

# CEBU FURNITURE INDUSTRIES FOUNDATION, INC.

North Road, Jagobiao, Mandaue City (fronting CENAPRO)

Tel Nos. +63 32 420.9189/ 236.3937

Fax Nos. +63 32 422.8081



## APPLICANT'S PROFILE

### ASSOCIATE (please check)

Subcontractor       Business Support Org       Academic Institution  
 Trader               Research Center               Non-Government Org.  
 Designers           Supplier of \_\_\_\_\_       Others: \_\_\_\_\_

### 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 \_\_\_\_\_

Reason/s for applying as  
CFIF regular member \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### COMPANY SIZE (DTI definition of SME 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 AND SERVICES

### PRODUCT TYPE

- Commodity  
Type: (Pls. describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Service  
Type: (Pls. describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## III. MEMBERSHIP IN OTHER ASSOCIATIONS

Please use another sheet if necessary. Thank you.

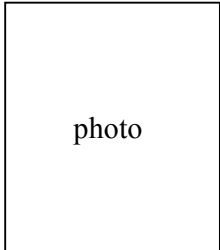
ASSOCIATION	TYPE OF MEMBERSHIP	POSITION HELD

## IV. NUMBER OF EMPLOYEES

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

Regular Employees : \_\_\_\_\_  
Non-Regular Employees: \_\_\_\_\_  
Subcontractors \_\_\_\_\_  
TOTAL \_\_\_\_\_

**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 \_\_\_\_\_  
\_\_\_\_\_

RESIDENCE TELEPHONE # \_\_\_\_\_

MOBILE NUMBER \_\_\_\_\_

EDUCATION

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

\_\_\_\_\_  
NAME AND SIGNATURE OF OFFICIAL REPRESENTATIVE

\_\_\_\_\_  
DATE SIGNED