



**CHECKLIST OF REQUIREMENTS
FOR ACCREDITATION
AS MERCHANT PARTNER**

Name of Establishment: _____

- A. Accomplished Application Form
- B. Accomplished Information Sheet
- C. Company Profile
- D. *Department of Tourism (DOT) Accreditation (For DOT-Accredited Establishments)*
- E. Latest / Current Mayor's Permit *(For NON-DOT Accredited Establishments)*
- F. BIR Certificate of Registration *(For NON-DOT Accredited Establishments)*
- G. Registration Documents:
 - For Sole Proprietorship:*
 - Latest / Current DTI Registration
 - For Partnership / Corporation:*
 - SEC Registration, Articles of Incorporation and By-Laws
- H. Memorandum of Agreement *(pro-forma provided by PRA)*
- I. Only if applicable:
 - For Hospital, Clinic, Laboratory or HMO:*
 - DOH Bureau of Health Facilities and Services Accreditation
 - For Insurance Company:*
 - Insurance Commission License
 - For School / Institute / Training Center:*
 - DepEd / CHed / TESDA Permit
 - For Law Firm:*
 - IBP Membership Receipt

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- J. Ocular Inspection Report (to be provided by PRA)

Processed/Evaluated by:

Date Completed: _____

Ocular Inspection Date: _____