



# PALAWAN CHAMBER OF COMMERCE AND INDUSTRY, INC.

Puerto Princesa City, Palawan, Philippines

## Application for Membership

Date \_\_\_\_\_

Gentlemen:

We wish to apply to the Palawan Chamber of Commerce and Industry, Inc. We pledge to dedicate ourselves to the purposes and objectives of the Chamber and to abide by its by-laws, rules and regulations.

Hereunder is the profile of our office membership for your information.

1. **Registered office of the member:** \_\_\_\_\_
2. **Address:** \_\_\_\_\_  
\_\_\_\_\_
3. **P.O Box No.:** \_\_\_\_\_
4. **Tel. Nos. :** \_\_\_\_\_
5. **Telex No. :** \_\_\_\_\_ **Fax No. :** \_\_\_\_\_
6. **Cable Address:** \_\_\_\_\_
7. **Contact Person:** \_\_\_\_\_
8. **Designation:** \_\_\_\_\_
9. **Form of Organization:** \_\_\_\_\_

	Date of Registration	Registration Number
<input type="checkbox"/> Corporation With-SEC	_____	_____
With-BOI	_____	_____
<input type="checkbox"/> Partnership With-SEC	_____	_____
With-BOI	_____	_____
<input type="checkbox"/> Single Proprietorship	_____	_____
With Bureau of Domestic Trade	_____	_____

10. Capitalization

For Corporate/Partnerships:

- Authorized: \_\_\_\_\_
- Subscribed: \_\_\_\_\_
- Paid up: \_\_\_\_\_

For Single Proprietorship:

- Total Capitalization : \_\_\_\_\_

11. Total Assets : \_\_\_\_\_ Reference Date : \_\_\_\_\_

Nationality of Stockholders:

- 1. Filipino \_\_\_\_\_ % P \_\_\_\_\_
- 2. Non-Filipino \_\_\_\_\_ % P \_\_\_\_\_

12. Authorized Company Representatives To PCCI and their signature:

a. Official Representatives:

NAME	DESIGNATION	SIGNATURE
_____	_____	_____

b. Alternate Representatives:

NAME	DESIGNATION	SIGNATURE
1. _____	_____	_____
2. _____	_____	_____

13. Nature of Business :

- |                          |                              |                          |                               |
|--------------------------|------------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | Agri-business                | <input type="checkbox"/> | Importer                      |
| <input type="checkbox"/> | Manufacturer                 | <input type="checkbox"/> | Distributor                   |
| <input type="checkbox"/> | Manufacturer/Importer        | <input type="checkbox"/> | Retailer                      |
| <input type="checkbox"/> | Exporter                     | <input type="checkbox"/> | Service Contractor            |
| <input type="checkbox"/> | Agent/Company Representative | <input type="checkbox"/> | Others: Please Specify: _____ |

14. Product Lines : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Exporter, please list five major export products with brand names (if any) and the country of destination:

NAME OF PRODUCTS	BRAND NAME	COUNTRY DESTINATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. If Importer, please list five major product imported with brand names (if any) and the country of origin:

NAME OF PRODUCTS	BRAND NAME	COUNTRY OF ORIGIN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reference Date : \_\_\_\_\_

17. Services Offered : (Please identify clearly the specific services offered or rendered. Use additional sheets if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Number of years in business : \_\_\_\_\_

19. Number of employees :

Office : \_\_\_\_\_ Factory: \_\_\_\_\_

20. Bank reference :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Membership in other organization:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

22. Enclosed are the following as per your requirements:

- a. Check representing our company's entrance fee and membership dues for one year
- b. Passport size photo of both official and alternate representatives to PCCI (maybe sent later)
- c. Logo used by office
- d. Signature card duly accomplished

Your entrance/registration/membership fee is \_\_\_\_\_ (installment) and monthly dues of \_\_\_\_\_ or annual dues of \_\_\_\_\_ (discount of 400.00 if dues are paid annually). Please make your check payable to the Palawan Chamber of Commerce and Industry, Inc.

The undersigned hereby certifies that the statements made herein are true to the best of my knowledge and belief.

Print Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Title : \_\_\_\_\_

----- DO NOT WRITE BELOW THIS LINE -----

RECEIVED APPLICATION	DATE	MEMBERSHIP STAFF	ACTION TAKEN
<input type="checkbox"/> Recommended for Approval		Date: _____	
<input type="checkbox"/> Disapproval Recommended		_____	(Chairman, Membership Committee)
<input type="checkbox"/> Approved		Date: _____	
<input type="checkbox"/> Disapproved		_____	(President)
		Date: _____	
Application and Sponsor Notified		_____	(Secretary-General)
		Date: _____	
Certificate of Membership Awarded		_____	(President/Secretary-General)