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|  |  | **CUSTOMER REGISTRATION FORM** | A picture containing graphical user interface  Description automatically generated

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|  |  | (For Trade Account) |  |  |  |  |  |  |  |  |  |  |  |
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| Declaration and Data Privacy Consent: The information I have given is true, correct, and complete. By submitting this form, I authorize 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. Asterisks (\*) are mandatory fields, fill-up. Shaded items no need to fill-up.2**. Accomplish one (1) copy per Customer.3. Submit accomplished Customer Registration Form to PPA - ICTD.4. Attach required supporting documents to this form (BIR2303, Joint Venture - SEC form) |  |
|  |
|  |
|  |
| **\* Action:** [C] Create / [R] Revise / [D] Delete | **Customer Code:**(System Generated)  |  |   |  |  |  |   |   |   |   |   |   |   |   |   |  |
| **To be fill out by Customer** |  |
| **Customer Details** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| **\*Customer Name:** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
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| **\*Short Name:** |   |   |   |   |   |   |   |   |   |   | **3. SEC/DTI Registration Number:**  |   |   |   |   |   |   |   |   |   |   |  |   |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |
| **\*Primary/ Principal Contractor** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
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| **\*4. Address:** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
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| **\*5. Postal/Zip Code:** |  |   |   |   |  |  |  |  |  | **\*TIN** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |
| **\*Business Style** |  |  | **Business Type:** |  |  |  |  |  |  |  |   |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Corporation** |  |  |  |  |  |  |   |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Single Proprietorship** |  |  |  |  |  |  |   |  |
| **8. Communications** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |
| **\* Contact Name:** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| **\* Contact Position:** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| **\*Telephone 1:** |   |   |   |   |   |   |   |   |   |   |  | **Fax No.** |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |  |
| **\*Telephone 2:**  |   |   |   |   |   |   |   |   |   |   |  | **E-mail:** |  |  |  |   |  |
| **10. Prepared by:** |  |   | **Date:**  |   |   |   |   |   |   |   |   |  |
|  | Signature over Printed name |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| **For PPA Accounting Use Only** |  |
| **\*1. PMO Office:** |  | Payment Type: |  |
| **Customer Group / Profile Class** |  Cash |  |
| **\*Check group that apply** |  Credit with RF |  |
|  Cargo Handling |  Ancillary Service | Remarks: |  |
|  Shipping Lines | Choose type of Ancillary Service |   |  |
|  Gov't Office |  Bunkering |  Laundering |  Transport/Trucking |  |
|  Employees |  Cargo Surveying |  Lighterage/Barging |  Vessel Maint/Repair |  |
|  Lessee |  Chandling |  Parking/Garage |  Waste Disposal |  |
|  STU |  Cleaning Service |  Reproduction Svc |  Water Supply |  |
|  Others |  Communication Svc |  Security Service |  Water Taxi |  |
| Specify: |  Container Repair |  Shops/Stores |  Weighbarge/Truck Scale |  |
|  Fumigation |  Towing/Tugging |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| **Prepared By/Date:** | **Authorized By/Date:**  | **Encoded By/Date** | **Checked By/Date** |  |



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| **General Instructions** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Indicate the Application type/action by marking the appropriate letter on the box provided. |  |  | **For PPA Accounting Use Only** |  |  |  |  |
|  |  | 1. Indicate the Office name and Customer Group with respective description in the boxes/line provided. |
| Example: | **C** |  [C] Create / [R] Revise / [D] Delete |  |  |
| Action: |  |  | Example: |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | PPA Office: **PMO-North Harbor** |  |  |  |  |
| **To be filled out by Customer** |  |  |  |  |  |  |  |  |  |  |  | X |  | Ancillary Services |  |  |  |  |  |  |
| 1. Indicate the Customer Name in the boxes provided. |  |  |  |  |  |  |  |   |  | Cargo Handling |  |  |  |  |  |  |
| Example: Customer Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  | Shipping Lines |  |  |  |  |  |  |  |
|  | O | C | L |   | L | I | M | I | T | E | D |  |  |  |  |  |  |   |  | Gov't Office |  |  |  |  |  |  |  |
| 2. Indicate the Customer Short Name in the boxes provided. |  |  |  | 2. Indicate the ATC Code (Choices for EWT and CWT are the following). |
| Example: Short Name |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | O | C | L |   |   |   |   |  |  |  |  |  |  |  |  |  | **ATC Code EWT** |  |  |  |  |  |  |  |  |
| 3. Indicate the Customer DTI Registration No. in the boxes provided. |  |  | ***WC100 - 5%*** - Rentals - Real/personal properties, poles, Satellites and Transmission facilities, billboards used in business which the payor or obligator used in business has not taken or is not taking title or in which has no equity. |
| Example: DTI Registration No: |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1 | 5 | 5 | 6 | 9 | 0 | 0 | 2 | 1 |  |  |  |  |  |  |  |
| 4. Indicate the Customer Address in the boxes provided. |  |  |  |  |  |
| Example Address: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | S | U | P | E | R |   | T | E | R | M | I | N | A | L |  |  | ***WC157 - 2%*** - Payments made by Government Offices on Local Purchas of Foods and services from Local/resident suppliers. |
|  | P | I | E | R | 1 | 5 |   |   |   |   |   |   |   |   |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | S | O | U | T | H |   | H | A | R | B | O | R | , |   |  |  | ***WC160 - 2%*** - Income payments made by top 10,000 private corporations to their local/resident suppliers of services. |
|  | P | O | R | T |   | A | R | E | A | , |   |   |   |   |  |  |
|  | M | A | N | I | L | A |   |   |   |   |   |   |   |   |  |  |
| 5. Indicate the Customer Address ZIP/Postal Code in the boxes provided. Check consistency of code w/ address above. |  |  | **ATC Code CWT** |  |  |  |  |  |  |  |  |
|  |  | ***WC120 - 2%*** - Prime Contractors/sub-contractors. |
| Example: Zip/Postal Code |  |  |  | 1 | 0 | 1 | 3 |  |  |  |  |  |  | ***WC157 - 2%*** Payments made by Government Offices on Local Purchase of Goods and services from Local/resident suppliers. |
| 6. Country value is pre-supplied. |  |  |  |  |  |  |  |  |  |  |  |
| Example: Country |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | P | H |  | Philippines |  |  |  |  |  |  |  |  |  | ***WV020 - 5%*** - VAT withholding on Purchase of Services. |
| 7. Indicate the Customer TIN in the boxes provided. |  |  |  |  |  |  |
| Example TIN: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 3. Account Category is pre-supplied with default value to "Cash". |
|  | 9 | 1 | 2 | 3 | 5 | 7 | 8 | 6 | 0 | 8 | 6 | 0 | 0 |  |  |
| 8. Indicate Business Style: |  |  |  |  |  |  |  |  |  |  |  |  | Example: |  | X |  | Cash |  |  |  |  |  |  |  |
| 9: Indicate Business Type: |  |  |  |  |  |  |  |  |  |  |  |  | 4. payment Term Code value is pre-supplied with default value to "Cash". |
| Example" | X |  | Corporation |  |  |  |  |  |  |  |  |  |
|  |   |  | Single Proprietorship |  |  |  |  |  |  |  | Example: |  | Payment Terms: **C0000 - Cash** |  |
| 10. Indicate the Customer Contact Person's Name, Contact Position, Contact Numbers, Fax NO and Email Address in the boxes/line provided. |  | 5. Currency Type value is pre-supplied with default value to "Php Peso". |
|  |
|  | Example: |  |  |  |  |  |  |  |  |  |  |  |  |
| Example: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Currency Type: **Philippine Peso** |  |  |  |  |
| Contact Name: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 6. 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.  |
|  | J | U | A | N |   | D | E | L | A |   | C | R | U | Z |  |
| Contact Position:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | A | G | E | N | T |   |   |  |  |  |  |  |  |  |  |
| Telephone 1: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Example: |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 0 | 2 | 3 | 0 | 1 | 9 | 2 | 9 | 1 |   |   |  |  |  |  |  | Al Borbon01/19/04**Prepared By/Date** |  | RDPineda01/19/04**Authorized By/Date** |
| Telephone 2: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 0 | 9 | 1 | 7 | 4 | 3 | 2 | 5 | 5 | 6 | 6 |  |  |  |  |  |  |
| Fax No: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 0 | 2 | 3 | 0 | 1 | 9 | 2 | 9 | 2 |   |   |  |  |  |  |  | SBVitales01/20/04**Encoded By/Date** |  | RDMedina01/21/04**Checked By/Date** |
| Email Address:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | ocl@yahoo.com |  |  |  |  |  |  |  |  |
| 11. Indicate name of the Person who accomplished the form & affix signature and date when the form was accomplished. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Example: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Prepared by: Juan Dela Cruz Date: 01/16/2004** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |