



DTI BAGWIS CHECKLIST



NAME OF ESTABLISHMENT:

ADDRESS:

#	REQUIREMENTS	SUBMITTED (Pls. put a check)
1	Duly accomplished Application/Undertaking Form	
2	Business Name/SEC Registration	
3	Latest Mayor's Permit	
4	Endorsement from a reputable socio-civic organization stating that the establishment has been involved in any livelihood/community project	
5	Certification from concerned regulatory agency that the establishment is compliant to Factor 4 <ul style="list-style-type: none">• SSS• Pag-ibig• Philhealth• BIR	
6	Evidence of payment of minimum wage to employees	
7	Relevant trainings conducted for employees	
8	Picture of establishment showing compliance to Factor 1-4 (to be done during assessment of DTI)	
9	Duly filled-out Document Review and Assessment Checklist (c/o DTI)	
10	Establishments Manual of Operations/Availability of the following: <ul style="list-style-type: none">• Vision/Mission statement• Policies and Procedures (Sales, After Sales, and/or Service Procedures, Complaints Handling Mechanism)• Return Policy• Warranty Policy• Menu/Price List• Company profile)	



UNDERTAKING FORM FOR THE DTI BAGWIS PROGRAM

Type of Nomination: <input type="checkbox"/> New Nomination <input type="checkbox"/> Re-Assessment Level: <input type="checkbox"/> Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold		<input type="checkbox"/> Nominated for Upgrade From: <input type="checkbox"/> Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold To: <input type="checkbox"/> Silver <input type="checkbox"/> Gold	
Company Profile: A. Form of Organization			
<input type="checkbox"/> Sole Proprietorship		Business Name Certificate No.:	
<input type="checkbox"/> Partnership/ Joint Venture <input type="checkbox"/> Corporation		SEC Certification No.:	
<input type="checkbox"/> Cooperative		CDA Registration No.:	
B. <input type="checkbox"/> Main Branch/Head Office <input type="checkbox"/> Branch <input type="checkbox"/> Franchise			
NAME OF BUSINESS:			
PRINCIPAL OFFICE ADDRESS:			
House/Building No./Building Name		Street Name	Barangay
City/Municipality	Province	Region	Zip Code
Contact Details: Telephone Number: (Area Code)		Mobile Number:	
Fax Number:	Email Address:	Social Media/Website:	
Business/ Trade Name:			
Business/ Trade Address:			
House/Building No./Building Name		Street Name	Barangay
City/Municipality	Province	Region	Zip Code
C. Mayor's Permit No.:		D. Business Tax Identification No.:	
E. Category of Business: <input type="checkbox"/> Supermarket/Grocery <input type="checkbox"/> Department Store <input type="checkbox"/> Specialty Store <input type="checkbox"/> Hardware Store <input type="checkbox"/> Convenience Store <input type="checkbox"/> Appliance Center <input type="checkbox"/> Service and Repair Shop Certificate of Accreditation No. _____			
F. Product Line/Services:		G. Total Capitalization:	
H. Asset Size (in Philippine Pesos): <input type="checkbox"/> Less than or equal to ₱3M <input type="checkbox"/> Between ₱3M – ₱15M <input type="checkbox"/> Between ₱15M – ₱100M <input type="checkbox"/> Above ₱100M			
I. Industry Classification:			
J. Total No. of Employees (including Regular/Agency Hired/Emergency or Casual):			
Authorized Contact Person/ Consumer Welfare Point Person			
Name of Contact Person (in case of complaint)		Designation:	
Personal Title/Prefix	First Name	Middle Name	Last Name
Suffix			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Contact Number:	Email Address:	
Social Classification: <input type="checkbox"/> Abled <input type="checkbox"/> Differently-Abled <input type="checkbox"/> Indigenous-Person <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Youth <input type="checkbox"/> Out-of-School Youth			

THE COMPANY/BRANCH STORE GUARANTEES COMPLIANCE WITH THE FOLLOWING:

- No pending case (s), complaint (s), or formal charge filed before the DTI
- Relevant Consumer and Fair Trade Laws
- Registration and Tax Payment with the Bureau of Internal Revenue
- Registration and Remittances with the Social Security System, Philhealth and PAG-IBIG
- Regular conduct of Corporate Social Responsibility Programs/Activities (for Silver and Gold only)

Must be printed back-to-back on A4 size paper

UNDERTAKING

I, _____, Owner/President/Corporate Secretary of _____, declare under the penalty of perjury, that all matters set forth in this form, and any verbalized information, have been made in good faith, duly verified by me and to the best of my knowledge and belief, are true and correct. Any fraud and non-disclosure of information will automatically invalidate my nomination and/or revoke the DTI Bagwis Award conferred to the business establishment.

Done this _____ day of _____, 20____, in _____.

Name & Signature of Owner/President/Corporate Secretary

Subscribed and sworn to before me this _____ day of _____, 20____ by _____ in _____, Philippines. Affiant personally appeared before me and exhibited to me his/her competent evidence of identity _____ issued at _____ on _____.

NOTARY PUBLIC

MINIMUM DOCUMENTARY REQUIREMENTS:

- Duly accomplished Bagwis Application form
- Business Name Certificate of Registration / SEC Registration Certificate / CDA Registration Certificate
- Copy of latest Mayor's Business Permit
- Certificate of Accredited Service and Repair Shop (for Service and Repair Shop applicants only)

FOR DTI PURPOSES ONLY:

STEP 1. Document Checking <i>(Documents are complete and true)</i> Note/Remarks: _____ Date of Screening (dd.mm.yyyy): _____ Checked by: _____	STEP 2. Certification (No pending case) <i>(Optional: Attach Certificate No pending case)</i> Note/Remarks: _____ Date of Issuance (dd.mm.yyyy): _____ Issued by: _____
STEP 3. On-Site Assessment <i>(Attach On-site Assessment Form)</i> Note/Remarks: _____ Date of On-site Assessment (dd.mm.yyyy): _____ Assessed by: _____	<u>STEP 4A. Endorsement to the Regional Bagwis Committee</u> <i>(For approval or disapproval of nomination)</i> Note/Remarks: _____ Date of Deliberation (dd.mm.yyyy): _____ RBC Secretariat by: _____
<u>STEP 4B. Endorsement to the National Bagwis Committee</u> <i>(For Approval or dis approval of GOLD NOMINEES)</i> Note/Remarks: _____ Date of On-site Assessment (dd.mm.yyyy): _____ NBC Secretariat: _____	STEP 5. Release of Seal and Certificate <i>(Conduct of Awarding Ceremony, if applicable)</i> Note/Remarks: _____ Date of Release (dd.mm.yyyy): _____ DTI Assigned Officer: _____



CONSUMER WELFARE DESK APPLICATION FORM

Fill up this application form in 2 copies and submit to DTI-Cavite Provincial Office

Please Print or Type all information

BUSINESS

Name of Business Establishment: _____

Address: _____

City/Municipality: _____

Type of Business: Single Prop. Partnership Corporation

Tel. No. _____ Fax No. _____

Business Hours: _____

Membership to Associations: _____

Name of Owner/Manager: _____

CONTACT PERSON:

Name: _____

Position/Designation: _____

Educational Attainment: _____

Employment Status: Permanent/Regular Contractual

Address: _____

Tel. No. _____

Signature: _____

I/We certify that all information declared hereto are true and correct to the best of my knowledge and any misdeclaration contained herein will mean that non-approval of my/our application.

Date: _____

Signature of Owner/Manager

MEMORANDUM OF AGREEMENT

This Memorandum of Agreement entered into by and between:

The DEPARTMENT OF TRADE & INDUSTRY – CAVITE PROVINCIAL OFFICE, a government agency with principal office address at 2nd Floor, Government Center Bldg., Capitol Compound, Trece Martirez City, Cavite represented by its Provincial Director, _____ and herein referred to as **DTI-CAVITE**.

-and-

The _____ with business address located at _____ represented by _____ and hereinafter referred to as **The Participating Store/Dealer**.

- WITNESSETH -

WHEREAS, the Consumer Act of the Philippines (R.A. 7394) under the Title V, Chapter III thereof provides that the Department of Trade & Industry shall establish procedures for systematically logging in, investigating and responding to consumer complaints and providing easy access to consumers to seek redress for his grievances.

WHEREAS, there is a need to forge efforts between the government and the business sector in the promotion of consumer welfare in order for the business sector to develop self-policing mechanism and responsible entrepreneurship.

WHEREAS, the establishment of the consumer welfare desks among retail outlets will ensure consumers' accessibility to a grievance mechanism and relevant information geared towards the promotion of consumer welfare.

NOW THEREFORE, the DTI-CAVITE and _____ in support of the promotion of the Consumer Welfare Program of the government, hereby agree to establish a Consumer Welfare Desk (CWD) to systematically and appropriately address consumer concerns; and in consideration of the foregoing premises and the mutual covenant herein set forth, the parties have agreed on the following:

1) That **DTI-Cavite** shall:

- Assist the participating outlets by providing relevant and timely information that may affect their operations
- Conduct information campaigns/seminars/trainings with the CWD participants on Trade and Industry Laws (TILs)
- Provide speakers to seminar/training program of recognized CWD
- Consolidate reports received from various CWD
- Act on complaints endorsed by CWDs
- Monitor and evaluate the performance of CWDs

- Follow-up all complaints endorsed to CWDs without feedback 15 days after endorsement

2) That the **Participating Store/Dealer** shall:

- Provide the appropriate resources for the Consumer Welfare Desk (CWD)
- Set-up and over-all manage the CWD
- Act immediately on consumer complaints
- Assist in the planning, design of the systems and procedures for the operationalization of the CWD
- Prepare and submit to DTI-Cavite within fifteen (15) days upon receipt, status of complaints endorsed by the same
- Prepare monthly reports of complaints received and resolutions to DTI-Cavite
- Coordinate/refer to DTI-Cavite complaints which cannot be resolved in their level
- Disseminate relevant information materials to help promote consumer vigilance and responsible mannerism.

IN WITNESS WHEREOF, the parties hereunto set their hands this ____ day of _____ year 2022 at Trece Martirez City, Cavite.

DEPT. OF TRADE & INDUSTRY
CAVITE PROVINCIAL OFFICE

Provincial Director

Store Manager

SIGNED IN THE PRESENCE OF:

WITNESS

WITNESS