



**PROCUREMENT DEPARTMENT
(EASTERN COAST GROUP OF COMPANIES)**

Application Date _____

A. GENERAL INFORMATION

Registered Name of the Company

Start Date of Operation

Main Office Mailing Address

Warehouse Mailing Address

Main Office Landline Number

Email Address

Main Office Mobile Number

Name of Company Owner

Name of Company Representative

Email Address

Email Address

B. TYPE OF BUSINESS ORGANISATION

- Sole Proprietorship
 Partnership
 Others, please specify

- Corporation
 Cooperative

C. TYPE OF BUSINESS OPERATION

- Manufacturing
 Agriculture
 Distribution & Delearship

- Trading & Merchandising
 Service
 Others, please specify

D. BUSINESS CERTIFICATES (copy required)

	Cert. No.	Date Issued	Date Expired
Commercial Registration			
VAT Registration			
ISO Certificate			
Others			

E.PRODUCT LINES (please indicate only major product lines)

F. ASSETS AND LIABILITIES (based on the most recent record)

Equity	Assets	Liabilities	Gross Income	Year