



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE
Quezon City



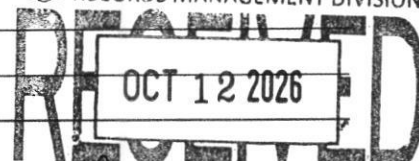
ANNEX A

**CHECKLIST OF REQUIREMENTS FOR THE
APPLICATION FOR ELECTRONIC INVOICING SOLUTIONS ACCREDITATION**

REGISTERED NAME OF APPLICANT : _____
TIN and Branch Code : _____
RDO/LT Office : _____
BUSINESS/TRADE NAME : _____
SOFTWARE NAME : _____
SOFTWARE VERSION : _____
RELEASE NUMBER/DATE (IF APPLICABLE) : _____

00000805

BUREAU OF INTERNAL REVENUE
RECORDS MANAGEMENT DIVISION



BY: ADMIN UNIT - 1 TIME: 1:46 PM

INSTRUCTIONS: Put a check (✓) in the SUBMITTED box if the requirement is submitted. Mark items still for compliance with an (X).

REQUIREMENTS		SUBMITTED
1.	Sworn Statement, duly notarized, electronically notarized, or apostilled, as applicable	☐
2.	SEC Certificate of Registration	☐
3.	Latest General Information Sheet duly received by the SEC, if applicable	☐
4.	Proof of authority of the representative and certifying employee, as applicable: <u>For Corporation/Non-individual</u> 4.1. Board Resolution/Written Resolution (in case of OPC) or Secretary's Certificate, indicating the purpose and the name of the authorized representative, and the designation of focal persons; [1 original for first time submission, if authorized to more than one transaction, submit certified true copy (together with the original copy for presentation and validation only)] 4.2. Any government-issued ID of one of the signatory and authorized representative. (1 photocopy, both with one specimen signature)	☐
5.	Latest Audited Financial Statements	☐
6.	Evidence of required insurance or financial assurance	☐
7.	Company Profile	☐
8.	SEC Registration on the Joint Venture/Contract/Agreement, whichever is applicable	☐
9.	Standard Service-level Agreement between the ESP and client	☐
10.	Printout of screenshots showing the Software Name and Version Number on the system	☐
11.	Screenshot of the Online/Offline Indicator, if applicable	☐
12.	List and sample copies of the principal and supplementary documents generated by the system, as applicable	☐
13.	List of reports that can be generated by the system, with a sample printout of each, including, as applicable: Senior Citizen Sales; Persons with Disability (PWD) Sales; National Athletes and Coaches Sales; Solo Parent Sales; Audit Trail Report; and other system-generated reports	☐
14.	Technical and Functional Specifications and/or System Manual (book or bound copy), including but not limited to the following:	☐

REQUIREMENTS		SUBMITTED
	14.1. End-to-end data flow and transmission architecture	☐
	14.2. Dataflow and data-lineage diagrams	☐
	14.3. Hosting, cloud, and data-location disclosures	☐
	14.4. Security, encryption, and authentication protocols	☐
	14.5. Identity, access, encryption, and key-management controls	☐
	14.6. Incident-response plan	☐
	14.7. Service-level framework	☐
15.	Third Party Assessment Report/Certification:	☐
	15.1. Certification attesting that the platform and all associated services comply with EO No. 119 s.2026 on Government Data Classification and Data Residency and applicable government data governance requirements	☐
	15.2. Certification attesting that the platform and all BIR data stored/process therein are protected against threats, hackers and other malicious behavior through various security layers i.e., Firewall, Anti-DDOS protection, Web Application Firewall, Anti-malware protection	☐
	15.3. Certification attesting that the platform undergoes minimum, Source Code Review and Vulnerability Assessment and Penetration Testing indicating a favorable or secured result	☐
	15.4. ISO/EIC 27001, ISO/IEC 27017 and ISO/IEC 27018	☐
	15.5 System Organization Control 1 and System Organization Control 2	☐
16.	Back-up Procedure and Disaster Recovery Plan (DRP) with tested RTO and RPO	☐
17.	Exit, migration, and data portability plan	☐

*** NOTHING FOLLOWS ***

ACKNOWLEDGEMENT BY THE APPLICANT

I, _____, of legal age, hereby acknowledge the documentary requirement/s identified as lacking or marked with an "X". I understand that the application will be processed only upon submission of the complete documentary requirements.

Signature over printed name

Applicant/Authorized Representative

Contact No.: _____

E-mail: _____

Validated by: CSS Personnel / TWG Secretariat

Signature over printed name

Contact No.: _____

Date: _____

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OCT 12 2026

ADMIN UNIT - 1

TIME: 1:46 PM