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| **1** | | | | | | | | **Applicant** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Name of Business | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | Address | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |
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|  | | | | | | |  | | | | | | | | | | | | | | | | | (City/Municipality) | | | | | | | | | | |  | | | | | | (Province) | | | | | | | | | | | | | | | | | | | | | |  | | | (District) | | | | | | | | | | | | | | | | | | |  | | | (Region) | | | | | | | | | | | | |  | | | | (Zip Code) | | | | | |
| **2** | | | | | | | | **Highest-Ranking Official** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | Telephone No. | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Mobile No. | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | Social Classification | | | | | | | | | | | | | | | | | Abled | | | | | | | | | | | | | Differently-Abled | | | | | | | | | | | | | | | | | | | | | | | | | | | Indigenous Person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Others *(Please specify)* | | | | | | | | | | | | | | | | | | | |
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| **3** | | | | | | | | **Size and Location of Applicant** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | a. | | | | | | | | | For the preceding fiscal year, the organization had an asset size of Php | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | . (Choose one.) | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | ≤ 3M | | | | | | | | | > 3M but ≤ 15M | | | | | | | | | | | | | | | | > 15M but ≤ 100M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | > 100M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | b. | | | | | | | | | Number of sites in the Philippines | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | Overseas (if applicable) \_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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|  | | | | | | | | c. | | | | | | | | | Total number of employees | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | d. | | | | | | | | | Percent of employees in the Philippines | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | e. | | | | | | | | | Percent of physical assets in the Philippines | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4** | | | | | | | | **Type of Industry** (Check one.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | Manufacturing | | | | | | | | | | | | | | | | | | Education | | | | | | | | | | | | | | | | | | | | Agriculture | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | Service | | | | | | | | | | | | | | | | | | Healthcare | | | | | | | | | | | | | | | | | | | | Construction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | Agriculture | | | | | | | | | | | | | | | | | | Others | | | | | | | | | | | | | *(Please specify)* | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **5** | | | | | | | | **Application History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | |  | | | | | | Has your organization previously submitted an Eligibility Information Form (EIF) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | Yes. | | | | | | | | *If yes, indicate the year(s). Also indicate the organization’s name at that time, if different.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | Year(s) | | | | | | |  | | | | | | | | | |  | | | | | | | | | Name(s) | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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|  | | | | | | |  | | | | | Has your organization ever received the Philippine Quality Award or any Level of Recognition? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6** | | | **Organizational Profile** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | Provide a brief description of the following key business/organizational factors. Please be concise, but be as specific as possible. Provide full names of organizations. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | |  | | | | | | | | | | | | | | Key competitors (those that constitute 5 percent or more of your competitors) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | 1. Key suppliers/partners (those that constitute 5 percent or more of your suppliers/partners) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **7** | | | **Site Listings and Description** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | Addresses of Sites  (House/Building No./Building Name), (Street Name), (Barangay), (City/Municipality), (Province), (District), (Region), (Zip code) | | | | | | | | | | | | | | | | | | | | | | | | | | | | Relative Size –  Percent of Applicant’s | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Description of Products,  Programs or Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Employees | | | | | | | | | | | | | | | | | | | | | | Asset Size | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | *Note: Please use a separate sheet, if necessary.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **8** | | | **Eligibility Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | a. | | | | | | | | | Has the applicant officially or legally existed and operational for at least three (3) years? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | Yes | | | | | | | | | | | | | | No | | | | *If no, briefly explain.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | ***(Attach a line and box organizational chart(s) for the applying organization. In each box, include the name of the unit or division and its leaders.)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | b. | | | | | | | | | Is your organization a distinct organization or a business unit headquartered and registered in the Philippines? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | c. | | | | | | | | | Is your organization complying with ALL relevant statutory and regulatory requirements? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | Yes. | | | | | | | *List down ALL relevant statutory and regulatory requirements issued by appropriate agencies* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | d. | | | | | | | | | Does your organization **use licensed-software only**? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | e. | | | | | | | | | Does the organization have employees trained in PQA Application Development Course organized by the PQA Administrator for Public Sector (DAP- Productivity and Development Center) or Administrator for Private Sector (Philippine Society for Quality, Inc.)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | Yes. | | | | | | | | | | | | ***(Attach copies of the Certificates of Participation of the employees to the PQA Application Development Course.)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | f. | | | | | | | | | Can your organization respond to all seven (7) PQA Criteria categories? Specifically, does your organization have processes and related results for its unique operations, products, and/or services? For example, does it have an independent leadership system to set and deploy its vision, values, strategy, and action plans? Does it have approaches for engaging customers and the workforce, as well as for tracking and using data on the effectiveness of these approaches? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | g. | | | | | | | | | Should your organization receive PQA or any level recognition, are you willing to share your practices during the Philippine Quality Award Fora or at your organization’s facilities in the Philippines? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | |  | | | | | | | | Yes. | | | | | | | | | | | | | | | | | | | | | No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **9** | | | | | **Official Contact Person** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | Telephone No. | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Mobile Number | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **10** | | | | | | **Data Privacy Consent** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | I hereby agree and consent to the collection and processing of my organization and personal data for the purpose of our application to the Philippine Quality Award (PQA).  I understand that my organization and personal information will be shared by DTI-Competitiveness Bureau (DTI-CB) with PQA partner agencies and organizations; the use of which shall be governed by the Data Privacy Act of 2012.  I assure the notification of DTI-CB should there be any amendment in this information.  This consent shall be valid until five years, unless I otherwise revoke or withdraw the same in writing but subject to the existing laws, rules, and regulations of the bureau. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **11** | | | | | | | **Signature of the Highest Ranking Official** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | I state and attest the following:   1. **I have reviewed the information provided in this Eligibility Information Form (EIF).** 2. **I certify that the organization is complying with all relevant statutory and regulatory obligations enforced by different agencies in the country.** 3. **I commit to nominate at least two (2) company representatives who may qualify as potential PQA Assessors.** 4. **To the best of my knowledge,**  * **this package includes no untrue statement of a material fact, and** * **no material fact has been omitted.**   **(5) I understand that if any information found untrue in this eligibility form at any time during the Award Process, my organization will no longer be considered eligible for any recognition and will only receive a feedback report.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | Signature of Highest-Ranking Official | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Printed Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Date | | | | | | | | | | | | | | | | | | | | | | | | |