



COMPANY PROFILE

HQP-HLF-193

BUSINESS NAME

BUSINESS ADDRESS

PERSONNEL COMPLEMENT/LABOR FORCE

STATUS	NO. OF EMPLOYEES	
	HEAD OFFICE	BRANCH
Regular		
Contractual		
Others		
GRAND TOTAL		

EQUIPMENT/VEHICLE
(Please describe briefly)

WORK SCHEDULE
(Please describe briefly)

OTHERS

CERTIFICATION

I hereby certify that the foregoing information/statement is to my knowledge, true, correct, complete, and updated.

Head of Office/Authorized Representative
(Signature over Printed Name)

Designation/Position

Date

(Revised/August 2012)