**COMMODITY REGISTRATION FORM**

Declaration and Data Privacy Consent: The information I have given is true, correct, and complete. By submitting this form, I authorized the Philippine Ports Authority to collect, use, process, and retain my personal data in accordance with the PPA’s Privacy Statement and for purposes specified in this form.

|  |
| --- |
| **Reminders:**1. Please reverse for the general instructions on how to fill out the form.
2. Asterisks (\*) mandatory fields, fill-up.
3. Shaded items, no need to fill-up.
4. Accomplish one (1) copy per Customer.
 |
| **To be filled out by Requesting PMO** |
|  |
| **Customer Details** |
| **Requesting PMO:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| **Address:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| **Postal/Zip Code:** |  |  |  |  |  | **Country:** |  |  |  |  |  |  |
|  |
| **TIN:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
|  |
|  |
| **Commodity Details** |
| **Commodity Name:** |  |  |
|  |
| **Commodity Description:** |  |  |
|  |
|  |  |
| **Requested By:** |  |  | **Approved By:** |  |  |
|  |  |  | Signature over printed name |  |  |  |  | Signature over printed name |  |
|  |  |  |  |  |  |  |  | (RC Authorized Signatory) |  |
|  |
| **Date:** |  |  | **Date:** |  |  |
|  |  |  |
| **For ICTD Personnel Use Only** |
|  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Prepared By:** | **Authorized By:** | **Encoded By:** | **Checked By:** |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Date:** | **Date:** | **Date:** | **Date:** |

Help us serve you better. Please take a moment to give us your feedback by scanning the QR code and submitting the accomplished form. Thank you.

**General Instructions**

Indicate the Application type/action by marking the appropriate letter on the box provided.

|  |  |  |  |
| --- | --- | --- | --- |
| Example: | **C** |  |  |
| Date: |  | [C] Create / [R] Revise / [D] Delete |

**To be filled out by Customer**

1. Indicate the Customer Name in the boxes provided.

Example: Customer Name:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| O | C | L |  | L | I | M | I | T | E | D |  |  |  |  |

1. Indicate the Customer Short Name in the boxes provided.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| O | C | L |  |  |  |  |  |

Example: Short Name:

1. Indicate the Customer DTI Registration No. in the boxes provided.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 5 | 5 | 6 | 9 | 9 | 0 | 0 | 2 | 1 |

Example:

DTI Registration No.:

1. Indicate the Customer Address in the boxes provided.

Example: Address:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S | U | P | E | R |  | T | E | R | M | I | N | A | L | , |  |
| P | I | E | R | 1 | 5 |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S | O | U | T | H |  | H | A | R | B | O | R | , |  | P | O |
| R | T |  | A | R | E | A | , |  | M | A | N | I | L | A |  |

1. Indicate the Customer Address ZIP/Postal Code in the boxes provided. Check consistency of code with address above.

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 1 | 3 |

Example:

ZIP/Postal Code

1. Country value is pre-supplied.

|  |  |  |  |
| --- | --- | --- | --- |
| P | H |  | Philippines |

Example: Country:

1. Indicate the Customer TIN in the boxes provided.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 9 | 1 | 2 |  | 3 | 5 | 7 |  | 8 | 6 | 0 |

Example: TIN:

1. Indicate the Customer Contact Person’s Name, Contact Position, Contact Number/s, Fax No. and E-mail Address in the boxes/line provided.

Example:

Contact Name:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| J | U | A | N  |  | D | E | L | A |  | C | R | U | Z |  |

Contact Position:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A | G | E | N  | T |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 2 | 3 | 0 | 1 | 9 | 2 | 9 | 1 |  |  |  |

Telephone 1:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 1 | 7 | 4 | 3 | 2 | 5 | 5 | 6 | 6 |  |

Telephone 2:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 2 | 3 | 0 | 1 | 9 | 2 | 9 | 2 |  |  |  |

Fax No.:

|  |
| --- |
| **ocl@yahoo.com** |

E-mail:

1. Indicate Name of the Person who accomplished the form and affix signature and date when the form was accomplished.

Example:

**Prepared by: Juan Dela Cruz Date: 01/16/2004**

**For PPA Accounting Use Only**

1. Indicate the Office Code and Customer Group with respective description in the boxes/lines provided.

Example:

PPA Office: **PMO-North Harbor**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **P** | **0** | **0** | **0** |  | **Port Users** |

Customer Group:

1. Surcharge indicator is pre-supplied with default value to “Yes”.

|  |  |
| --- | --- |
|  | **Yes** |

Example:

1. Surcharge Code is pre-supplied with default value, if surcharge indicator is “Yes”.

Example: Surcharge Code: 12% - Ipt 25% - Penalty

1. E-Port is pre-supplied with default value to “No”.

|  |  |
| --- | --- |
|  | **No** |

Example:

1. Account Category is pre-supplied with default value to “Cash”.

|  |  |
| --- | --- |
|  | **Cash** |

Example:

1. Bank Guarantee is pre-supplied with default value to “No”.

|  |  |
| --- | --- |
|  | **No** |

Example:

1. Tax Code value is pre-supplied.

Example: Tax Code: **01 – Output VAT**

1. Control Account value is pre-supplied.

Example: Control Account: **8-71-600 Receivables Trade/Business**

1. Payment Term Code value is pre-supplied with default value to “Cash”

Example: Payment Terms: **C0000 – Cash**

1. Currency Type value is pre-supplied with default value to “Php Peso”

Example: Currency Type: **Philippine Peso**

1. Indicate Names and Dates and affix respective signatures of the persons who provided the information, gave authority to encode, encoded the information and validated the accuracy.

Example:

|  |  |  |  |
| --- | --- | --- | --- |
| ALBorbonPrepared By:01/19/04Date: | RDPinedaAuthorized By:01/19/04Date: | SBVitalesEncoded By:01/20/04Date: | RDMedinaChecked By:01/21/04Date: |