



**Fair Trade Enforcement Bureau
Business Licensing and Accreditation Division
APPLICATION FOR ACCREDITATION OF SEAFREIGHT FORWARDERS**
G/F, UPRC Building, 315 Sen. Gil J. Puyat Avenue, Makati City 1200 Philippines
Telephone Number: (02) 8890 4892 • Email Address: ftb_blad@dti.gov.ph

APPLICATION FORM

Date (MM/DD/YYYY)

Name of Business: _____

Business Address: _____
(House/Building No./Building Name) (Street Name) (Barangay)

(City/Municipality) (Province) (Region) (Zip Code)

Contact Person: _____ **Designation:** _____
(Authorized Signatory) (Title) (First Name) (Middle Name) (Last Name) (Suffix)

Sex: Male Female **Social Classification:** Abled Differently Abled Indigenous Person
 Senior Citizen Youth Out-of-School Youth

Asset Size: Micro (<PhP3M) Small (PhP3M - 15M) Medium (PhP15M - 100M) Large (>PhP100M)

Form of Organization: Sole Proprietorship Corporation Partnership Cooperative

Tax Identification No. (TIN): _____ **Total No. of Employees:** _____

Telephone Number: _____ **Fax Number:** _____

Mobile Number: _____ **Email Address:** _____

Type of Application: New Renewal Additional Category: _____ Branch: _____
Category/ies applied for:
 1. Non-Vessel Operating Common Carrier
 2. International Freight Forwarder
 3. Domestic Freight Forwarder

We certify that the information provided and the documents attached are true and correct and shall form an integral part hereof. We understand and agree that the information will be processed and used by Department of Trade and Industry (DTI) for accreditation purposes only and in accordance with the principles and provisions of the Data Privacy Act of 2012 (DPA), its Implementing Rules and Regulations (IRR), and National Privacy Commission (NPC) issuances.

We undertake to engage only in activities of the category/ies applied for and approved by FTEB, and to comply with our duties and responsibilities as accredited seafreight forwarder as provided for in Sections 22 to 26 of Rule VII of PSB Administrative Order No. 06, Series of 2005. Otherwise, I shall oblige myself to pay the fees prescribed for delayed compliance.

Signature over Printed Name of Authorized Signatory

Republic of the Philippines)
 City/Municipality/Province of _____) SS

Subscribed and Sworn to before me this _____ day of _____ 20____ in the City/Municipality/Province of _____; affiant exhibiting to me his/her valid government issued ID _____ issued at _____ on _____ valid until _____.

Notary Public
 Until December 31, 20____

Doc. No.: _____
 Page No.: _____
 Book No.: _____
 Series of: 20____.