COMMODITY REGISTRATION FORM



Declaration and Data Privacy Consent: The information I have given is true, correct, and complete. By submitting this form, I authorized 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:				
Please reverse for the general instructions on how to fill out the form. Asterisks (*) mandatory fields, fill-up.				
3. Shaded items, no need to fill-up.				
4. Accomp	olish one (1) copy per Customer.			
To be filled out by Requesting PMO				
Customer Deta	<u>iils</u>			
Requesting PMO:				
Address:				
Postal/Zip Country:				
TIN:				
Commodity Details				
Commodity Name:				
Commodity Description:				
Requested Approved By:				
By:		Approved By:		
	Signature over printed name	_	re over printed name	
		(RC AL	uthorized Signatory)	
Date:	_	Date:		
For ICTD Personnel Use Only				
Prepared By:	Authorized By:	Encoded By:	Checked By:	
Date:	Date:	Dato:	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.

General Instructions

Indicate the Application type/action by marking the appropriate letter on the box provided.	E-mail: <u>ocl@yahoo.com</u>		
Example: Date: [C] Create / [R] Revise / [D] Delete	9. Indicate Name of the Person who accomplished the form and affix signature and date when the form was accomplished.		
T. I. 511	Example: Prepared by: Juan Dela Cruz Date: 01/16/2004		
To be filled out by Customer	For PPA Accounting Use Only		
Indicate the Customer Name in the boxes provided.	Indicate the Office Code and Customer Group with respective		
Example: Customer Name: O C L L I M I T E D	description in the boxes/lines provided. Example: PPA Office: PMO-North Harbor		
Indicate the Customer Short Name in the boxes provided.	Customer Group: P 0 0 0		
Example: Short Name:	2. Surcharge indicator is pre-supplied with default value to "Yes".		
 Indicate the Customer DTI Registration No. in the boxes provided. 	Example: Yes		
Example:	Surcharge Code is pre-supplied with default value, if surcharge indicator is "Yes".		
Indicate the Customer Address in the boxes provided.	Example: Surcharge Code: <u>12% - Ipt 25% - Penalty</u>		
Example: Address:	4. E-Port is pre-supplied with default value to "No".		
S U P E R T E R M I N A L ,	Example: No		
P I E R 1 5	5. Account Category is pre-supplied with default value to "Cash".		
S O U T H	Example: Cash		
R T A R E A , M A N I L A	6. Bank Guarantee is pre-supplied with default value to "No".		
Indicate the Customer Address ZIP/Postal Code in the boxes	Example: No		
provided. Check consistency of code with address above.	7. Tax Code value is pre-supplied.		
Example:	Example: Tax Code: <u>01 – Output VAT</u>		
ZIP/Postal Code 1 0 1 3	Control Account value is pre-supplied.		
6. Country value is pre-supplied.	Example: Control Account: 8-71-600 Receivables Trade/Business		
Example: Country: P H Philippines	Payment Term Code value is pre-supplied with default value to		
7. Indicate the Customer TIN in the boxes provided.	"Cash"		
Example: TIN: 9 1 2 3 5 7 8 6 0	Example: Payment Terms: <u>C0000 – Cash</u>		
 Indicate the Customer Contact Person's Name, Contact Position, Contact Number/s, Fax No. and E-mail Address in the boxes/line provided. 	Currency Type value is pre-supplied with default value to "Php Peso"		
Example:	Example: Currency Type: Philippine Peso		
Contact Name: U A N D E L A C R U Z	Indicate Names and Dates and affix respective signatures of the persons who provided the information, gave authority to encode,		
Contact Position:	encoded the information and validated the accuracy.		
A G E N T	Example:		
Telephone 1: 0 2 3 0 1 9 2 9 1	ALBorbon Prepared By: RDPineda SBVitales Encoded By: RDMedina Checked By:		
Telephone 2: 0 9 1 7 4 3 2 5 5 6 6	01/19/04 01/19/04 01/20/04 01/21/04 Date: Date: Date: Date:		
Fax No.:			