



AFP RETIREMENT AND SEPARATION BENEFITS SYSTEM  
BIDDER'S INFORMATION SHEET

<b>CORPORATE BIDDER</b>			
Company Name			Date Prepared
License Number _____ Number of years operating the business _____			
Office Address			Telephone Number
No.	Street	Subdivision	Barangay
District/Municipality			City/Province
			Zip Code
Tax identification Number		SEC/DTI Registration	
		Number	Date
		Place of Issue	
Branch Address (if any)			Telephone Number
No.	Street	Subdivision	Barangay
District/Municipality			City/Province
			Zip Code
<b>AUTHORIZED REPRESENTATIVE/ SIGNATORIES</b>			
First Name		Middle Name	Last Name
			Designation
Home Address			Fax Number
			Present Position
First Name		Middle Name	Last Name
			Designation
Home Address			Fax Number
			Present Position
<b>I hereby certify that the above information are true and correct</b>			
Authorized Representative			
Signature over printed name		Signature over printed name	