KOLIN Philippines International, Inc.

ASC Accreditation Form

Fill up this form in CAPITAL LETTERS
Write N/A if information requested is not applicable
Date: _____

A. TYPE OF APPLICATION (Place an X mark)

_____New Applicant _____Renewal, if yes, pls. Indicate the date of most recent accreditation_____

_____Satellite Office, if yes, pls. Indicate name of the parent company _____

_____Service Provider _____Dealer / Installer _____Both

B. BACKGROUND INFORMATION

Registered Name of the Company		Date Business Operation Started
Registered Address		
Rm./Flr./Unit No./Bldg. Name	Lot No./Block No./St. Name	Subd./Village Name
Bgry/District	City/Municipality	Province
Satellite Office Address – 1		
Rm./Flr./Unit No./Bldg. Name	Lot No./Block No./St. Name	Subd./Village Name
Bgry/District	City/Municipality	Province
Satellite Office Address – 2		
Rm./Flr./Unit No./Bldg. Name	Lot No./Block No./St. Name	Subd./Village Name
Bgry/District	City/Municipality	Province
Satellite Office Address – 3		
Rm./Flr./Unit No./Bldg. Name	Lot No./Block No./St. Name	Subd./Village Name
Bgry/District	City/Municipality	Province
Satellite Office Address – 4		
Rm./Flr./Unit No./Bldg. Name	Lot No./Block No./St. Name	Subd./Village Name
Bgry/District	City/Municipality	Province
Office Telephone Nos.		**Office Fax Nos.**
Website Address		**Official E-mail Address**

Proprietor	Manager	Supervisor
Mobile Nos.	Mobile Nos.	Mobile Nos.
E-mail Address	E-mail Address	E-mail Address
Office Staff 1	**Office Staff 2**	**Technical In-charge**
Mobile Nos.	Mobile Nos.	Mobile Nos.
E-mail Address	E-mail Address	E-mail Address

Services Offered (Place an X mark)

_____Field Service _____Shop Service _____Installation

Owners / Stockholders

Name	Position	E-mail Address	Contact No.

List of TECHNICIANS (attach scan copy of Certificate of Competency and employment contract)

TS TEAM

Name	Specimen Signature	National Certificate No.	Expiration Date
Team 1			
Lead tech:			
Asst. tech:			
Helper:			
Team 2			
Lead tech:			
Asst. tech:			
Helper:			
Team 3			
Lead tech:			
Asst. tech:			
Helper:			
Team 4			
Lead tech:			
Asst. tech:			
Helper:			
Team 5			
Lead tech:			
Asst. tech:			
Helper:			

GC TEAM

Name	Specimen Signature	National Certificate No.	Expiration Date
Team 1			
Lead tech:			
Asst. tech:			
Helper:			
Team 2			
Lead tech:			
Asst. tech:			
Helper:			
Team 3			
Lead tech:			
Asst. tech:			
Helper:			
Team 4			
Lead tech:			
Asst. tech:			
Helper:			
Team 5			

Lead tech:			
Asst. tech:			
Helper:			

INSTALLATION TEAM

Name	Specimen Signature	National Certificate No.	Expiration Date
Teeam 1			
Lead tech:			
Asst. tech:			
Helper:			
Team 2			
Lead tech:			
Asst. tech:			
Helper:			
Team 3			
Lead tech:			
Asst. tech:			
Helper:			
Team 4			
Lead tech:			
Asst. tech:			
Helper:			
Team 5			
Lead tech:			
Asst. tech:			
Helper:			

C. BUSINESS ORGANIZATION

Type of Business Organization: (Place an X mark)	Type of Business Operation: (Place an X mark)
_____Single Proprietorship	_____Trading and Merchandising
_____Partnership	_____Trading and Servicing
_____Corporation	_____Service Company
_____Others, pls. Specify _____	_____Others, pls. specify _____

D. SERVICE FORMS (attach scan copy of the forms indicated herein)

Description	Place an X mark if available, put N/A if not available	BIR Permit No. (put N/A if not applicable)	TIN No. (put N/A if not applicable)
Service Call Report/Service Job Report			
Service Invoice			
Official Receipt			
Pull-out Receipt			
Delivery Receipt			
Installation Survey Form			
Start-up Checklist			
Others, Pls. Specify			

E. BUSINESS REGISTRY (attach scan copy of the permits indicated herein)

Type of Permit	Registration No. / Permit No.	Date Issued	Expiration Date
SEC Registration			
DTI Registration			
DTI Accreditation			
Business Permit, Mayor's Office			
VAT Registration (BIR 2303)			
TIN Registration			

F. OFFICE EQUIPMENT (put N/A if not available)

Description	Qty.	**Internet**	Place an X Mark
Computer		Prepaid	

Printer		Postpaid Plan	
Telephone		Others, pls. Specify	
Fax Machine			

G. LIST OF TOOLS & EQUIPMENT (put N/A if not available)

Description	Qty.	Description	Qty.
Pressure Washer Set		Gear Puller 6”	
AC Wash Bag / Cleaning Cover		Welding Machine	
Ladder		Multi-Tester	
Refrigerant Weighing Scale		Clamp Meter	
Manifold Gauge Set R-22		Capacitance Tester	
Manifold Gauge Set R-32		Thermometer	
Manifold Gauge Set R-410a		Leak Detector	
Vacuum Pump		Energy Logger 20A	
Flaring Tool 1/4”-3/4”		Offet Box End Wrench 10mm-11mm	
Flaring Tool 3/4”, 7/8”, 1”		Offet Box End Wrench 12mm-13mm	
Swaging Tool		Offet Box End Wrench 14mm-15mm	
Tube Cutter 1/4”-1 1/8”		Adjustable Wrench 6”	
Tube Cutter 1/8”-1 1/8”		Adjustable Wrench 8”	
Blow Torch Single Barrel		Adjustable Wrench 10”	
Blow Torch Double Barrel		Adjustable Wrench 12”	
Hexagonal Key Wrench 4mm		Combination Drill	
Hexagonal Key Wrench 5mm		Impact Drill	
Hexagonal Key Wrench 8mm		Angle Grinder	
Tube Bender 1/4”		Oxyacetylene Equipment	
Tube Bender 3/8”		Nitrogen	
Tube Bender 1/2”		Others, pls. Specify	
Tube Bender 5/8”			
Tube Bender 3/4”			
Tube Bender 7/8”			

H. LIST OF SERVICE VEHICLE

Make	Year Model	Plate No.

I. BANK REFERENCES

Bank Name / Account Number	Branch / Address	Contact Person	Contact No.

J. Affiliated Companies and Related Business

Name	Address	Contact Person	Contact No.

K. Major Clients

Name	Address	Contact Person	Contact No.

L. ADDITIONAL ASC INFORMATION

How many years has your organization been in this business? _____

How many full time employees does your company have? _____

Company name indicated in your Official Receipt? _____

Is this company a division or a subsidiary of another company? _____Yes _____No

If yes, what is the name of the parent company? _____

DECLARATION: The undersigned hereby confirms that the above information is true and correct, and that we are duly authorized to enter into this accreditation agreement and the supporting documents attached hereto are genuine and authentic. I also declare that the owners, managers, supervisors, office staff and technical personnel of our company are not related to any employee of KOLIN Philippines Int'l., Inc. within the third degree of consanguinity.

I hereby authorize KOLIN Philippines Int'l., Inc. to obtain pertinent information from clients, banks and any other source necessary for the objective of evaluation for this application. The undersigned also authorizes the release of any information as needed by KOLIN Philippines Int'l., Inc. from any of the above listed source of information.

_____ Signature over Printed Name Owner/Proprietor

_____ Signature over Printed Name General / Operations Manager