

Bidder Accreditation Form

Name:* _____

Present Address:* _____

Permanent Address:* *(fill out if different with present address)* _____

Date of Birth: _____ Place of Birth: _____ Nationality: _____

Tel No.:* _____ Mobile No.:* _____

Email Address:* _____

TIN:* _____

Driver's License:* _____

SSS:* _____

Employment:

If self employed: Name of Business:* _____

Business Address:* _____

Contact No.:* _____

Years in Business:* _____

If with employer: Name of Employer:* _____

Nature of work:* _____

Years Employed:* _____

Source of Funds:

Salary Business Others _____

Declaration: I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby authorize sharing of the information furnished on this form with Philippine British Assurance Company Inc.

Signature over printed name

Date