



APPLICATION TO BECOME FoodSHAP® AUTHORIZED COURSE PROVIDER

1) COURSE PROVIDER INFORMATION:

Name / Company Name		
Main Address		
Nature of Activity (Ex: School, Training Provider, etc.)		
Company Registration Number (SEC/DTI)	Company VAT Registration Number	
Telephone Number	Fax Number	
Email Address	Website	
FACEBOOK PAGE (if available)		

2) COURSE PROVIDER INDIVIDUAL CONTACTS

Please enter the name of the contact details where you would like us to send any queries regarding the following concerns:

Head of the Organization		Audit and Quality Contacts	
First Name		First Name	
Last Name		Last Name	
Job Title		Job Title	
Telephone Number	Email Address	Telephone Number	Email Address

Providers details that will reflect in the FoodSHAP® website		Finance	
Contact Person		First Name	
Contact Number and email address		Last Name	
City that your company will be enlisted		Job Title	
Business Address		Telephone Number	Email Address



3) OTHER INFORMATION

What other courses do you offer?

How many years has your business been running?

How many students can your classroom accommodate?

Do you conduct courses outside the vicinity of your current location/city? Where?

4) LIST OF REQUIREMENTS

Before completing this form please check (✓) and make sure you have attached the following requirements with the signed agreement (scanned copy is acceptable):

LIST OF REQUIREMENTS TO BECOME AN AUTHORIZED FoodSHAP® COURSE PROVIDER

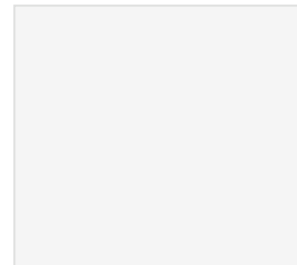
- ! SEC/DTI PERMIT
- ! BIR REGISTRATION
- ! BUSINESS PERMIT
- ! COMPANY PROFILE

5) PAYMENT FOR AUTHORIZING FOODSHAP® COURSE PROVIDER

PAYMENT DETAILS: SEE COURSE FEE LIST FOR THE AMOUNT.		
BANK DETAILS: *** savings account*** Bank : BPI Island Acct. Number : 3823-2148-38 Account Name : Food Safety & Hygiene Academy Of The Phils (Food Shap) Inc.	Bank Transaction /Invoice No	
	Payment Verification(signed by)	
	AMOUNT	

*I understand that FoodSHAP® courses can **only be delivered by a trainer authorized by FoodSHAP®** and I am signing to confirm that all the information contained in this application is correct.*

Name : _____
Signature : _____
Position : _____
Date : _____



Company SEAL/STAMP

FoodSHAP® USE ONLY	Date Received :
	Ref :