**SIMPLIFIED SUPPLIERS REGISTRATION SYSTEM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Application No.: \_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Company Name:** |  | | | | | |
| **Complete Address:** |  | | | | | |
| **Land Line / Mobile / Fax Nos.:** |  | | | | | |
| **Email Address:** |  | | | | | |
| **Category:** |  | **Goods and Services** |  | **Civil Works** |  | **Consultancy Services** |
| **Registration:** |  | **Initial** |  | **Renewal** | | |
| **Date of Application:** |  |  |  |  | | |
| **Applicant :** |  |  |  |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **DOCUMENT** | **REMARKS** | | |
| **A. MANDATORY REQUIREMENTS**  **(Current and valid documents)** | **Expiry Date** | **Date Validated** | **Findings and Observation** |
| 1. DTI Registration |  |  |  |
| 1. SEC Registration |  |  |  |
| 1. Current Mayor’s Permit |  |  |  |
| 1. Certificate of Registration from B.I.R. / TIN Number |  |  |  |
| 1. Tax Clearance Certificate Issued by B.I.R. Main Office |  |  |  |
| 1. Phil-GEPS Certificate |  |  |  |
| 1. Audited Financial Statement with ITR with stamped “received” by (BIR/Bank for immediately preceding Year) |  |  |  |
| **For Suppliers of Pharmaceutical Products and Selected Devices** | | | |
| ***License to Operate from the FDA*** |  |  |  |
| 🞎 Drug Manufacturer |  |  |  |
| 🞎 Drug Distributor / Wholesaler / Importer / Exporter |  |  |  |
| 🞎 Drug Trader |  |  |  |
| 🞎 Medical Device Manufacturer |  |  |  |
| 🞎 Medical Device Distributor / Wholesaler / Importer / Exporter |  |  |  |
| 🞎 Others |  |  |  |
| For Contractors of Civil Works |  |  |  |
| Philippine Contractors Association Board (PCAB) |  |  |  |
| For Consulting Services (Institutional / Individual) |  |  |  |
| 🞎 Curriculum Vitae |  |  |  |
| **B. ADDITIONAL REQUIREMENTS** | | | |
| Company Profile and Product List |  |  |  |

***(TO BE FILLED UP BY PS/COBAC SECRETARIAT)***

***INSTRUCTION TO SUPPLIERS: All documents submitted must be Certified True Copy from the Issuing Agency except for the Tax Clearance Certificate, Company Profile and Product List. All original documents must also be presented.***

**EVALUATED BY: RECOMMENDED BY: APPROVED BY:**

**RONNIE V. WENCESLAO MS. WILMA A. LAYA MA. THERESA G. VERA, MD, MSc, MHA**

Administrative Aide III Head- Procurement Unit Director III

Procurement Service- COBAC Secretariat

**Received by:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Representative**

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