

Unit 602 Cityland Pasong Tamo Tower, 2210 Don Chino Roces Ave., Pio Del Pilar, Makati CIty Tels. 403-7787

Email Address: upmginc@gmail.com / crb.secretariat@gmail.com

APPLICATION FOR ACCREDITATION

	Date
Agency Name	
Rusiness Address:	
Telephone Nos:	Fax Number
Taypayer ID No. (TIN):	Email Ad:
Voor Established:	
Number of Employees	
Type of Dysiness:	glePartnership Corporation
Type of Business:Sing	giePartnership Corporation
License No. / RC No	50 Admin 2001
Date:	
Place of issue:	
KEY OFFICERS:	
NAME / POSITION	HOME ADDRESS / TEL. NO.
MAJOR ACCOUNTS:	



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BANK REFERE	NCES:			
Bank/Branch	Account Number	Authorized Signature	Specimen	
TRADE REFER	ENCES			
Company		Cred	Credit Line	
PERSONAL REI	FERENCES:			
Name	Relationship	Address Address	Tel. Nos.	
	MEDIA GROUP and the	e purpose of applying for accrus enjoy the privilege of a cree		
I hereby au made herein.	thorize the UPMG to ob	otain information / verify any	statement /claim	
	te processing of this applaabove is complete and	lication for accreditation, I heraccurate.	reby certify that	
		Signature of Authorized	Representative	
		Printed Name / P	Position	



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DATE	REMARKS
SUBMIT THE FOLLOWING ANNEXES	<u>:</u>
1. Fully accomplished application form	
2. Lists of Officers / Personnel Data	
3. Contract of Lease	
4. Business Permit / Mayor's Permit	
SEC Registration Certificate, Articles	of incorporation, By Laws
6. Two (2x2) Picture of Signatories	
7. Letter of Appointment from Clients	
8. Audited Financial Statement	
Bank Certificate	
10. Summary of Advertising Bills	
11. General Information Sheet (submitted	
12. Processing Fee of P 3, 000.00 (payme	•
13. Accreditation Fee of P 5,000.00 (upor	approval of application)
APPLICATION/PROCESSING PAYMEN	NT:
AMOUNT :	
CASH / CHECK NO. :	
O.R. NO.	
DATE PAID :	

NOTE: SUBJECT FOR OCULAR INSPECTION