CUSTOMER REGISTRATION FORM

(For Trade Account)

PHILIPPINE PORTS AUTHORITY

BAGONG PILIPINAS

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-out. Shaded items no need to fill out.
2. Accomplish one (1) copy per Customer.
3. Submit accomplished Customer Registration Form to PPA - ICTD.
4. Attach required supporting documents to this form (BIR 2303, Joint Venture - SEC form)

USR No(s): _____

*Action: ☐ [C] Create / ☐ [R] Revise / ☐ [D] Delete

Customer Code: (System Generated)

To be fill out by Customer

Customer Details

*Customer Name:

*Short Name: ***SEC/DTI Registration Number:**

*Primary/Principal Contractor:

*Address:

*Postal/Zip Code: ***TIN:**

*Business Style: _____

Business Type:
☐ Corporation
☐ Single Proprietorship

Communications

*Contact Name:

*Contact Position:

*Telephone 1:   **Fax No.:**

*Telephone 2:   **Email:** _____

Prepared by: _____   **Date:** _____
(Signature over printed name)

For PPA Accounting Use Only

*PMO Office: _____

Payment Type:
☐ Cash
☐ Credit with RF

Customer Group / Profile Class

*Check group that apply

Remarks:

Customer Group	Choose type of Ancillary Service		
☐ Cargo Handling	☐ Ancillary Service		
☐ Shipping Lines			
☐ 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
	☐ Container Repair	☐ Shops/Stores	☐ Weighbarge/Truck Scale
Specify:	☐ Fumigation	☐ Towing/Tugging	

Prepared By:
(Signature over printed name)
Date: _____

Authorized By:
(Signature over printed name)
Date: _____

Encoded By:
(Signature over printed name)
Date: _____

Checked By:
(Signature over printed name)
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.

Ver. 2024-01-24

General Instructions

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

Example:
Action:

C

[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

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

Example: Short Name

O	C	L			

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

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
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								

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

Example: Zip/Postal Code

1	0	1	3

6. Country value is pre-supplied.

Example: Country

P	H

Philippines

7. Indicate the Customer TIN in the boxes provided.

Example TIN:

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

8. Indicate Business Style:

9: Indicate Business Type:

Example"

X

Corporation

Single Proprietorship

10. Indicate the Customer Contact Person's Name, Contact Position, Contact Numbers, Fax NO and Email 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		

Telephone 1:

0	2	3	0	1	9	2	9	1		

Telephone 2:

0	9	1	7	4	3	2	5	5	6	6

Fax No:

0	2	3	0	1	9	2	9	2		

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

For PPA Accounting Use Only

1. Indicate the Office name and Customer Group with respective description in the boxes/line provided.

Example:

PPA Office: **PMO-North Harbor**

X	Ancillary Services
	Cargo Handling
	Shipping Lines
	Gov't Office

2. Indicate the ATC Code (Choices for EWT and CWT are the following).

ATC Code EWT

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.

WC157 - 2% - Payments made by Government Offices on Local Purchas of Foods and services from Local/resident suppliers.

WC160 - 2% - Income payments made by top 10,000 private corporations to their local/resident suppliers of services.

ATC Code CWT

WC120 - 2% - Prime Contractors/sub-contractors.
WC157 - 2% Payments made by Government Offices on Local Purchase of Goods and services from Local/resident suppliers.

WV020 - 5% - VAT withholding on Purchase of Services.

3. Account Category is pre-supplied with default value to "Cash".

Example:

X

Cash

4. payment Term Code value is pre-supplied with default value to "Cash".

Example: Payment Terms: **C0000 - Cash**

5. Currency Type value is pre-supplied with default value to "Php Peso".

Example:

Currency Type: **Philippine Peso**

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.

Example:

Al Borbon 01/19/04 **Prepared By/Date**	RDPineda 01/19/04 **Authorized By/Date**
SBVitales 01/20/04 **Encoded By/Date**	RDMedina 01/21/04 **Checked By/Date**