ACCREDITATION FORM

ARKY

Main Office: Pinamarbuhan, Mobo, Masbate Satellite Office: 2249 Payatas Road, Brgy. Commonwealth, Quezon City

Tel No: (056) 333-1258

| Please do not fill out this portion | | | | | | | |
|-------------------------------------|--|--|--|--|--|--|--|
| | | | | | | | |
| Supplier Number | | | | | | | |

| | | | SUPPLIER | INFO | RMATIO | N | | | | |
|---|-------------|------------|------------------|---|---|------------------------|--------------|-----------------|-----------------------|--|
| BUSINESS NAME: | | | | | | Date: | | | | |
| | | | | | | Company Anniversa | | | rsary: | |
| Type of Ownersh | ip: 🖵 So | le Proprie | torship 🗖 Partne | ership | ☐ Cor | poratio | on [| ☐ Othe | rs: | |
| BUSINESS ADDRI | SS: Ov | vned | ☐ Rented | | | | | | | |
| (Bldg./Street N | o.) (| Street) | (Brgy.) | | (Town/City |) | (Pro | vince) | (Zip Code) | |
| BUSINESS CONTACT NUMBERS: | | | | | | E | mail Addres | s: | | |
| (Telephone No.) (Fax No.) | | | | | (Mobile No.) (Email Address | | | (Email Address) | | |
| Tax Identification | n No. (TIN) | | | | | | | | | |
| SUPPLIER PROFILE | | | | | | | | | | |
| SOLE PROPRIETORSHIP | | | | | | | | | | |
| OWNER: | | | | | | Birth date (MM/DD/YY): | | | | |
| HOME ADDRESS | | ☐ Re | ented | | | | | | | |
| (Bldg./Street N | | Street) | (Brgy.) | | (Town/City | | • | vince) | (Zip Code) | |
| CONTACT NUMB | | | | | | ı | Email Addres | | | |
| an /// an | (Telephone | No.) | (Mc | | | | | Email Address) | | |
| CIVIL STATUS: | | | | | NATIONALITY: | | | | | |
| Name of Spouse: | | | | If employed, indicate name of employer: | | | | | | |
| | | | FOR PARTNERSH | IIPS AN | ID CORPO | RATION | V | | | |
| | Name | | | | Position | | Position | | Birth date (MM/DD/YY) | |
| Name of | | | | | | | | | | |
| Directors / | | | | | | | | | | |
| Officers | ficers | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | REI | FEREN | ICES | | | | | |
| BANK REFERENCES (indicate at least 1 bank reference)*** | | | | | | | | | | |
| Bank/Branch: | | | | | | | | | | |
| (Account Type) (Account No.) | | | | | (Bank Contact Person) | | | (Contact No.) | | |
| Bank/Branch: | | | | | | | | | | |
| (Account Type) (Account No.) | | | | /: | (Bank Contact Person) ES (indicate at least 3 customers) | | | | (Contact No.) | |
| | | | • | ZES (Inc | | | | | 0 1 11 | |
| Customer Name | | Credit | Line/Credit Term | Cont | | act Person | | | Contact No. | |
| | | | | | | | | | | |
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DATA CONSENT FORM

I/We, the SUPPLIER and undersigned, hereby consent to Arky Construction and Supply, continuous collecting, processing, storing, and/or sharing our information, including personal and sensitive data, for legitimate and lawful purposes such as transaction processing, legal compliance, internal policies, and the like. I/We understand my/our information may be kept as long as necessary, usually for the duration of our contractual relationship and as legally required. I/We acknowledge that the Company takes measures to protect our information and that we are responsible for its accuracy. I/We agree that any false information may lead to legal action. For updates or to withdraw my/our consent, I/we may contact the Data Protection Officer at info@arkyconstruct.com.

I/We confirm that I/we have obtained consent from any third parties whose information I/we provide and will indemnify the Company for any claims related to such disclosures. By signing, I/we agree to the collection, use, and processing of our personal information as described.

I/We shall likewise abide by the Company's policies laid below and certify that all the information disclosed in this document are true and correct.

| | SIGNATO | KIES | | | | | |
|---|--|--------------------------------|---------------------------|---|----|--|--|
| | SOLE PROPRIE | TORSHIP | | | | | |
| PROPRIETOR | SPOU | SE | | GUARANTOR* | | | |
| | | | | | | | |
| Signature over printed name / Date | Signature over prin | ted name / Date | | Signature over printed name / Date | | | |
| | PARTNERSHIP/CO (Authorized Repres | | | | | | |
| SIGNATORIES FOR PURCHASE/SALES ORDERS | SIGNATORIES FOR | R ISSUED CHECK | S OT | OTHER AUTHORIZED REPRESENTATIVE | | | |
| Signature over printed name / Position / Date | Signature over printed name / Position / Date | | | te Signature over printed name / Position / Date | | | |
| Signature over printed name / Position / Date | Signature over printed CHECKLIST OF REQUIR | | | ature over printed name / Position / Dat | te | | |
| Conoral Paguiroments | | <u> </u> | | | | | |
| General Requirements ☐ TAX IDENTIFICATION NUMBER (TIN) | Term Requirements Sole Proprietorship BIR 2303 Current Mayors Permit Bank Statement or Finance | cial Statement | ☐ BIR 2303 ☐ Current Mayo | orporation / Partnership BIR 2303 Current Mayors Permit Bank Statement or Financial Statement I General Information Sheet | | | |
| ENDORSED BY (Purchasing Manager): | A | APPROVED BY (General Manager): | | | | | |
| Signature over printed name Date | | Signature over | printed name | Date | | | |