



## EVENTS SUPPLIER ACCREDITATION APPLICATION FORM

COMPANY INFORMATION			
Company Name <small>(Per Legal registration documents)</small>			
Proprietor / Authorized Rep.			
Business Address			
Company Email		Telephone Number	
Website		Fax Number	
Social media Accounts			
Year Established			
Legal Status	Nature of Business	Important Note: Multi-trade accreditations are strongly discouraged.	
<input type="checkbox"/> Single Proprietorship	<input type="checkbox"/> Event Coordination	<input type="checkbox"/> Photo & Video	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Event Stylist/Florist	<input type="checkbox"/> Photobooth	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Food and beverages	<input type="checkbox"/> Bridal Car Rental	
<input type="checkbox"/> Foundation/ Cooperative	<input type="checkbox"/> Lights & Sounds	<input type="checkbox"/> Gown Rental	
<input type="checkbox"/> Government	<input type="checkbox"/> Live Entertainment		
CONTACT INFORMATION			
Head of the Company:		Designation:	
Mobile Number:		Email Address:	
Contact person:		Designation:	
Mobile Number:		Email Address:	
FOR ALPMC STAFF USE: DOCUMENTARY REQUIREMENTS CHECKLIST			
<b>A. General</b>			
<input type="checkbox"/> Mayor's/ Business permit	<input type="checkbox"/> Official Receipt/Sales Invoice Specimen		
<input type="checkbox"/> DTI Certificate	<input type="checkbox"/> Sample Service Contract		
<input type="checkbox"/> SSS employer's Registration	<input type="checkbox"/> Table of Packages		
<input type="checkbox"/> BIR Registration	<input type="checkbox"/> Proof of Financial Capacity		
<input type="checkbox"/> Company Business Profile/Portfolio			
<b>B. For Food and beverages</b>			
<input type="checkbox"/> Health certificate for food handlers			
<input type="checkbox"/> Sanitary permit			
<b>C. For Photo and Video</b>			
<input type="checkbox"/> Data privacy policy			
<b>B. For Lights and Sounds</b>			
<input type="checkbox"/> Equipment specifications list reflecting electrical load needed			
<input type="checkbox"/> Certificate of qualified personnel to install the equipment			

I hereby attest that all information indicated above are correct. I acknowledge that my application shall be subject to the review and approval / disapproval of Asiawide Lifespaces & Property Management Corporation. Further, I allow the managing agent to use the information that I have provided to do background checks to confirm the information submitted herein for the purposes of reviewing my accreditation application.

By:

Received:

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

\_\_\_\_\_  
ALPMC Representative

Application Disposition: \_\_\_\_\_

By: Property Manager \_\_\_\_\_