

Form No. 14.26  
Rev. No. 1

**CGIC**  
CORPORATE GUARANTEE & INSURANCE COMPANY  
**SUPPLIER PROFILE &  
SELECTION SHEET**

CONTROL NO.	SUPPLIER CODE
EVALUATED BY (initials)	DATE EVALUATED

FULL NAME OF COMPANY \_\_\_\_\_ COUNTRY TYPE \_\_\_\_\_ CAPITAL \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_ FACSIMILE \_\_\_\_\_ E-MAIL \_\_\_\_\_

DATE ESTABLISHED \_\_\_\_\_ NO. OF EMPLOYEES \_\_\_\_\_ OPERATING SINCE \_\_\_\_\_

FORM OF STOCKING \_\_\_\_\_ DATE APPROVAL DATED \_\_\_\_\_

Proprietorship  Partnership  Corporation

STATE CLASSIFICATION (PLEASE ATTACH CERTIFICATION)

Manufacturer  Sole Distributor  Distributor/Dealer

PRODUCT LINE (PLEASE ATTACH BROCHURES) \_\_\_\_\_ TERMS OF PAYMENT:  30 DAYS  60 DAYS  OPEN  OTHER (PLEASE SPECIFY) \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

1. QUOTATION --- \_\_\_\_\_  
2. DELIVERIES --- \_\_\_\_\_  
3. COMPLAINTS --- \_\_\_\_\_

PLEASE ATTACH COPIES OF THE FOLLOWING:

- |   |   |
|---|---|
| <input type="checkbox"/> DTI / SEC REGISTRATION           | <input type="checkbox"/> LIST OF MACHINES / EQUIPMENT       |
| <input type="checkbox"/> ARTICLES OF INCORPORATION        | <input type="checkbox"/> COMPANY HISTORY                    |
| <input type="checkbox"/> TAX IDEN. NO. / VAT REGISTRATION | <input type="checkbox"/> PROCESS AND QUALITY CONTROL CHARTS |
| <input type="checkbox"/> BUSINESS PERMIT                  | <input type="checkbox"/> LOCATION MAP                       |
|   | <input type="checkbox"/> OTHERS _____                       |

I hereby certify that the given above information are true and correct to the best of my/our knowledge, and will be updated annually. Any misrepresentation on above information is sufficient ground for us to be terminated as supplier of Corporate Guarantee & Insurance Company.

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME                      POSITION                      DATE

Prepared by/Date:  
*LEAH MARIE D. OCAMPO*  
LEAH MARIE D. OCAMPO 02/18/11  
Document Controller

Reviewed and Approved by/Date:  
*GILBERT M. FERNANDEZ*  
GILBERT M. FERNANDEZ 02/18/11  
President and Chief Operating Officer, QMR and QC Chairman



# PROCEDURES & WORK INSTRUCTIONS MANUAL

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MANUAL  
ISSUANCE NO. 1

Section: 14.0  
EXHIBITS- ADMIN/ISO

Effectivity Date:  
February 21, 2011

ISO 9001:2008

Subsection: 14.26  
SUPPLIER PROFILE AND SELECTION FORM

Revision No.  
1

For CGIC Use Only:

<p><b>RECOMMENDATION:</b></p> <p><input type="checkbox"/> Approved for Accreditation                      <input type="checkbox"/> Disapproved for Accreditation</p> <p>Other Remarks:</p> <p>Recommended by/Date:</p> <p><b>APPROVED FOR ACCREDITATION:</b></p> <p>GILBERT M. FERNANDEZ PRESIDENT AND CHIEF OPERATING OFFICER Date:</p>
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President and Chief Operating Officer, QMR and QC Chairman