



TOURISM DEPARTMENT

2nd Floor, Bldg. 662, Taft Street, Subic Bay Freeport Zone, Philippines 2222
Telephone Nos. (6347) 252-4242, 4788, 4229 Facsimile No. (6347) 252-4194



SUBIC BAY FREEPORT APPLICATION FOR CLASSIFICATION RATING CERTIFICATE

Instruction: Please accomplish this form by providing the required information on appropriate spaces (typewritten answer is preferred). Do not leave any blank space, indicate "N/A" if not applicable and attach additional sheet/s as Annexes if necessary. Submitted form with incomplete information and requirement/s will not be accepted.

COMPANY INFORMATION

Type of firm:			
<input type="checkbox"/> Hotel	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Travel and Tour Services	<input type="checkbox"/> Others
<input type="checkbox"/> Resort	<input type="checkbox"/> Spa	<input type="checkbox"/> Tourism Related Establishment	
Name of Applicant			
Name of SBF Enterprise:			
Nationality			
Contact Person			
Principal Address			
Tel.No.		Fax No.	
E-mail Address		Website	
(Please sketch location)			

List of Officials and Authorized Representative

Name	Nationality	Address	Position
1.			
2.			
3.			
4.			
5.			

The information provided in this Form shall remain confidential. As the Entity's authorized representative, I certify that the information contained herein presents fairly, in all material aspects. Further, we understand that salient information contained herein shall be the basis for SBMA's decision to issue a Classification Rating Certificate on Tourism Standards.

Done in the city/province of _____ this _____ day of _____, 20 _____.

 (Applicant Firm)
 (Signature over printed name)

 (Position/Designation)

Republic of the Philippines }
City/Province of _____ } S.S.

Subscribed and sworn to before me this _____ day of _____, 20 _____ in the City/Province of _____ affiant exhibited in me his Community Tax Certificate No. / Passport No. _____ issued at _____ on _____.

Doc. No. _____
Page No. _____
Book No. _____