

3. Business Address/Telephone and Fax Numbers/E-mail; Address

Branch Office

E-mail

- Others if any

- b) since

- b) Date Registered with Bureau of Domestic Trade

- Attached is a certified true copy of the Bureau of Domestic Trade registration certificate.

Date \_\_\_\_\_

GENERAL INFORMATION

1. Applicant Firm/Company Name \_\_\_\_\_  
\_\_\_\_\_

2. Registered Business Name \_\_\_\_\_  
\_\_\_\_\_

3. Type of Firm

<input type="checkbox"/> Single Proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture

4. Business Address/Telephone and fax Numbers/E-mail Address

	Main Office	Branch Office
Address:	_____	_____
Telephone:	_____	_____
Fax.No:	_____	_____
E-mail:	_____	_____

5. Main Lines of Business

General Construction

1. Building Works	since _____
2. Highways and Bridges	since _____
3. Port Works	since _____
4. Others(Specify)	_____

\_\_\_\_\_

6. If Contractor is Single Proprietorship

a.) Name of Owner \_\_\_\_\_  
Date registered with Bureau of Domestic trade \_\_\_\_\_

b.) Partnership/Cooperative, also accomplish Form III, Page 5 \_\_\_\_\_

c.) Corporation, also accomplish Form IV, Page 6 \_\_\_\_\_

d.) Joint Venture, also accomplish Form V, Page 7 \_\_\_\_\_

7. Name and Address of Associated Firm (if any): \_\_\_\_\_  
\_\_\_\_\_

*Herewith attached is a certified true copy of Bureau of Domestic Trade registration certificate.*

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Date