

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