

Note: Asterisk (*) indicates mandatory fields

ORGANIZATION INFORMATION

Organization Name * : _____

Acronym : _____

Agency Tax Identification Number*: _____ - _____ - _____ - _____

ORGANIZATION ADDRESS

Region* : _____

Province* : _____

City/Municipality* : _____

Street Address* : _____ Zip Code: _____

AGENCY BUYER INFORMATION

Salutation Title: Mr. Ms.

First Name* : _____ Middle Name: _____ Last Name *: _____

Designation* : _____

Telephone No.* : _____ - _____ - _____ Loc.: _____ (e.g. 632-999-9999 Loc. 133)

Mobile Number* : _____ - _____ - _____ (e.g. 63-917-1234567)

Email Address* : _____ (e.g. buyer@ps-philgeps.gov.ph)

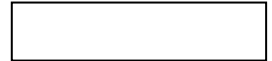
Delivery Address* : _____

Note: To fill-out by Agencies where default depot is PS-Main.

SIGNATURE

Authorized by:

HEAD OF THE PROCURING ENTITY / AUTHORIZED REPRESENTATIVE



INSTRUCTIONS:

1. Agency Buyer Information

Agency Buyer refers to the person authorized by the Agency to be responsible for procuring CSEs from the Virtual Store.

2. Username – is a unique identification.

- i. For users that are already registered in PhilGEPS, please use your current userid.
- ii. For new users, please provide at least three (3) username. The username that will be provided is subject for validation if it is still unused or available.

1. _____

2. _____

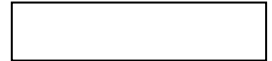
3. _____

Conditions in creating a username:

- At least 6 characters
- Must be alphanumeric characters (should contain at least 1 alpha and 1 numeric)

3. Email Address

- Every user should have a unique email address.
- No duplicate or the same email address can be used by two or more users.



Note: Asterisk (*) indicates mandatory fields

ORGANIZATION INFORMATION

Organization Name * : _____
 Acronym : _____
 Agency Tax Identification Number*: _____ - _____ - _____ - _____

ORGANIZATION ADDRESS

Region* : _____
 Province* : _____
 City/Municipality* : _____
 Street Address : _____ Zip Code: _____

CONTACT INFORMATION FOR APPROVER

Salutation Title: Mr. Ms.
 First Name* : _____ Middle Name: _____ Last Name * : _____
 Designation* : _____
 Telephone No.* : _____ - _____ - _____ Loc. _____ (e.g. 632-999-9999 Loc. 133)
 Mobile Number* : _____ - _____ - _____ (e.g. 63-917-1234567)
 Email Address* : _____ (e.g. buyer@ps-philgeps.gov.ph)

SIGNATURE

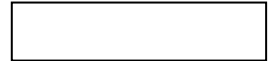
CONTACT INFORMATION FOR UPLOADER

Salutation Title: Mr. Ms.
 First Name* : _____ Middle Name: _____ Last Name * : _____
 Designation* : _____
 Telephone No.* : _____ - _____ - _____ Loc. _____ (e.g. 632-999-9999 Loc. 133)
 Mobile Number* : _____ - _____ - _____ (e.g. 63-917-1234567)
 Email Address* : _____ (e.g. buyer@ps-philgeps.gov.ph)

SIGNATURE

Authorized by:

HEAD OF THE PROCURING ENTITY / AUTHORIZED REPRESENTATIVE



INSTRUCTIONS:

1. Contact Information

- *APP-CSE Approver* refers to the person authorized by the Agency to be responsible for approving the supplemental APP-CSE.
- *APP-CSE Uploader* refers to the person authorized by the Agency to be responsible for uploading the APP-CSE and editing the details of the APP-CSE in the PhilGEPS.

2. Username – is a unique identification.

- For users that are already registered in PhilGEPS, please use your current userid.
- For new users, please provide at least three (3) username. The username that will be provided is subject for validation if it is still unused or available.

APP-CSE Approver

- _____
- _____
- _____

APP-CSE Uploader

- _____
- _____
- _____

Conditions in creating a **username**:

- At least 6 characters
- Must be alphanumeric characters (should contain at least 1 alpha and 1 numeric)

3. Email Address

- Every user should have a unique email address.
- No duplicate or the same email address can be used by two or more users.