



NATIONAL FOOD AUTHORITY

Quezon City

I HAVE THE HONOR TO APPLY FOR LICENSE/REGISTRATION FOR:
 CURRENT YEAR 2ND YEAR 3RD YEAR

APPLICATION FOR LICENSE/ REGISTRATION

INDIVIDUAL

ENTITIES

TO BE FILLED OUT BY NFA						APPLICATION FOR LICENSE/ REGISTRATION					
DATE FILED											
DAY	MONTH	YEAR									
PLACE OF FILING :											
RURBAN CODE			CONTROL NO.			TAXPAYER'S IDENTIFICATION NO. (TIN)					
NAME OF APPLICANT		LAST NAME	GIVEN NAME	MIDDLE NAME	SEX	<input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH		PLACE OF BIRTH	CITIZENSHIP	
REGISTERED BUSINESS TRADE NAME				PRINCIPAL PLACE OF BUSINESS (NO. & STREET, TOWN / CITY, PROVINCE)				TEL. NUMBER			
REGISTERED WITH : (pls. Check)									DATE OF REGISTRATION		
<input type="checkbox"/> DTI			<input type="checkbox"/> SEC			<input type="checkbox"/> CDA			<input type="checkbox"/> OTHERS (SPECIFY)		
IF INDIVIDUAL : HOME ADDRESS OF THE APPLICANT (NO. & STREET, TOWN / CITY, PROVINCE)							ZIP CODE		TEL./MOBILE NUMBER		
CITIZENSHIP ACQUIRED THRU <input type="checkbox"/> NATURAL BORN <input type="checkbox"/> MARRIAGE <input type="checkbox"/> ELECTION <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> REPATRIATION <input type="checkbox"/> OPERATION OF LAW											
CIVIL STATUS			<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWER			NAME OF SPOUSE			CITIZENSHIP		
FATHER'S NAME				ADDRESS				CITIZENSHIP		TEL. NUMBER	
MOTHER'S NAME				ADDRESS				CITIZENSHIP		TEL. NUMBER	
BUSINESS LINE OF ACTIVITY AND CAPITALIZATION (Pls. Indicate capitalization per line of activity per annum)											
LINE OF ACTIVITY		CAPITALIZATION		LINE OF ACTIVITY		CAPITALIZATION		LINE OF ACTIVITY		CAPITALIZATION	
1. RETAILING		P _____		9. INDENTING		P _____		15. TRANSPORTING		P _____	
2. WHOLESALING		P _____		10. WAREHOUSING		P _____		16. POST PRODUCTION EQUIPMENT		P _____	
3. THRESHING		P _____		11. MILLING		P _____		17. INSTITUTION / ESTABLISHMENT		P _____	
4. CORN SHELLING		P _____		<input type="checkbox"/> STATIONARY		P _____		18. POULTRY / HOG RAISING		P _____	
5. MANUFACTURING		P _____		<input type="checkbox"/> TRAVELLING		P _____		19. MANUFACTURING/DISTRIBUTION OF POST HARVEST FACILITIES		P _____	
6. PROCESSING		P _____		12. MECHANICAL DRYING		P _____		20. MANUFACTURING/PROCESSING/ DISTRIBUTION OF IRON RICE PREMIX		P _____	
7. EXPORTING		P _____		13. PACKAGING		P _____					
8. IMPORTING		P _____		14. MIST POLISHING		P _____					
TOTAL CAPITALIZATION : P											
IS THE APPLICANT WILLING TO BE A MEMBER OF ANY GRAINS ASSOCIATIONS?						<input type="checkbox"/> YES		<input type="checkbox"/> NO			
IF YES, STATE NAME(S) OF ASSOCIATION											
HAVE YOU ATTENDED NFA SPONSORED TRAININGS ?						<input type="checkbox"/> YES		<input type="checkbox"/> NO			
IF YES, STATE TITLE OF TRAININGS											
HAS THE APPLICANT ENTERED INTO ANY CONTRACT WITH NFA?						<input type="checkbox"/> YES		<input type="checkbox"/> NO			
IF YES, STATE NATURE OF CONTRACT											
HAS THE APPLICANT BEEN CHARGED OR DEEMED TO HAVE VIOLATED ANY PROVISION OF PRESIDENTIAL DECREE NO. 4 AS AMENDED AND OTHER PERTINENT LAWS, REVISED RULES AND REGULATIONS, ORDERS, DIRECTIVES, CIRCULARS OR MEMORANDA OF NFA?								<input type="checkbox"/> YES		<input type="checkbox"/> NO	
IF YES, STATE NATURE OF VIOLATION(S)											
I HEREBY CERTIFY THAT THE FOREGOING DATA AND INFORMATION INCLUDING THOSE IN THE ANNEXES ARE TRUE TO THE BEST OF MY KNOWLEDGE AND DO HEREBY SWEAR THAT I HAVE BEEN PROPERLY APPRISED OF MY DUTIES AND OBLIGATION UNDER THE NFA'S RULES AND REGULATIONS AND CIRCULARS ISSUED BY THE NATIONAL FOOD AUTHORITY AND THAT I SHALL ENDEAVOR TO COMPLY FULLY WITH THE SAME						PRINT NAME & SIGN					
						_____ SIGNATURE OVER PRINTED NAME OF THE APPLICANT/ AUTHORIZED REPRESENTATIVE					
APPLICATION FEE			(TO BE FILLED OUT BY NFA)								
			REMARKS								
O.R. NO.											
O.R. DATE											
LICENSE / REGISTRATION FEE/S											
1. RETAILING		P _____		10. WAREHOUSING		P _____		17. INSTITUTION / ESTABLISHMENT		P _____	
2. WHOLESALING		P _____		11. MILLING		P _____		18. POULTRY / HOG RAISING		P _____	
3. THRESHING		P _____		<input type="checkbox"/> STATIONARY		P _____		19. MANUFACTURING/DISTRIBUTION OF POST HARVEST FACILITIES		P _____	
4. CORN SHELLING		P _____		<input type="checkbox"/> TRAVELLING		P _____		20. MANUFACTURING/PROCESSING DISTRIBUTION OF IRON RICE PREMIX		P _____	
5. MANUFACTURING		P _____		12. MECHANICAL DRYING		P _____		21. CASH BOND		P _____	
6. PROCESSING		P _____		13. PACKAGING		P _____		22. SURCHARGE		P _____	
7. EXPORTING		P (FEE ABOLISHED)		14. MIST POLISHING		P _____		23. OTHERS		P _____	
8. IMPORTING		P _____		15. TRANSPORTING		P _____					
9. INDENTING		P _____		16. POST PRODUCTION		P _____					
O.R. NUMBER :				O.R. DATE :				TOTAL FEES PAID : P			
DATE			PROCESSED BY : PROV'L. RLO				PROV'L. MGR. / OIC				
DAY	MO.	YR.									
DATE APPROVED			REVIEWED BY : REG'L. RLO								
DAY	MO.	YR.									