Republic of the Philippines

Department of Finance

**Bureau of Customs**

1099 Manila

**Annex A**

**AUTHORIZED ECONOMIC OPERATOR PROGRAM:**

**PRE-SCREENING/ APPLICATION FORM**

|  |
| --- |
| **IMPORTANT:** Please complete this form and submit electronically to the AEO Online Portal or the Office of the supervising Deputy Commissioner for the AEO Office. Applications shall not be considered as filed without completion of mandatory fields of this form and the submission of relevant documents. |
| **I. GENERAL INFORMATION** (all fields are mandatory, unless otherwise stated) |
| 1. Company Name:
 |  |
| 1. Business Type/s:
 | * Importer
* Exporter
* Others (please specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. TIN:
 |  |
| 1. Customs Client No. (if applicable):
 |  |
| 1. Contact Information:
 | Primary | Alternate |
| 1. Focal Person:
 |  |  |
| 1. Designation:
 |  |  |
| 1. Tel. No.:
 |  |  |
| 1. Fax No.:
 |  |  |
| 1. Mobile No.:
 |  |  |
| 1. Email Address
 |  |  |
| 1. Company Addresses:
 |
| 1. Company web site address
 |  |
| 1. Full address where the entity was established
 |  |
| 1. Mailing address (if different)
 |  |
| 1. Full address where main activities of the business are carried out
 |  |
| 1. Full address of office where Customs documentation is kept
 |  |
| 1. Full address of the office where the full accounts are kept (If the offices have the same address, indicate ‘same’)
 |  |
| 1. For multiple locations, list all locations and their addresses in country covered by this application:
 | Site Contact Person | Complete Address |
|  |  |
|  |  |
|  |  |
| 1. Locations where a third party executes outsourced activities for the applicant/candidate
 |  |  |
| **II. DECLARATION** |
| I hereby declare under the penalty of perjury and falsification of public documents under RA 3815 otherwise known as the Revised Penal Code of the Philippines and RA 8792 otherwise known as the E-Commerce Act of 2000 that all the information contained in this application are true and correct to the best of my knowledge. |
| 1. Name
 |
| 1. Signature
 | 1. Date
 |
| **FOR OFFICIAL USE ONLY** |
| Date received: |
| Date(s) additional information requested: |
|  Accepted |  Rejected |
| Reasons for rejection: |
| Name and position of Account Manager: |
| Signature of Account Manager: |

Republic of the Philippines )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )s.s.

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_. 20\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, affiant exhibited to me his Community Tax Certificate No. \_\_\_\_\_\_\_\_\_\_ issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |
| --- |
|  |
| **Notary Public** |

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

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

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

Series of : \_\_\_\_\_\_\_\_\_\_\_