE: ORIGINAL DOCUMENTS PRESENTED FOR AUTHENTICATION

PUT (/). MARK IF SUBMITTED	ACCREDITATION DOCUMENTS SUBMITTED	ORIG. PRESENTED (FOR ESC USE)
	1-CERTIFICATE OF REGISTRATION	
___	DTI	___
___	SEC	___
	2-INCORPORATION PAPERS	
___	BY LAWS	___
___	ARTICLES OF PARTNERSHIP / INCORPORATION	___
	3-AUDITED FINANCIAL STATEMENT FOR THE LAST 3 YEARS	
___	BALANCE SHEET.PROFIT/LOSS STATEMENT	___
___	4- ANNUAL INCOME TAX RETURN (BIR FORM 1701 POR 1702	___
___	5- BUSINESS/ MAYORS PERMIT	___
___	6- BIR CERTIFICATE (BIR FORM 2303)	___
	7-GOVERNMENT PERMIT	
___	DOLE	___
___	SSS	___
___	OTHERS.L PLS SPECIFY	___
___	8-CERTIFICATE OF MEMBERSHIP IN INDURSTRY ORGANIZATION (Eg. PCCI)	___
___	9-ISO CERTIFICATE (OPTIONAL)	___
___	10- SECRETARY CERTIFICATE	___

REMARKS/ NOTATIONS

The undersigned duly authorized to sign in behalf of _____ hereby declares that the foregoing are true and correct.

SIGNATURE OVER PRINTED NAME

POSITION

DATE

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CHECKED BY	DATE	REMARKS
VERIFIED BY	DATE	REMARKS
APPROVED BY	DATE	REMARKS
APPROVED BY	DATE	REMARKS