

ORGANIZATION

LENIENCY MARKER REQUEST FORM

A. THE APPLICANT

Name:	
Address	
Contact No.:	
Email Address:	
Fax No.:	
Website, if any:	

If you are representing an organization (e.g., a corporation, partnership, association) in making this application, be ready to provide the Leniency Committee proof of your authority , either with this form or within the period given by the Leniency Committee. Further, provide the following information:

Name:	
In what capacity:	
Address:	
Contact No.:	
Email Address:	

Name/s of officer/s, director/s, trustee/s, partner/s, employee/s, and/or agent/s joining the application:

In order to ensure utmost confidentiality of the application, please indicate preferred mode of communication:

Mail

Email

Both

B. DESCRIPTION OF THE CARTEL ACTIVITY

Agreement the entity is involved in:

Price fixing

Bid rigging

Market allocation

Output restriction

i. If Price fixing:

Product/s or service/s involved:		
Geographic areas/s affected (i.e. name of municipality, city, province, or region):		
Juridical entities involved in the agreement (i.e. names and addresses of corporations, partnerships, etc): <i>Check all applicable boxes</i>	<i>Organizations:</i>	
	1.	<input type="checkbox"/> Importer <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Retailer <input type="checkbox"/> Others, please specify <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>

	2.	<input type="checkbox"/> Importer <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Retailer <input type="checkbox"/> Others, please specify <hr/> <hr/>
	3.	<input type="checkbox"/> Importer <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Retailer <input type="checkbox"/> Others, please specify <hr/> <hr/>
	4.	<input type="checkbox"/> Importer <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Retailer <input type="checkbox"/> Others, please specify <hr/> <hr/>
	5.	<input type="checkbox"/> Importer <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Retailer <input type="checkbox"/> Others, please specify <hr/> <hr/>
	Individuals involved in the agreement	<i>Individuals:</i> <hr/> 1.

(i.e. names, job title or position of individuals involved):	2.
	3.
	4.
	5.
Terms of agreement between entities/competitors:	
Applicant's involvement or participation:	<input type="checkbox"/> Leader <input type="checkbox"/> Coercer <input type="checkbox"/> Originator <input type="checkbox"/> Participant <input type="checkbox"/> Others, please specify: _____

ii. *If Bid rigging:*

Procurement or project/s involved:	
Goods or services supplied:	
Juridical entities involved in the agreement (i.e. names and addresses of corporations, partnerships, etc):	<i>For organizations:</i>
	1.
	2.
	3.
	4.
	5.
	<i>Individuals:</i>

Individuals involved in the agreement (i.e. names, job title or position of individuals involved):	1.
	2.
	3.
	4.
	5.
Bidding arrangement between competitors:	<input type="checkbox"/> Bid rotation ¹ <input type="checkbox"/> Bid suppression ² <input type="checkbox"/> Cover bidding ³ <input type="checkbox"/> Market allocation ⁴ <input type="checkbox"/> Others, please specify: _____ _____
Terms of bid arrangement between entities/competitors:	
Other terms of agreement, if any (i.e., price, market):	
Applicant's involvement or participation:	<input type="checkbox"/> Leader <input type="checkbox"/> Coercer <input type="checkbox"/> Originator <input type="checkbox"/> Participant <input type="checkbox"/> Others, please specify: _____

1 **Bid rotation** exists when competitors agree to take turns at winning bids to ensure that they will all benefit.

2 **Bid suppression** exists when competitors agree not to tender a bid to ensure that the pre-agreed competitor will win the contract.

3 **Cover bidding** exists when competitors choose a winner and everyone but the winner deliberately bids above an agreed amount to establish the illusion that the winner's bid is competitive.

4 **Market allocation** exists when a competitors agree to designate bid winner in advance on a geographical or customer allocation basis.

iii. If Output restriction:

Product/s or service/s involved:		
Geographic areas/s affected (i.e. name of municipality, city, province, or region):		
<p>Juridical entities involved in the agreement (i.e. names and addresses of corporations, partnerships, etc): <i>Check all applicable boxes</i></p>	<i>Organizations:</i>	
	1.	<input type="checkbox"/> Importer <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Retailer <input type="checkbox"/> Others, please specify <hr/> <hr/>
	2.	<input type="checkbox"/> Importer <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Retailer <input type="checkbox"/> Others, please specify <hr/> <hr/>
	3.	<input type="checkbox"/> Importer <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Retailer <input type="checkbox"/> Others, please specify <hr/> <hr/>
	4.	<input type="checkbox"/> Importer <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Retailer <input type="checkbox"/> Others, please specify

		<hr/> <hr/>
	5.	<input type="checkbox"/> Importer <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Retailer <input type="checkbox"/> Others, please specify <hr/> <hr/>
Individuals involved in the agreement (i.e. names, job title or position of individuals involved):	<i>Individuals:</i>	
	1.	
	2.	
	3.	
	4.	
	5.	
Terms of agreement between entities/competitors:		
Other agreements, if any (i.e. as to price, market):		
Applicant's involvement or participation:	<input type="checkbox"/> Leader <input type="checkbox"/> Coercer <input type="checkbox"/> Originator <input type="checkbox"/> Participant	

	<input type="checkbox"/> Others, please specify: <hr/>
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iv. If Market allocation:

Product/s or service/s involved:	
Geographic areas/s allocated between/among competitors (i.e. name of municipality, city, province, or region):	
Juridical entities involved in the agreement (i.e. names and addresses of corporations, partnerships, etc.) :	<i>For organizations:</i>
	1.
	2.
	3.
	4.
	5.
Individuals involved in the agreement (i.e. names, job title or position of individuals involved):	<i>Individuals:</i>
	1.
	2.
	3.
	4.
	5.
Terms of agreement between entities/competitors:	
Other agreements, if any (i.e. as to price, market):	

Applicant's involvement or participation:	<input type="checkbox"/> Leader <input type="checkbox"/> Coercer <input type="checkbox"/> Originator <input type="checkbox"/> Participant <input type="checkbox"/> Others, please specify: <hr style="width: 50%; margin-left: 0;"/>

C. EFFECTIVITY OF THE CARTEL ACTIVITY

When did the agreement or cartel activity start?	
Is the agreement or cartel activity still ongoing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer above is no, when did it end?	

D. DECLARATION

I am voluntarily providing this information for the purpose of requesting a marker pursuant to the Leniency Program of the Philippine Competition Commission. I am fully aware that I may be liable for providing false, misleading or malicious information, data, or documents under the applicable Philippine laws.

Signature above Printed Name	Date:
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PLEASE (1) SIGN AND DATE ALL PAGES OF YOUR MARKER REQUEST FORM; AND (2) ENSURE THAT THE REQUEST FORM IS PROPERLY PAGINATED. OTHERWISE, THE LENIENCY COMMITTEE MAY CONSIDER THE FORM AS NOT SUBMITTED.

The accomplished *Marker Request Form* may be submitted to the PCC personally, through registered mail or private courier, or via email to leniency@phcc.gov.ph. The application shall be considered to have been submitted to the PCC on the date and time of actual receipt of the same. Mail must be addressed to:

Leniency Committee
Philippine Competition Commission
25/F, Vertis North Corporate Center 1
North Avenue, Quezon City 1105

If the *Marker Request Form* is submitted via email, the application shall be considered to have been received by the PCC on the date and time of receipt of the email containing the accomplished *Marker Request Form*. The applicant must forthwith file with the PCC the hardcopy of the *Marker Request Form* personally, through registered mail or private courier. If no hardcopy of the *Marker Request Form* is received by the PCC within twenty (20) days from receipt of the email, the application will be considered abandoned.

PRIVACY NOTICE. THE PHILIPPINE COMPETITION COMMISSION IS COMMITTED TO PROTECT AND RESPECT YOUR PERSONAL DATA PRIVACY. THE COLLECTED PERSONAL INFORMATION IS UTILIZED SOLELY FOR PROCESSING LENIENCY APPLICATION WITHIN THE PCC AND IS NOT SHARED WITH ANY OUTSIDE PARTIES, SUBJECT TO EXISTING LAWS, RULES AND REGULATIONS.