

PHILIPPINE QUALITY CHALLENGE

Eligibility Application Form



INSTRUCTION: Please fill out the needed information below.

Date Accomplished: _____

I. APPLICANTS INFORMATION

Company Name: _____

Company Address: _____

Telephone Nos. : _____

Year the company was established: _____

Industry: Manufacturing Education Food
(please mark your answer with) Healthcare Service Others:
(please specify) _____

Specify Product or Services offered: _____

II. HIGHEST RANKING OFFICIAL

Name of Highest Ranking Official: _____

Position in the Company: _____

Mobile No.: _____

Telephone No.: _____

Email Address/es: _____

III. SIZE OF THE APPLICANT

Based on the number of employees:

Micro (1-9 employees) Small (10-99 employees) Medium (100-199 employees) Large (200 or more employees)

Based on the capitalization:

Micro (not more than P3,000,000.00) Small (P3,000,001.00 – P15,000,000.00) Medium (P15,000,001.00 – P100,000,000.00) Large (more than P100,000,000.00)

IV. ELIGIBILITY INFORMATION

1. Is your company a distinct company or a business unit headquartered and registered in the Philippines?
 Yes. (Attach copy of the Business Registration either from SEC or LGU) No.
2. Is your company operationalized for at least 3 years?
 Yes. No.
3. Does your company have at least 2 employees attended/trained in PQC Applicant's Training organized by DTI-CB)?
 Yes. (Attach copy of the Certificates of Participation/Completion of the 2 employees) No.
4. Can your company respond to all seven PQC Criteria categories?
 Yes. No.



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5. Is your company complying with relevant statutory and regulatory requirements?
 Yes. No.

If yes, list down below relevant statutory and regulatory agencies the company is complying with and attach proofs of compliance (e.g., Certificate of Compliance issued by your Business Permit and Licensing Office (BPLO), BIR, SSS, Philhealth, Sanitary, Health and Safety permit, etc.)

V. QUALITY INITIATIVES

Please list any quality and productivity programs implemented in the company (i.e. 5S, Quality Circles, Lean Manufacturing, Kaizen, ISO 9001):

VI. OFFICIAL CONTACT PERSON

Name: _____
Position in the Company: _____
Mailing Address: _____
Mobile and Telephone Nos.: _____ Fax No. _____
Email Address/es: _____

VII. SIGNATURE OF THE HIGHEST RANKING OFFICIAL

I state and attest the following:

- (1) I have reviewed the information provided in this Eligibility Application Form (EAF).
- (2) To the best of my knowledge,
 - this package includes no untrue statement of a material fact, and
 - no material fact has been omitted.
- (3) I agree to host all the site visits related to the assessment, consultancy and validation improvement and facilitate an open and unbiased examination.
- (4) I understand that if the company receive a Challenge Award, the company agrees to share information on our successful performance and quality strategies with other Philippine companies in different PQA/PQC activities. In addition, it is entitled to another cycle of consultancy service next PQC cycle.
- (5) I agree to send at least 2 people to serve as PQC assessors.
- (6) I understand that if the information is found not to support the eligibility at any time during the PQC process, DTI-CB has the right to terminate the assistance, thus, my company will no longer receive consideration for any services or award and will receive only a feedback report.

Signature over Printed Name of the Highest Ranking Official

Date

