



ICT Davao, Inc.

PROFILE SHEET

TO ALL OUR VALUED PARTNERS:

ICT Davao Inc is updating its resource guide book to generate vital primary information that would serve to match certain organizations with potential ICT investments and also serve as input to a realistic support service program. We appreciate receiving this form duly accomplished at the soonest possible time. Click the **Submit Form** button on page 2 of this form or email ictdavao@gmail.com. (attn.: Edwin Maranon).

COMPLETE INFORMATION DETAILS

A. BRIEF PROFILE OF THE ORGANIZATION	
<ul style="list-style-type: none"> Name of Business: 	
<input type="checkbox"/> Regular Member <input type="checkbox"/> Corporate member <input type="checkbox"/> Affiliate Member <input type="checkbox"/> Applicant	
<ul style="list-style-type: none"> For Regular Member: <input type="checkbox"/> ACBM <input type="checkbox"/> BPOADI <input type="checkbox"/> CICTAD <input type="checkbox"/> CDITE <input type="checkbox"/> DIA <small>Check current affiliation</small> <input type="checkbox"/> DSII <input type="checkbox"/> ICAD <input type="checkbox"/> PSITE <input type="checkbox"/> TADI <input type="checkbox"/> 	
<ul style="list-style-type: none"> Nature of SEC Registration : <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Cooperative 	
<ul style="list-style-type: none"> DTI Registration: <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<ul style="list-style-type: none"> Complete Business Address: 	
Bldg/St Name:	Telephone Numbers
	Landline :
Zip Code:	Mobile :
Website/Homepage URL:	Fax Number:
<ul style="list-style-type: none"> Year Established: 	
<ul style="list-style-type: none"> Capitalization/Asset Size: <input type="checkbox"/> Micro <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <small>< 3Million >3m <15Million >15M <100 Million >100 Million</small> 	
<ul style="list-style-type: none"> List of Officers coordinating with ICT Davao Inc. 	
Name of Officer/s	Position/Designation
<ul style="list-style-type: none"> Name of Primary Contact Person 	Email Address: Mobile No.
Position/Designation:	Landline No.
B. TYPES OF SERVICES RENDERED TO MEMBERS/CLIENTS (e.g.: Technical Consultancy/Others)	
C. SCOPE OF OPERATION	
<ul style="list-style-type: none"> List of Projects Implemented in the last 2 years 	Status
D. AFFILIATIONS	
<ul style="list-style-type: none"> Established Network Linkages with Other Organizations 	
<input type="checkbox"/> DCCCII <input type="checkbox"/> BPAP <input type="checkbox"/> Others _____ please specify	

E. SERVICES REQUIRED (IF ANY)

Organizational Development and Strengthening (please specify) _____

Market Development / Business Matching (e.g.: market access/facilitation) _____

BPO-Voice

BPO –Non Voice

Others (please specify) _____

Product Development (please specify) _____

Trainings and Capacity Building (please specify) _____

Technical Skills _____

Skills Training _____