 **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** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 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**

****

*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:

****

**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:

 ****

 **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. \_\_\_\_\_\_\_\_\_\_\_\_\_