

**Republic of the Philippines**

**Department of Finance**

**Bureau of Customs**

**1099 Manila**

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| **Date Rec’d : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Time :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **By : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Application No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Bureau of Customs

Super Green Lane Accreditation

APPLICATION FORM

**Part 1: General Information**

* 1. **NAME OF APPLICANT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. **CIIS Registration Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  3. **Tax Identification Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  4. **ADDRESS:** **Tel./Mobile No. Email Add.**

**Office** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Plant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **NATURE OF BUSINESS:**

Manufacturer Service Provider

Trader Public Utility

Others (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **TYPE OF BUSINESS ENTITY:**

Single Proprietorship

Partnership

Corporation

* 1. **CAPITAL STRUCTURE:**

1. **Major Stockholders**



*Please use additional sheets as necessary, For additional sheets please mark it as* **“ ANNEX A – 1.1 –**

**MAJOR STOCKHOLDERS”.**

1. **Principal Officers**

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*Please use additional sheets as necessary, For additional sheets please mark it as* **“ ANNEX A – 1.2 –**

**PRINCIPAL OFFICERS”.**

**Part 2: General Organizational Information**

**2.1** Name, Title andTel/Mobile number of the person who supplied information for this form:

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**2.2** Name, Title andTel/Mobile number of the person(s) who will be the Bureau of Customs contact during

the review of the application:

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**2.3** Names and addresses of any foreign and/or domestic related companies, such as company’s parents,

Sister, subsidiaries, joint ventures, etc:



*Please use additional sheets as necessary, For additional sheets please mark it as* **“ ANNEX A – 2 –**

**RELATED COMPANIES”.**

**Part 3: Customs Broker Information**



*Please use additional sheets as necessary, For additional sheets please mark it as* **“ ANNEX A – 3 –**

**CUSTOMS BROKER INFORMATION”.**

**Part 4: List of Supplier and Imported Commodities**



*Please use additional sheets as necessary, For additional sheets please mark it as* **“ ANNEX A – 4 –**

**SUPPIER”.**

**Part 5: List of Commodities Imported**

*Please refer to* ***ANNEX A – 5 LIST OF COMMODITIES IMPORTED***

**CERTIFICATION**

This is to certify that the undersigned has read Executive Order No. 230, customs

Administrative Order No. 2 – 2000, Customs Administration Order 5 – 2001, Customs Memorandum

Order No. 2 – 2000, Customs Memorandum Order 2 – 2002, and other related rules and regulations

implementing them.

It is further certified that the applicant company is willing to undergo voluntary compliance

audit pursuant to Customs Administrative Order 5 – 2001 and that all information contained in this

**Application Form** are true and correct.

Done in this city/municipality of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_\_ day

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over name of President/Proprietor

Name of Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_

In the City/Municipality of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiant exhibited to me his/her

Community Tax Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Notary Public

Doc. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Page No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Book No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Series of. \_\_\_\_\_\_\_\_\_\_\_\_\_