**ANNEX “K”**

*Registration Form – Sole Proprietor, Partnership, Corporation*

**DEVELOPMENT AND MANAGEMENT OF BALICASAG ISLAND DIVE RESORT**

1. Name of Prospective Bidder:

1. Contact Information of Prospective Bidder

|  |  |
| --- | --- |
| Address |  |
| Website |  |
| Contact Person |  |
| i. Telephone |  |
| ii. Fax |  |
| iii. E-mail |  |

1. Information on ongoing/existing Resort and/or Hotel Hospitality or Real Estate or Tourism Recreation Facilities Management Projects:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. No. | Name of Project | Start Date | Scheduled Completion Date | Staff Complement (including experts/consultants) |
|  |  |  |  |  |
|  |  |  |  |  |

1. Entity which fulfills the Experience Requirement

|  |  |
| --- | --- |
| Name of Entity |  |
| Relationship to Prospective Bidder |  |
| Address |  |
| Website |  |
| Contact Person |  |
| i. Telephone |  |
| ii. Fax |  |
| iii. E-mail |  |

1. Affiliate, if any, of the entity which fulfills the Experience Requirement whose experience is being submitted as evidence of that entity’s development and operation experience.

|  |  |
| --- | --- |
| Name of Entity |  |
| Relationship to Prospective Bidder |  |
| Address |  |
| Website |  |
| Contact Person |  |
| i. Telephone |  |
| ii. Fax |  |
| iii. E-mail |  |

For and on behalf of (Name of Prospective

Bidder/if Consortium, Name of Consortium and Lead Member)

(Signature of Authorized Representative)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name, Title, and Date)

*Registration Form – Consortium*

**DEVELOPMENT AND MANAGEMENT OF BALICASAG ISLAND DIVE RESORT**

Name of Consortium:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Consortium Members

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Lead | Consortium Member-1 | Consortium Member-2 | Consortium Member-3 |
|  |  |  | Member |  |  |  |
| Name |  |  |  |  |  |  |
| Percentage Interest in the  Consortium | | |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Type of Legal Entity  (corporation/partnership) | | |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 2. Contact Information of Consortium Members | | | | | | |

|  |  |
| --- | --- |
| 1. Lead Member |  |
| 1. Address |  |
| 1. Website |  |
| 1. Contact Person |  |
| 1. Telephone |  |
| 1. Fax |  |
| 1. Email |  |

|  |  |
| --- | --- |
| 1. Consortium Member-1 |  |
| 1. Address |  |
| 1. Website |  |
| 1. Contact Person |  |
| 1. Telephone |  |
| 1. Fax |  |
| 1. Email |  |

|  |  |
| --- | --- |
| 1. Consortium Member-2 |  |
| 1. Address |  |
| 1. Website |  |
| 1. Contact Person |  |
| 1. Telephone |  |
| 1. Fax |  |
| 1. Email |  |

|  |  |
| --- | --- |
| 1. Consortium Member-3 |  |
| 1. Address |  |
| 1. Website |  |
| 1. Contact Person |  |
| 1. Telephone |  |
| 1. Fax |  |
| 1. Email |  |

1. Information on ongoing/existing Resort and/or Hotel Hospitality or Real Estate or Tourism Recreation Facilities Management Projects
2. Lead Member

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. No. | Project Detail | Start Date | Scheduled Completion Date | Staff Complement (including experts/consultants) |
|  |  |  |  |  |
|  |  |  |  |  |

1. Consortium Member (Please add a separate table for each consortium member)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. No. | Project Detail | Start Date | Scheduled Completion Date | Staff Complement (including experts/  consultants) |
|  |  |  |  |  |
|  |  |  |  |  |

1. Entity which fulfills the Experience Requirement

|  |  |
| --- | --- |
| Name of Entity |  |
| Relationship to Prospective Bidder | [ ] Consortium Member and Lead Member |
| Address |  |
| Website |  |
| Contact Person |  |
| i. Telephone |  |
| ii. Fax |  |
| iii. E-mail |  |

1. Affiliate, if any, of the entity which fulfills the Experience Requirement whose experience is being submitted as evidence of that entity’s development and operation experience.

|  |  |
| --- | --- |
| Name of Entity |  |
| Relationship to Prospective Bidder |  |
| Address |  |
| Website |  |
| Contact Person |  |
| i. Telephone |  |
| ii. Fax |  |
| iii. E-mail |  |

For and on behalf of (Name of Prospective

Bidder/if Consortium, Name of Consortium and Lead Member)

(Signature of Authorized Representative)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name, Title, and Date)