

CEBU FURNITURE INDUSTRIES FOUNDATION, INC.

North Road, Jagobiao, Mandaue City (fronting CENAPRO)

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APPLICANT'S PROFILE

- Exporter Manufacturer Subcontractor Trader

I. COMPANY INFORMATION

Company Name _____

Factory Address _____

Showroom Address _____

Tel. No/s. _____

Fax No/s. _____

Email Address _____

Website _____

Official Representative _____

Position _____

Cell Phone Number _____

Alternate Representative _____

Position _____

Cell Phone Number _____

Authorized Capitalization
(for Corporations) _____

Initial Investment (for
Single Proprietorship) _____

Year established _____

Year started exporting
furniture and/or furniture
accessories _____

Reason for applying as
CFIF regular member _____

COMPANY SIZE (Based on value of asset size excluding land)

- Micro-Cottage (Less than PhP3 million)
 Small (PhP3 million but less than PhP15 million)
 Medium (PhP15 million but less than PhP100 million)
 Large (More than PhP100 million)

II. PRODUCT

What specific furniture / furniture accessory products do you export?

PRODUCT TYPE

- Furniture Only Furniture Accessories Only Furniture & Furniture Accessories

PRODUCT FUNCTION

- Outdoor Indoor _____ Others, please specify
 ___ Garden ___ Bedroom
 ___ Others, please specify ___ Living Room
 _____ ___ Dining Room

MAJOR PRODUCT LINES

Please indicate percentage of furniture and/or furniture accessories produced by your company.

Furniture _____ %
 Furniture Accessories _____ %

III. MEMBERSHIP IN OTHER ASSOCIATIONS

Please use another sheet if necessary. Thank you.

ASSOCIATION	TYPE OF MEMBERSHIP	POSITION HELD

IV. MANPOWER

Please indicate your company's number of workers to date.

# of workers	Present
Regular Employees	
Office	
Factory (Direct Labor)	
Factory (Indirect Labor)	
Total	
Non-Regular Employees	
Office	
Factory (Direct Labor)	
Factory (Indirect Labor)	
Total	
Subcontractors (In-House)	
# of Subcontractors	
Estimated total # of workers	
Subcontractors (Outsourced)	
# of Subcontractors	
Estimated total # of workers	

V. PRODUCTION (VALUE IN US\$ and PERCENTAGES)

What is your present production utilization?

Year	Volume Produced (in 40-footer containers)	Value in US\$ / container	Production Capacity Utilized (Percentage)

Note: Please refer to recent production as basis for answering below questions.

Production done In-Plant _____% Production done by regular workers _____%
 Production subcontracted _____% Production done by piece workers _____%
 Present Production capacity per month (in 40-footer containers) _____
 -- On the average, how many in 40-footer containers are you producing per month in the last 12 months?
 Average value in US\$ of a 40-footer container per month _____

VI. PRODUCT DESIGN / RESEARCH & DEVELOPMENT

Product Designer	% of Total Production	# of Designer/s
In-house Designer		
Buyer's Designer		
Free-lance Designer		

VII. FACTORY FACILITIES

Specify your lot / facility information.

Total Lot Area _____ square meters
 Total Covered Area _____ square meters
 Ownership (Please check.)
 ____ Owned ____ Rented ____ Leased

VIII. MACHINERIES

What facilities for production are you currently using? (Note: A spray booth is required)

BASIC MACHINERIES	ADVANCED / COMPUTER OPERATED
1	1
2	2
3	3
4	4

IX. MARKETS SERVED (FOR EXPORTERS ONLY)

What are the markets you serve and what are the corresponding percentage to total shipment / year?

- | | | |
|---|---|---|
| <input type="checkbox"/> USA _____% | <input type="checkbox"/> France _____% | <input type="checkbox"/> The rest of Europe _____% |
| <input type="checkbox"/> South America _____% | <input type="checkbox"/> Middle East _____% | <input type="checkbox"/> The rest of Asia _____% |
| <input type="checkbox"/> Canada _____% | <input type="checkbox"/> China _____% | <input type="checkbox"/> The rest of North America _____% |
| <input type="checkbox"/> Japan _____% | <input type="checkbox"/> Africa _____% | |
| <input type="checkbox"/> Germany _____% | | |

IX-B. EXPORTERS SERVED (FOR SUBCONTRACTORS ONLY)

Who are the CFIF member companies that you are subcontracting to?

- | | |
|----|----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |

X. EXPORT SALES DATA (Sales Performance in volume & value)

Note: Please indicate dominant material component. **Note: FOR EXPORTERS ONLY**

PRODUCT	2010		2011	
	# of 40-footer containers	Total Value in US\$	# of 40-footer containers	Total Value in US\$
Furniture Dominant material component:				
Furnishings Dominant material component:				
Total		US\$		US\$

XI. RAW MATERIALS

What raw materials do you use and where do you usually acquire them?

RAW MATERIALS USED	Unit of Measure	SOURCES OF RAW MATERIALS				VOLUME USED PER YEAR
		LOCAL	%	IMPORTED	%	
<input type="checkbox"/> Abaca						
<input type="checkbox"/> Aluminum						
<input type="checkbox"/> Bamboo						
<input type="checkbox"/> Plyboard						
<input type="checkbox"/> Brass						
<input type="checkbox"/> Fiberglass						
<input type="checkbox"/> Glass						
<input type="checkbox"/> Leather						
<input type="checkbox"/> Leatherette						
<input type="checkbox"/> MDF						
<input type="checkbox"/> Metal / Iron						
<input type="checkbox"/> Plastic						
<input type="checkbox"/> Plywood						

RAW MATERIALS USED	Unit of Measure	SOURCES OF RAW MATERIALS				VOLUME USED PER YEAR
		LOCAL	%	IMPORTED	%	
<input type="checkbox"/> Rattan Poles						
<input type="checkbox"/> Solid Wood ___ Gmelina ___ Lauaan ___ American Hardwood						
		LOCAL	%	IMPORTED	%	
___ European Hardwood ___ Mahogany ___ Others, pls specify						
<input type="checkbox"/> Seagrass & Indigenous Materials						
<input type="checkbox"/> Stone						
<input type="checkbox"/> Veneer						
<input type="checkbox"/> Others, pls. specify: _____						

XI. OPERATIONAL PROBLEMS

What are the problems you encounter regarding the following:

Manpower

Raw materials

Sub-contractors

Production systems / processes

Utility (electricity, communication system, water)

Government policies

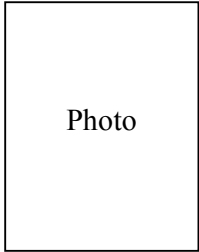
Management and supervision

XIV. SUGGESTIONS

What government interventions do you require for the enhancement / improvement of your production and overall operation as a company?

How can CFIF better assist you as a member?

PERSONAL DATA OF OFFICIAL REPRESENTATIVE TO CFIF



NAME _____

(Last) (First) (Middle)

NICKNAME _____ BIRTHDAY _____

BIRTHPLACE _____ HEIGHT _____ WEIGHT _____

CITIZENSHIP _____ CIVIL STATUS _____ WEDDING ANNIVERSARY _____

(If Married)

NAME OF SPOUSE _____ NO. OF CHILDREN _____

HOBBIES / INTEREST _____

RESIDENCE ADDRESS _____

MOBILE NUMBER: _____

RESIDENCE TELEPHONE # _____

EDUCATION

LEVEL	SCHOOL	YEAR	COURSE
HIGH SCHOOL	_____	_____	_____
COLLEGE	_____	_____	_____
GRADUATE	_____	_____	_____
POST GRADUATE	_____	_____	_____
OTHERS	_____	_____	_____

NAME AND SIGNATURE OF MEMBER

DATE SIGNED