



FORM A: GO LOKAL! APPLICATION FORM

COMPANY PROFILE			
Company Name			
Contact Person		Designation	
Telephone No.		Fax No.	
Mobile No.		Email Address	
Office Address			
Factory Address			
No. of Regular Workers		No. of Contractual/ Seasonal Workers	

TYPE OF BUSINESS	
Year Started / No. of Years in Business	
Legal Status (please check appropriate boxes)	<input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> NGO/Foundation/Cooperative <input type="checkbox"/> Others, pls. specify: _____

REQUIRED DOCUMENTS
<p>I am submitting herewith the following (please check on applicable boxes):</p> <input type="checkbox"/> FORM A: Application – Commitment Form <input type="checkbox"/> FORM B: Product Information Sheet/s with Product Shot/s <input type="checkbox"/> Photocopy of BIR Forms 2303 and 0605 <input type="checkbox"/> Copy of Official Receipt or Cash/Sales Invoice <input type="checkbox"/> Copy of Business Registration: <input type="checkbox"/> FDA <input type="checkbox"/> DTI/ SEC / CDA <input type="checkbox"/> BPLO <input type="checkbox"/> Product Sample/s with attached Go Lokal! Form D: Delivery Form

Very truly yours,

\_\_\_\_\_  
Signature Over Printed Name of Company Representative

Company:

Designation:

Date:

Endorsed by:

Approved by:

\_\_\_\_\_  
Signature over Printed Name  
DTI Regional / Provincial Officer

\_\_\_\_\_  
Signature over Printed Name  
DTI - BDTP