

Province of Negros Occidental PROVINCIAL ADMINISTRATOR'S OFFICE Technology and Livelihood Development Center



FOOD PARTNER'S PROFILE FORM

A. IDENTIFYING INFORMATION

Name of Company	:
Office Address	:
Telephone and Fax	:
* Landline	:
* Mobile	:
Email	:
Contact Person Name	:
5.a. Position in the company	:
5.b. Telephone	:
* Landline	
* Mobile	;
5.c. Email	:
	Office Address Telephone and Fax * Landline * Mobile Email Contact Person Name 5.a. Position in the company 5.b. Telephone * Landline * Mobile

B. REGISTRATION AND LICENSES

1. Registering or Accrediting Agency (Check appropriate box)

Securities and Exchange Commision Cooperatives Development Authority Department of Trade and Industry Department of Labor and Employment Department of Social Welfate 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.			
с.			
d.			
е.			
-			

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

Outlet (A)/ Distributor (B)		Loca	tion	А	В
•					
•	•				
•					
•					
•	•				
•					
•					
ORGANIZATION					
 Organization structure Employees 		N/A			
	Male		Female		
Admin Accounting/Finance					
Production					
Sales and Marketing Warehouse					
Other Department/s					
FINANCIAL PROFILE					

 Working Capital
 :

 Average Annual gross sales/Income
 :

Yes No

• With business plan

D.

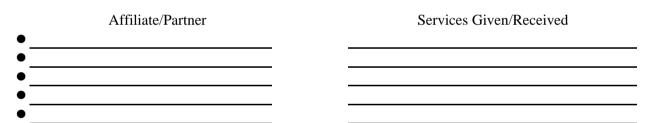
E.

- 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



F. MACHINERIES AND EQUIPMENT/CAPITAL ASSETS



F. SUBMIT A CLEAR/ HIGH RESOLUTION PRODUCT PICTURES

MSME Name and Signature