

Procurement Control No.

VENDOR REGISTRATION FORM

Company Name	Complete Company Address
	_____ _____ _____

Telephone No: _____ Fax No: _____ Email Add: _____

Type of Organization : Single Proprietorship Partnership Corporation

Nature of Business: _____

Products Manufactured or Services Provided: _____

Company Data:	
Date Organized: _____	Place Organized: _____
SEC Registration: _____	Registration Certificate No. _____
TIN: _____	

Contact Person:	
Name: _____	Telephone No. _____
Position: _____	Email Address: _____

I certify that all information above are true and correct to the best of my knowledge. The above information is given for the purpose of Peregrine to verify and add us to their Official Vendor List.

Signature of Applicant

Date Signed

For Procurement Use:

Received By: _____
Signature Over Printed Name/Date

Attachment: Company Profile
 Brochures

Classification: Supplier
 Contractor

Remarks / Recommendations:

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