



COMMODITY REGISTRATION FORM

Reminders:

1. Please see reverse for the general instructions on how to fill out the form.
2. **Asterisks (*) mandatory fields, fill-up.**
3. **Shaded items, no need to fill-up.**
4. Accomplish one (1) copy per Customer.

To be filled out by Requesting PMO

Customer Details

Requesting PMO:

Address:

Postal/Zip Code:
Country: Philippines

TIN:

Commodity Details

Commodity Name:

Commodity Description

Requested by: _____ **Approved by:** _____
Name of Employee Department/Section Head

Date: _____ **Date:** _____

For ICTD Personnel Use Use Only

<u>Prepared By/Date:</u>	<u>Authorized By/Date:</u>	<u>Encoded By/Date:</u>	<u>Checked By/Date:</u>
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