SUBIC BAY METROPOLITAN AUTHORITY
ACCREDITATION OFFICE
Regulatory Group

2/Floor, Regulatory Bldg., Labitan St. corner Rizal Avenue, Subic Bay Freeport Zone, Phils. 2222
Telephone (6347) 252-4088 Telefax (6347) 252-4203

APPLICATION FOR NEW ACCREDITATION

FOR:
- **Consultancy**

Name of Firm: _____

Office Address: _____ **Tel No.** _____

Fax No._____ **Email Address:** _____ **TIN** _____

Contact Person: _____ **Designation:** _____ **Tel No.** _____

Type of Organization (Please Check)

( ) Corporation **( ) Sole Proprietorship** **( ) Others**_____

Nature of Business (Describe specific nature of activity you intend for SBFZ) _____

_____

(Only complete set of documents will be accepted for processing)

REQUIREMENTS

DOCUMENTS

1. Letter of Intent
2. Company Profile (w/completed/ongoing projects for past 2 years)
3. List of Company Officers
4. Filled up & signed Application Form
5. Certified True Copy of DTI/SEC Registration
6. Audited Financial Statement
7. BIR Form 1556/2303
8. Certified True Copy of Latest ITR
9. Certified True Copy of SSS Certificate
10. Certified True Copy of Pag-Ibig Certificate
11. Certified True Copy of PhilHealth Certificate
12. Certified True Copy of Dole Registration
    Rule 1020 of OSHS
13. Letter from Locator/Investor signifying intent to use said service provider

CLEARANCES

1. Medical clearance of employees to be assigned in SBF project
   From:
   Occupational Health & Safety Div.
   Public Health & Safety Dept. (Bldg. 280)
   252-4502
2. Service Vehicle Emission Test Results
   From:
   Ecology Department (Bldg. 157 Sampson Road)
   252-4059

Application & Accreditation Fee – US$ 200.00 (or equivalent in Phil. Pesos at current exchange rate)

I understand that this application for Accreditation is subject to evaluation and approval by the SBMA and I therefore subject myself to its existing and future policies, rules and regulation. Any false/fraudulent statement made herein as well as violations on my part of any of that said policies, rules and regulations shall be sufficient grounds for the denial of this Accreditation Certificate or revocation of the same.

NAME: _____

SIGNATURE: _____

DATE: _____