



Dear Ma'am / Sir,

We are pleased to inform you that your company has been considered for a potential partnership with your team. To proceed with the supplier accreditation process, please complete the attached Supplier Accreditation Form and submit the required supporting documents.

Please return the completed form and all necessary documentation seven (7) business days after receipt of this letter.

Should you have any questions or require further clarification, feel free to contact us.

We look forward to reviewing your submission and exploring potential opportunities with your company.

Thank you for your cooperation.

Best regards,

Margeaux Quimno
Procurement Officer

Submit on:_____





LA SALLE UNIVERSITY OZAMIZ, INC.

UNIVERSITY PROCUREMENT CENTER (UPC)

Document No.: VPSS-UPC-

Document Title:

Supplier Accreditation Requirements

Effective Date:

Section A: Company Information

1. Company Name:
2. Address:
3. Telephone/Cellphone Number:
4. Email Address:
5. TIN:
6. Type of Business:
☐ Manufacturer ☐ Distributor ☐ Service Provider
☐ Others (specify):
7. Year Established:
8. Ownership:
☐ Sole Proprietorship ☐ Partnership ☐ Corporation
9. Primary Products/Services:

Section B: Legal and Regulatory Compliance

1. Business Registration Number (SEC/DTI):
2. Mayor's Permit Number:
3. BIR Certificate Number:
4. Other Licenses/Certifications (ISO, FDA, etc.):





Section C: Financial Information

1. Latest Audited Financial Statement (attached copy):
2. Bank Name:
3. Account Name:
4. Account Number:

Section D: References

- | | | |
|--------------|-------|---------------------|
| 1. Client 1: | _____ | _____ |
| | Name | Contact Information |
| 2. Client 2: | _____ | _____ |
| | Name | Contact Information |
| 3. Client 3: | _____ | _____ |
| | Name | Contact Information |

Section E: Insurance and Warranties

1. Insurance Provider:
2. Coverage Type:
3. Policy Number:
4. Warranty Details (if applicable):

Section F: Workforce and Capabilities

1. Total Number of Employees:
2. Key Personnel and Qualifications:
3. Equipment/Facilities:
4. Production/Service Capacity:





Section G: Declaration

I certify that the information provided is accurate and complete to the best of my knowledge.

Authorized Signatory: _____

Name: _____

Position: _____

Date: _____

Signature: _____

Submission Instructions:

1. Complete the accreditation form.
2. Attach the required supporting documents and company profile.
3. Submit hard and soft copies to the LSU Procurement Center through Ms. Margeaux Quimno.

Email: procurement@lsu.edu.ph

Address: La Salle University, Valconcha Street, Brgy. Aguada,
Ozamiz City, Misamis Occidental, Philippines

Contact #: 0917 188 8729

