



Philippine Association of Meat Processors, Inc.

Suite 203-204 Sunrise Condominium, Ortigas Avenue, Greenhills, San Juan
Tel +63 2 721-1813 Telefax +63 2 942-3282 email: pampimain@yahoo.com

INFORMATION SHEET

For new applicants, PAMPI may request the company to introduce itself during a general membership meeting. The association reserves the right to conduct a plant visit and a deliberation among its members prior to approval of new membership. After approval, the company should submit (1) photocopy of NMIS accreditation; (2) photocopy of BAI and/or BFAD accreditation, if available; and (3) check payable to the Philippine Association of Meat Processors, Inc. for the one-time membership fee plus the first year's annual dues.

Company Information

Full Name of Company			
Trade Name/s		Brands	
Products/Product lines			
Legal Form Under Which Business Operates: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Single Proprietorship			In Business Since:
Authorized Capital		Number of Employees	
If Division/Subsidiary, Name of Parent Company:			In Business Since:
Position in the Processed Meat Supply Chain (check all that apply) <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor/Retailer <input type="checkbox"/> Raw Materials Supplier <input type="checkbox"/> Others, please specify:			
Head Office Address			
Telephone	Facsimile	Mobile Phone	E-mail

Plant 1

Full Address			
<input type="checkbox"/> Owned <input type="checkbox"/> Leased/Rented <input type="checkbox"/> Others, please specify:			
Contact Person:		Position:	
Telephone	Facsimile	Mobile Phone	E-mail

Plant 2, if any

Full Address			
<input type="checkbox"/> Owned <input type="checkbox"/> Leased/Rented <input type="checkbox"/> Others, please specify:			
Contact Person:		Position:	
Telephone	Facsimile	Mobile Phone	E-mail

Official Representative to PAMPI

Last Name	First Name	Middle Initial	Nickname
Position / Department			Date of Birth
Office Address			
Telephone	Facsimile	Mobile Phone	E-mail

Alternate Representative to PAMPI

Last Name	First Name	Middle Initial	Nickname
Position / Department			Date of Birth
Office Address			
Telephone	Facsimile	Mobile Phone	E-mail

Trade References *(at least two PAMPI members plus another reference in the industry)*

Company Name			
Contact Person		Position	
Office Address			
Telephone	Facsimile	Mobile Phone	E-mail
Company Name			
Contact Person		Position	
Office Address			
Telephone	Facsimile	Mobile Phone	E-mail
Company Name			
Contact Person		Position	
Office Address			
Telephone	Facsimile	Mobile Phone	E-mail

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to evaluate our application for membership / continuing membership to PAMPI. Furthermore, we hereby authorize the trade references listed in this form to release necessary information to PAMPI to verify the information contained herein.

Signature

Date