

VENDOR REGISTRATION FORM



PHILIPPINE
PORTS
AUTHORITY



Declaration and Data Privacy Consent: The information I have given is true, correct, and complete. By submitting this form, I authorize the Philippine Ports Authority to collect, use, process and retain my personal data in accordance with the PPA's Privacy Statement and for purposes specified in this form.

Reminder: 1. Please see reverse for the general instructions on how to fill out the form. 2. Asterisks (*) are mandatory fields, fill-up. Shaded items no need to fill-up. 3. Accomplish one (1) copy per Vendor. 4. Submit accomplished Vendor Registration Form to the Procurement Officers of the Resources Management Division for PMO/PDO or the Administrative Services Department for HO. 5. Attach required supporting documents to this form.	USB No(s): _____							
* Action: <input type="checkbox"/> [C] Create / [R] Revise / [D] Delete <table style="float: right; border: 1px solid black; text-align: center;"> <tr> <th style="padding: 2px;">Vendor Code:</th> </tr> <tr> <td style="font-size: small;">(System Generated)</td> </tr> <tr> <td style="height: 15px;"> </td> </tr> <tr> <td style="height: 15px;"> </td> </tr> <tr> <td style="height: 15px;"> </td> </tr> <tr> <td style="height: 15px;"> </td> </tr> <tr> <td style="height: 15px;"> </td> </tr> </table>		Vendor Code:	(System Generated)					
Vendor Code:								
(System Generated)								
To be fill out by Vendor								
Vendor Details								
*Vendor Name:								
*Short Name:								
*Address:								
*Postal/Zip Code:								
*Business Type:								
*TIN:								
*Government Sector (Y/N)?								
Communications								
*Contact Name:								
*Telephone 1:								
*Telephone 2:								
Additional Information:								
Prepared by: _____	Date: _____							
<i>Signature over printed name</i>								
For PPA Accounting Use Only								
*PPA Office: _____	*Vendor Type: (pls see reverse for details) _____							
*Vendor Group: (check only 1 that applies)								
<input type="checkbox"/> Contractor <input type="checkbox"/> Forwarding Agent <input type="checkbox"/> Gov't Office <input type="checkbox"/> Insurer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Port User <input type="checkbox"/> Vendor <input type="checkbox"/> BOD <input type="checkbox"/> Others								
Control Account: _____	Payment On-Hold: <input type="checkbox"/> Yes <input type="checkbox"/> No							
Payment terms: _____	Payment Method: _____							
Input Tax Code: (check only 1 that applies)								
<input type="checkbox"/> IV-E VAT Exempt Purchases <input type="checkbox"/> IV-Z Input VAT Zero Rated Tax Purchases <input type="checkbox"/> IV-C Input VAT on VAT able Capital Goods Purchases <input type="checkbox"/> IV-S Input VAT on VATable Services <input type="checkbox"/> I 1: Input VAT on Goods other than Capital Goods								
Remarks: _____								
Prepared By: <small>(Signature over printed name)</small>	Authorized By: <small>(Signature over printed name)</small>	Encoded By: <small>(Signature over printed name)</small>	Checked By: <small>(Signature over printed name)</small>					
Date: _____	Date: _____	Date: _____	Date: _____					



Help us serve you better. Please take a moment to give us your feedback by scanning the QR code and submitting the accomplished form. Thank you.

General Instructions

For PPA Accounting use Only

1. Indicate the PPA Office, Vendor Group and Vendor Type in the spaces provided

Example:

PPA Office: PMO-North Harbor

Vendor Group: M000 - Manufacturer

Vendor Type: M3 - Manufacturing/Processing Industries

Below is the complete **Listing of Vendor Type** for quick reference:

Vendor Type Code	Description
B0	Banking Services
B1	Brokerage Services
B2	Bunkering
C0	Canteen/Restaurant Service/Food Services/Chandling
C1	Cargo Checking
C2	Cargo Consolidation/Forwarding Services
C3	Cargo Handling Service
C4	Cargo Surveying
C5	Communication/Postal Services
C7	Container yard/Container Freight Station
C8	Cooperatives
C9	Curio Shops/Stores
D0	Dredging Service
E0	Equipment/Appliance Hire/Rental
F0	Forwarding Agent
F1	Freight Services
F2	Fumigation
G0	Gasoline/Fuel Stations
I0	ID Lamination
I1	Import/Export
I2	Industrial & Marine Services
I3	Insurance
J0	Janitorial
J1	Job Order Employee
L0	Laundering Services
L1	Lighterage/Barging Operation
L2	Lodging Inns/Hostel/Hotel
M0	Machinery Shop / Motor Shop
M1	Maintenance Services
M2	Manpower/Manning Services
M3	Manufacturing/Processing Industries
M4	Marine Hauler of Petroleum Products/Others
M5	Maritime Related Services
M6	Maritime Surveying
N0	NGO Services
N1	Non-Regular Employee
O0	Other Government Services
P0	Parking/Garage Services
P1	Passenger Terminal Services
P2	Pharmaceutical Services
P3	Photo Shops
P4	Pilotage
P5	Port Terminal Operators
P6	Porterage Services
P7	Power Barge
P8	Print Media/Publication
P9	Project Contractor
R0	Regular Employee
R1	Reproduction Services
S0	Security & Detective Service
S1	Service Contractor
S2	Shipping Agent Services
S3	Shipping Chandling/Cleaning Services

Vendor Type Code	Description
S4	Shipping Services
T0	Telecommunication
T1	Tours & Travel
T2	Towing/Tugging Service
T3	Trucking/Hauling Services
V0	Vendor - Automotive Supplies
V1	Vendor - Computer Supplies
V2	Vendor - Construction Materials and Supplies
V3	Vendor - Gasoline
V4	Vendor - Office Furniture, Fixtures, Equipment
V5	Vendor - Office Supplies
V6	Vessel Maintenance/Repair Service
W0	Warehousing Service
W1	Wastes Disposal Service/Oil Sludge
W2	Water Suppliers/Watering Services
W3	Water Taxi
W4	Weighbridge/Truck Scale Operation
W5	Xerox Rental
U1	Utilities

2. The Control Account is pro-supplied.

Example:

Control Account: 8-81-600 Payables Trade/ Business

3. The Payment Terms is pre-supplied.

Example: Payment Terms: C0000 - Cash

4. The Payment On-Hold is pre-supplied.

Example:

Payment On-Hold: NO

5. The Payment Method Code is pre-supplied.

Example:

Payment Method: AUTOMATIC CHECK

6. Indicate the Withholding Tax Code applied to the Vendor by placing a check in the appropriate box provided.

Example:

IV-E: VAT Exempt Purchases

7. Indicate any additional remarks or information about the Vendor's account.

Example:

Remarks: Manufacturer of Crude Oil

8. Indicate names and Dates and affix respective signatures of the persons who provided the information, gave authority to encoded, encoded the information, and validated the accuracy.

Example:

AlBorbon 01/26/04 <u>Prepared By/Date</u>	RDPineda 01/26/04 <u>Authorized BY/Date</u>	SDDela Cruz 01/27/04 <u>Encoded By/Date</u>
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RMMedina 01/28/04 <u>Checked By/Date</u>
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