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