

DATE : \_\_\_\_\_

**THE ACCREDITATION COMMITTEE  
CITYLAND DEVELOPMENT CORPORATION**  
 2/F Cityland Condominium 10 Tower II  
 154 H. V. Dela Costa Street, Ayala North, Makati City  
 Telephone Nos. : 8936060 locals 272/274

SIR / MADAM:

We would like to apply as one of your ACCREDITED CONTRACTORS for the following services:

\_\_\_\_\_

Our other specialties are: \_\_\_\_\_

1. COMPANY NAME: \_\_\_\_\_

2. OFFICE ADDRESS: \_\_\_\_\_

3. Telephone Nos.: \_\_\_\_\_ PTR # \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

4. Established/Incorporated since : \_\_\_\_\_ CONTRACTOR'S CATEGORY: \_\_\_\_\_

5. Capital: Authorized : \_\_\_\_\_ Paid-up: \_\_\_\_\_

6. From our latest financial statement dated : \_\_\_\_\_, 20\_\_\_\_\_

- a. Current Assets: \_\_\_\_\_
- b. Fixed Assets : \_\_\_\_\_
- c. Total Assets : \_\_\_\_\_
- d. Liabilities: \_\_\_\_\_
- e. Equity : \_\_\_\_\_

7. We deal with the following bank/financial institutions: (Please give at least 3)

NAME/BRANCH :	SAVINGS ACCT.#	CURRENT ACCT.#
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Our trade references are the following companies : (Please give at least 3)

NAME/ADDRESS:	AMOUNT/TERMS	Contact person/tel#
_____	_____	_____
_____	_____	_____
_____	_____	_____

**9. THREE (3) EXECUTIVE OFFICERS/OWNERS RUNNING THE COMPANY :**

	(A)	(B)	(C)
FULL NAME	_____	_____	_____
Middle Name	_____	_____	_____
POSITION	_____	_____	_____
Birthday	_____	_____	_____
Residence address (present)	_____	_____	_____
Res. Tel. Nos.	_____	_____	_____
Spouse's Name	_____	_____	_____
Middle Name	_____	_____	_____
Personal bank Branch	_____	_____	_____
Account#	_____	_____	_____

Are you authorized to sign for the company:    Yes ( ) / No ( )                      Yes ( ) / No ( )                      Yes ( ) / No ( )

**10. In the last five (2) years, we have undertaken the following number of developments:**

	AS DESIGNER	AS CONTRACTOR
A. APARTMENTS/TOWNHOUSES	_____	_____
B. RESIDENTIAL CONDOMINIUM/BUILDINGS.	_____	_____
C. OFFICE CONDOMINIUMS/BUILDINGS	_____	_____
D. COMMERCIAL BUILDINGS	_____	_____
E. WAREHOUSES/FACTORIES	_____	_____
F. HOTELS/CONDOTELS	_____	_____
G. SHOPPING CENTERS/MALLS	_____	_____
H. PHARMACEUTICAL/MEDICAL BUILDINGS	_____	_____
I. EDUCATIONAL BUILDING/SCHOOLS	_____	_____
J. OTHERS (PLEASE SPECIFY)	_____	_____

**11. LIST of our COMPLETED PROJECTS within the last TWO (2) YEARS:**

A. PROJECT NAME : \_\_\_\_\_  
Scope of works : \_\_\_\_\_  
Project owner / Developer : \_\_\_\_\_  
CONTRACT AMOUNT : \_\_\_\_\_  
Contact persons/Position : \_\_\_\_\_  
Telephone numbers : \_\_\_\_\_  
Project location : \_\_\_\_\_  
Date started/completed : \_\_\_\_\_  
Project Designer/Architect : \_\_\_\_\_  
Project Manager : \_\_\_\_\_

B. PROJECT NAME : \_\_\_\_\_  
Scope of works : \_\_\_\_\_  
Project owner / Developer : \_\_\_\_\_  
CONTRACT AMOUNT : \_\_\_\_\_  
Contact persons/Position : \_\_\_\_\_  
Telephone numbers : \_\_\_\_\_  
Project location : \_\_\_\_\_  
Date started/completed : \_\_\_\_\_  
Project Designer/Architect : \_\_\_\_\_  
Project Manager : \_\_\_\_\_

C. PROJECT NAME : \_\_\_\_\_  
Scope of works : \_\_\_\_\_  
Project owner / Developer : \_\_\_\_\_  
CONTRACT AMOUNT : \_\_\_\_\_  
Contact persons/Position : \_\_\_\_\_  
Telephone numbers : \_\_\_\_\_  
Project location : \_\_\_\_\_  
Date started/completed : \_\_\_\_\_  
Project Designer/Architect : \_\_\_\_\_  
Project Manager : \_\_\_\_\_

D. PROJECT NAME : \_\_\_\_\_  
Scope of works : \_\_\_\_\_  
Project owner / Developer : \_\_\_\_\_  
CONTRACT AMOUNT : \_\_\_\_\_  
Contact persons/Position : \_\_\_\_\_  
Telephone numbers : \_\_\_\_\_  
Project location : \_\_\_\_\_  
Date started/completed : \_\_\_\_\_  
Project Designer/Architect : \_\_\_\_\_  
Project Manager : \_\_\_\_\_

E. PROJECT NAME : \_\_\_\_\_  
Scope of works : \_\_\_\_\_  
Project owner / Developer : \_\_\_\_\_  
CONTRACT AMOUNT : \_\_\_\_\_  
Contact persons/Position : \_\_\_\_\_  
Telephone numbers : \_\_\_\_\_  
Project location : \_\_\_\_\_  
Date started/completed : \_\_\_\_\_  
Project Designer/Architect : \_\_\_\_\_  
Project Manager : \_\_\_\_\_

E. PROJECT NAME : \_\_\_\_\_  
Scope of works : \_\_\_\_\_  
Project owner / Developer : \_\_\_\_\_  
CONTRACT AMOUNT : \_\_\_\_\_  
Contact persons/Position : \_\_\_\_\_  
Telephone numbers : \_\_\_\_\_  
Project location : \_\_\_\_\_  
Date started/completed : \_\_\_\_\_  
Project Designer/Architect : \_\_\_\_\_  
Project Manager : \_\_\_\_\_

G. PROJECT NAME : \_\_\_\_\_  
Scope of works : \_\_\_\_\_  
Project owner / Developer : \_\_\_\_\_  
CONTRACT AMOUNT : \_\_\_\_\_  
Contact persons/Position : \_\_\_\_\_  
Telephone numbers : \_\_\_\_\_  
Project location : \_\_\_\_\_  
Date started/completed : \_\_\_\_\_  
Project Designer/Architect : \_\_\_\_\_  
Project Manager : \_\_\_\_\_

H. PROJECT NAME : \_\_\_\_\_  
Scope of works : \_\_\_\_\_  
Project owner / Developer : \_\_\_\_\_  
CONTRACT AMOUNT : \_\_\_\_\_  
Contact persons/Position : \_\_\_\_\_  
Telephone numbers : \_\_\_\_\_  
Project location : \_\_\_\_\_  
Date started/completed : \_\_\_\_\_  
Project Designer/Architect : \_\_\_\_\_  
Project Manager : \_\_\_\_\_

In case we would be awarded a contract, we will allow any OFFICER / REPERESNTATIVE appointed by CITYLAND DEVELOPMENT CORPORATION to review and give constructive suggestions on the contract of agreement/designs & work procedures for cost saving purposes.

**ATTACHED HEREWITH ARE THE FOLLOWING DOCUMENTS:**

- A. ORGANIZATIONAL CHART of officers & key personnel
- B. BIO-DATA of Top Management / Executive officers or owners
- C. List of other previous clients/customers within the last 3 years
- D. List of ON-GOING PROJECTS
- E. List of EQUIPMENT IN WORKING CONDITION
- F. PHOTOCOPIES of Audited Financial Statements for the last 2 years
- G. PHOTOCOPIES of DTI / or SEC DOCUMENTS
- H. PHOTOCOPIES of BUSINESS LICENSES, MAYOR'S PERMIT, CERTIFICATES of REGISTRATION
- I. PHOTOCOPIES of ANNUAL INCOME TAX RETURN (1701 or 1702 ) with proof of acknowledgment by BIR.

We hereby certify that all the above information is true to the best of our knowledge and that CITYLAND DEVELOPMENT CORPORATION is authorized to conduct verifications or obtain other details as may be required for the purpose of evaluating our application for accreditation.

Very truly yours,

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(Print & Sign)  
(Authorized representative of the company)