



FOOD PARTNER'S PROFILE FORM

A. IDENTIFYING INFORMATION

- 1. Name of Company : _____
- 2. Office Address : _____
- 3. Telephone and Fax : _____
- * Landline : _____
- * Mobile : _____
- 4. Email : _____
- 5. Contact Person Name : _____
- 5.a. Position in the company : _____
- 5.b. Telephone : _____
- * Landline : _____
- * Mobile : _____
- 5.c. Email : _____

B. REGISTRATION AND LICENSES

1. Registering or Accrediting Agency (Check appropriate box)

- Securities and Exchange Commission
- Cooperatives Development Authority
- Department of Trade and Industry
- Department of Labor and Employment
- Department of Social Welfare and Development
- Department of Health
- Department of Agriculture
- Department of Agrarian Reform
- Others: (Please Specify) _____

- 2. Date Registered : _____
- 3. Year First Started to Operate : _____

4. Business Licenses and Certification

	License/Certificate No.	Date Obtained
a.1 Mayor's Permit	: _____	_____
b.1 BIR	: _____	_____
c.1 FDA LTO	: _____	_____
d.1 GAP or GMP	: _____	_____
e.1 HACCP	: _____	_____
f.1 Organic	: _____	_____
g.1 Fair Trade	: _____	_____
h.1 Halal	: _____	_____

C. MARKETING: PRODUCT, PRICE, PROMOTION, PLACE (Outlets)

1. Product

a. List of products from the most to least saleable but priority will be given to products with FDA License already *(Use separate sheet of necessary)*

Product	Volume of Production	List of Raw Materials

b. Sources and Practices

Raw Materials	Sources	Practices
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Price

Product	Wholesale Price and MOQ	Retail Price
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Promotion : List various ways to promote/inform the market about your product

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

4. Place: List of Outlets and Distributor (*Use separate sheet if necessary*)

Outlet (A)/ Distributor (B)	Location	A	B
● _____	_____		
● _____	_____		
● _____	_____		
● _____	_____		
● _____	_____		
● _____	_____		
● _____	_____		
● _____	_____		
● _____	_____		
● _____	_____		
● _____	_____		
● _____	_____		
● _____	_____		
● _____	_____		
● _____	_____		

D. ORGANIZATION

- 1. Organization structure _____ N/A
- 2. Employees _____

	Male	Female
Admin	_____	_____
Accounting/Finance	_____	_____
Production	_____	_____
Sales and Marketing	_____	_____
Warehouse	_____	_____
Other Department/s	_____	_____

E. FINANCIAL PROFILE

Working Capital : _____
 Average Annual gross sales/Income : _____

Yes No

- With business plan
- With Bookkeeping System
- Do you prepare Financial reports
- Do you have audited financial report

F. NETWORK AND PARTNERSHIPS

1. TLDC Partnership

a. Year when Partnership started : _____

b. Services extended by TLDC

- Seminar _____
- _____
- _____
- _____

c. For training services - list types of trainings by TLDC and when attended

- _____
- _____
- _____
- _____
- _____

d. For trade Fairs facilitated by TLDC - list trade fairs and when attended

- _____
- _____
- _____
- _____
- _____

2. List (names) of other affiliations/ partnerships, services given/received

Affiliate/Partner	Services Given/Received
● _____	_____
● _____	_____
● _____	_____
● _____	_____
● _____	_____

F. MACHINERIES AND EQUIPMENT/CAPITAL ASSETS

	Date Acquired
● _____	_____
● _____	_____
● _____	_____
● _____	_____
● _____	_____

F. SUBMIT A CLEAR/ HIGH RESOLUTION PRODUCT PICTURES

MSME Name and Signature

Date