

Nomination Control No: _____

Date Received: _____



BULACAN CHAMBER
OF COMMERCE AND INDUSTRY
"The Voice of Bulacan Business"
www.bulacanchamber.ph

MOST OUTSTANDING BULACAN BUSINESSMEN 2023 OFFICIAL NOMINATION FORM

| | | |
|--|-----------------------|--------------------------|
| NOMINEE | | 2" x 2" Colored Photo |
| Name of Nominee: | | |
| Company Name: | | |
| Address: | | |
| E-mail Address: | Contact No/s.: | |
| SPONSOR | | |
| Name of Sponsor: | | |
| Company Name: | Position: | |
| Address: | | |
| Email Address | Contact No/s.: | |
| Why your nominee is eligible to be chosen as one of the Most Outstanding Bulacan Businessmen? <i>(Please answer in a separate sheet of paper)</i> | | |
| Name of Sponsor: | Signature of Sponsor: | |

I hereby accept this nomination.

Signature of Nominee over printed name

Date

WHO MAY BE NOMINATED?

- *Filipino citizen or Domestic Corporation*
- *Good moral character (no criminal/derogatory record)*
- *Duly registered business with legitimate purpose for at least three (3) consecutive years*
- *Business originated or operating in Bulacan*
- *Nominated by a member of the BCCI, a local government unit, or a civil society organization*

DATA PRIVACY NOTICE. Upon submitting this form, you consent to the processing of your personal information internally. Other forms of processing of your information, such as sharing it outside the community, shall further require your written consent.



MOST OUTSTANDING BULACAN BUSINESSMEN 2023 OFFICIAL ENTRY FORM

A. PERSONAL INFORMATION

| Name of Nominee: | | | |
|---|-----------------|--------------------------------|----------------|
| Home Address: | | | |
| Contact Numbers: | | Email Address: | |
| Date of Birth: | | Place of Birth: | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Age: | | Civil Status: |
| Spouse Name: | | Place of Birth: | |
| Father's Name: | | Place of Birth: | |
| Mother's Name: | | Place of Birth: | |
| Children: | | | |
| Name | Birthdate/Age | Highest Educational Attainment | Occupation |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| Educational Background: | | | |
| Level | School Attended | Course/Degree | Year Graduated |
| Elementary | | | |
| Secondary | | | |
| College | | | |
| Master's | | | |
| Doctorate | | | |
| Others | | | |

Training Programs Attended:

| Program Title/Description | Date and Place | Sponsored by |
|---------------------------|----------------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Awards/ Citations/ Recognitions:

| Awards/ Citations/ Recognitions | Given by | Date |
|---------------------------------|----------|------|
| | | |
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| | | |

Membership in Association/Organization:

| Name of Organization(s) | Position | Date |
|-------------------------|----------|------|
| | | |
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C. SUPPORTING DOCUMENTS

- Comprehensive Resume of the Nominee
- Business and/or Corporate Profile
- Audited Financial Report
- Latest General Information Sheet (if applicable)
- Government permits and taxes paid
- Proof of membership in non-profit business-related organizations and/or associations of the nominee
- Certification of no pending administrative or judicial case
(Presence of a case however does not preclude the nominee from joining the award)

Please attach the supporting documents including pictures, certificates, business registration and the like in order for us to fully appreciate the nomination.

D. CERTIFICATION

I hereby certify that the information I have submitted are correct to the best of my knowledge. I hereby agree to abide by the rules and regulations of the MOBB Awards Committee and will make myself available for interviews and provide additional materials, if required. I also allow the MOBB Awards Committee to conduct background check and make available a senior company official for interviews, if required. I will accept the award if bestowed upon me and I agree to be present during the awarding ceremonies.

Signature Over Printed Name of Nominee

Date

E. DATA PRIVACY NOTICE

BCCI will collect personal information that you will provide in answering this FORM only for the purpose of authenticating respondents. BCCI, however, may dispose or delete in a secure manner any such personal information in the event that such personal information is not, or no longer, necessary for the purposes.

BCCI may share your personal information with third parties when necessary for the above mentioned purposes. Upon submitting this form, you consent to the processing of your personal information internally. Other forms of processing of your information, such as sharing it outside the community, shall further require your written consent.

As a data subject, you may avail of the guarantees provided by Section 16 of Republic Act No. 10173 (the "Data Privacy Act"), which includes the rights to be informed, to object, access, rectify, erasure or blocking, data portability, file a complaint, and to the payment of damages.

Conforme:

Signature Over Printed Name of Nominee

Date

Please submit to Bulacan Chamber of Commerce and Industry, Inc. (BCCI), Hiyas ng Bulacan Convention Center, Provincial Capitol Compound, City of Malolos, Bulacan on or before **DECEMBER 15, 2023.**

Should you have further inquiries, please feel free to contact our Secretariat at Tel. Nos. **(044)791-2574 or (044)794-1754, Monday to Friday 8:00am to 5:00pm** and look for Ms. Jonie Mangalonzo or Ms. Patricia Kalalang.