

## MERCHANT ACCREDITATION APPLICATION FORM

**APPLICATION REQUIREMENTS**
**Documentary**

<u>For Sole Proprietorship</u>	<u>For Partnership or Corporation</u>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Company Profile</li> <li><input type="checkbox"/> BIR Certificate of Registration (2303)</li> <li><input type="checkbox"/> Current Business Permit</li> <li><input type="checkbox"/> DTI Certificate of Business Name Registration (for Single Proprietorship)</li> <li><input type="checkbox"/> Company I.D. and Government-issued I.D. (Passport, SSS, or Driver's License) of the authorized signatories (Issuing Secretary and Certifying Signatories)</li> <li><input type="checkbox"/> Copy of latest billing or SOA for utilities under Company name</li> <li><input type="checkbox"/> Letter of Intent addressed to Maxicare's Chief Operations Officer and Chief Consumer Officer</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Company Profile</li> <li><input type="checkbox"/> BIR Certificate of Registration (2303)</li> <li><input type="checkbox"/> Current Business Permit</li> <li><input type="checkbox"/> Current Audited Financial Statement</li> <li><input type="checkbox"/> SEC Registration</li> <li><input type="checkbox"/> Articles of Incorporation and By-Laws</li> <li><input type="checkbox"/> General Information Sheet</li> <li><input type="checkbox"/> PEZA Certificate or Board of Investment Certificate (if applicable)</li> <li><input type="checkbox"/> Notarized Secretary's Certificate or Board Resolution as the authorized signatories of the company / Certificate authorizing the signatories to represent the company to transact with Maxicare</li> <li><input type="checkbox"/> Company I.D. and Government-issued I.D. (Passport, SSS, or Driver's License) of the authorized signatories (Issuing Secretary and Certifying Signatories)</li> <li><input type="checkbox"/> Copy of latest billing or SOA for utilities under Company name</li> <li><input type="checkbox"/> Letter of Intent addressed to Maxicare's Chief Operations Officer and Chief Consumer Officer</li> </ul>

- Please correctly fill out the form (indicate N/A if not applicable).
- Fields with check marks need to be filled out.
- Applications without complete documents will not be processed.

 **APPLICATION DETAILS**

<b>REGISTERED BUSINESS NAME</b>		<b>DATE ESTABLISHED</b>	
<b>BUSINESS ADDRESS</b>		<b>ZIP CODE</b>	
<b>NATURE OF BUSINESS</b>		<b>NO. OF EMPLOYEES</b>	
<b>TOTAL PAID-UP CAPITAL</b>		<b>CREDIT LIMIT:</b>	<b>TERMS</b>
<b>SEC REG. NO.</b>		<b>VAT/TIN NO:</b>	<b>BIR F2303 NO.</b>
<b>TELEPHONE/FAX NO.</b>		<b>WEBSITE:</b>	<b>EMAIL ADDRESS</b>
<b>TYPE OF BUSINESS ORGANIZATION :</b> <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
<b>DISTRIBUTION CHANNEL :</b> <input type="checkbox"/> Retail Stores <input type="checkbox"/> Distributors/Retailers <input type="checkbox"/> Online <input type="checkbox"/> Others _____			

 **BOARD OF DIRECTORS**


 **OFFICERS**

NAME	DESIGNATION

CONTACT PERSON

DEPARTMENT	NAME	DESIGNATION	TEL. NO.	EMAIL ADDRESS

REFERENCES: Company and banks with whom you have dealings

NAME OF COMPANY	ADDRESS	TELEPHONE NO.	CREDIT LIMIT	CREDIT TERMS
NAME OF BANK	ADDRESS	TELEPHONE NO.	TYPE OF ACCOUNT	ACCOUNT NO.

I declare that the statements and particulars in this application are true and that no material facts have been misstated, misrepresented, or suppressed after enquiry. I agree that this application, together with any other information supplied by me shall form the basis of Maxicare's accreditation validation. I undertake to inform Maxicare of any material alteration to those facts that occurred prior to the approval of my application. I agree that the information I supplied in this application form will be used by Maxicare to fulfill its governmental duties such as, but not limited to tax withholding and income reporting. I also take full accountability and responsibility for any errors that may occur because of misreporting of the pertinent data. I agree to be subjected to a full background check. I agree that this application shall become part of Maxicare property, and that Maxicare shall have the right to approve or disapprove this application at its sole discretion, and without obligation to disclose the reason in case of disapproval.

I hereby acknowledge that I have read and understood the Privacy Notice published at <https://www.maxicare.com.ph/privacy-notice/> and hereby voluntarily give my consent for Maxicare to collect, process, and use my personal information for the purposes related to my accreditation. Further to this, I also agree that Maxicare may disclose my personal information to persons/parties relevant to my transactions with Maxicare and other business related matters. Concurrently, I give my consent for my records to be reviewed, updated annually, and retained to a maximum of 5 years upon fulfillment of purposes declared herein.

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME (WITH DESIGNATION)

\_\_\_\_\_  
DATE

RECOMMENDED FOR APPROVAL BY:

\_\_\_\_\_  
AVP - Alternative Channels

APPROVED BY:

\_\_\_\_\_  
Chief Consumer Officer