I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby express our interest to participate in the Government Quality Management Program as a beneficiary agency for the Development of a Quality Management System certifiable to ISO 9001:2015 and Process Streamlining. We hereby present the agency profile and other pertinent information:

DAP-PDC-GQMP-01

Attachment A

(Agency)

(Name)

(Position)

|  |
| --- |
| Agency Profile |
| Complete Name of Agency |   |  NLA OEO  SUC |
| Complete Address of Agency |  |
| Frontline Services | *Please list down all frontline services:* | Clients (e.g. transacting individuals, business, govt. agency) |
|  |  |
| Reasons for participating in GQMP |  |
| Other Information |
| Contact Person*Name* |  |
|  Title Surname First Name Middle Name Suffix |
| Contact Number*Landline* |  | Contact number*(Mobile)* |  | E-mail address |  |
| Head of Agency*Name* |  |
|  Title Surname First Name Middle Name Suffix |
| Position/ Designation |   | ID No. |  |
| Memorandum of Agreement Witness |  |
|  Title Surname First Name Middle Name Suffix |

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

 Signature