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| --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1: COMPANY INFORMATION** | | | | | | |
| **Company Name:** | | | Click here to enter text. | | | |
| **Address:** | | | Click here to enter text. | | | |
| **Contact Person:**  Click here to enter text. | | | **Department:**  Click here to enter text. | | | |
| **Office Number:**  Click here to enter text. | | **Mobile Number:**  Click here to enter text. | | | **Email:**  Click here to enter text. | |
| **SECTION 2: SERVICE INFORMATION** | | | | | | |
| **Service Grouping:** | **Service 1:**  Choose an item. | | **Service 2:**  Choose an item. | | | **Service 3:**  Choose an item. |
| ***For the Service Groupings requested above, please indicate the specific service required:*** | | | | | | |
| **Accounting:** | Outsources Resource for Data Entry  Review and Preparation of Financial Statements  Preparation of VAT Returns | | **Payroll:** | | | Payroll Processing  TD4 Preparation |
| **Corporate/Secretarial:** | Annual Returns  Company Registration  BIR Registration  VAT Registration | | **Taxation:** | | | Annual Tax Returns  Quarterly Tax Calculation |
| **Corporate Finance:** | Debt Structuring  Mergers and Acquisitions  Strategic Management | | **Other:** | | | Click here to enter text. |
| **SECTION 3: SERVICE DELIVERY INFORMATION** | | | | | | |
| **Location Where Service is to be Performed:**  Click here to enter text. | | **Expected Start Date:**  Click here to enter text. | | **Expected Completion Date:**  Click here to enter text. | | |
| **Estimated Budget *(optional*):**  Click here to enter text. | | **Other Information:**  Click here to enter text. | | | | |
| **SECTION 4: ADDITIONAL INFORMATION** | | | | | | |
| **If you have any additional comments please advise:**  Click here to enter text. | | | | | | |

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| **SECTION 5: APPROVALS** | |
| **Date Received (Onestà):**  Click here to enter a date. | **Representative (Onestà):**  Click here to enter text. |