

T- FORM 4

BUSINESS PROFILE

I. GENERAL INFORMATION

Name of Company: _____

Tax Identification No. (TIN): _____

Address: _____

Tel. No.: _____

Fax No.: _____

Email Address: _____

Form of Ownership: _____

Name of Owners	Nationality

II. TECHNICAL INFORMATION:

Years of Experience in Janitorial Services _____

No. of Existing Janitors _____

III. LEGAL INFORMATION:

Place of Incorporation / Registration: _____

Year of Incorporation / Registration: _____

DTI Registration: _____

SEC Registration: _____

(Other legal documents) _____

IV. FINANCIAL INFORMATION:

Record Year	Total Assets	Current Assets	Total Liabilities	Current Liabilities	Networth	Net Working Capital
2016						
2017						

V. AVAILABLE MINIMUM EQUIPMENT

1. Floor Polisher, 16"
2. Heavy Duty vacuum cleaner

No. of Units

Printed Name and Signature of Authorized Representative _____