SALES PROMOTION APPLICATION FORM
PREMIUM

__________________________________________________________
PROMO TITLE

( ) 1. NAME OF SPONSOR: __________________________________________
   • ADDRESS: ______________________________________________________
   • TELEPHONE NO: ________________________________________________
   • AUTHORIZED REPRESENTATIVE: ________________
   • DESIGNATION: _________________________________________________

( ) 2. NAME OF ADVERTISING AGENCY: _______________________________
   • ADDRESS: ______________________________________________________
   • TELEPHONE NO: ________________________________________________
   • AUTHORIZED REPRESENTATIVE: ________________
   • DESIGNATION: _________________________________________________

( ) 3. PROMO PERIOD: ____________________________

( ) 4. COVERAGE: [ ] GMA [ ] NATIONWIDE [ ] OTHERS: ________________

( ) 5. LIST OF PARTICIPATING OUTLETS/BRANCHES: _______________________

( ) 6. PRODUCTS/SERVICES PROMOTED:

   BRAND                                         MODEL, SPECIFICATIONS, SIZES (in metric, enclose
   English size in parenthesis)
   ____________________________  ____________________________
   ____________________________  ____________________________
   ____________________________  ____________________________
   ____________________________  ____________________________

( ) 7. PURCHASE AMOUNT REQUIRED: _________________________________

( ) 8. WHO ARE QUALIFIED TO AVAIL?: ________________________________

( ) 9. HOW TO AVAIL: ________________________________________________

__________________________________________________________
DATE
(  ) **10. BUNDLED ITEMS**

<table>
<thead>
<tr>
<th>LIST OF ITEMS</th>
<th>COST OF EACH</th>
<th>PAY ONLY</th>
<th>SAVINGS/PREMIUM</th>
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<tbody>
<tr>
<td>Bundle 1</td>
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<td>Bundle 2</td>
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<td>TOTAL:</td>
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(  ) **11. COST OF FREE PRODUCT:** ________________________________

(  ) **12. AMOUNT TO BE PAID:** ________________________________

(  ) **13. PREMIUM/FREE ITEM SPECIFICATIONS AND PROJECTED COST:**

<table>
<thead>
<tr>
<th>ITEM, BRAND, MODEL, SIZES IN METRIC (A)</th>
<th>PROJECTED QUANTITY (B)</th>
<th>COST OF EACH (C)</th>
<th>TOTAL COST (B) X (C)</th>
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TOTAL PER OUTLET: ____________

TOTAL FOR ALL OUTLETS: ____________

(  ) **TRIP, SCHOLARSHIP & CELLPHONE PRIZES:**

- [ ] TRANSFERABLE
- [ ] CONVERTIBLE TO CASH

CASH CONVERSION VALUE: ________________________________

(  ) **14. WHO SHALL PAY 20% TAX FOR PRIZES EXCEEDING P10,000.00:** ________________________________

(  ) **15. PERIOD OF REDEMPTION/CLAIM PERIOD:** ________________________________

(  ) **16. COMPLETE ADDRESS OF REDEMPTION CENTER:**

For GMA winners: ________________________________

For Provincial winners: ________________________________

(  ) **17. HOW TO CLAIM PREMIUM/PRIZES:** ________________________________

(  ) **18. ATTACHMENTS**

- [ ] COMPLETE MECHANICS
- [ ] PROMO PARTICULARS (Schedule of payment amortization for installment offers)
(  ) MEDIA UTILIZED:
   (  ) RADIO AD (Audio Script)   (  ) POSTER (Proof of Ad Artwork)
   (  ) TV/CINEMA AD (Storyboard) (  ) STREAMER (Proof of Artwork)
   (  ) WEB-BASED ADS (Screenshots of online ads) (  ) PRINT AD (compre)
   (  ) EMAIL-BASED ADS (Email transcript) (  ) MAILERS (compre)
   (  ) TEXT-BASED ADS (Text transcript) (  ) FLYERS (compre)
   (  ) OTHERS: ____________________________________________________________
(  ) REGISTRATION REQUIREMENTS:
   (  ) For first-time applicants: Business/Mayor’s Permit, Business Name Registration
      Certificate/SEC Registration Certificate, Articles of Incorporation, By-laws
   (  ) Certificate of product registration
   (  ) NTC registration/approval
   (  ) Certificate of Accreditation of Service and Repair Shop
   (  ) Product Standard Certificate
   (  ) HLURB issued License
(  ) MEMORANDUM OF AGREEMENT/CONFORME WITH PARTICIPATING OUTLETS/
   REDEMPTION CENTERS / PROMO PARTNERS
   (  ) HOUSE AND LOT PRIZE: title, blueprint, specifications, model, location plan, cost and
      area of house, cost and area of lot
   (  ) APPRAISED VALUE OF JEWELRY SIGNED BY LICENSED GEMOLOGIST

UNDERTAKING

I/We hereby understand and agree that:

1. DTI-FTEB SPD shall act on this application within fifteen (15) days from receipt of complete
documents.
2. If I/We do not receive any communication from DTI FTEB - SPD after submission of complete
documents/requirements within the prescribed fifteen (15) days, the above application shall
be deemed approved. However, such presumption of approval shall not absolve us from
violations other than our lack of permit from your Office.

Authorized Representative of:

SPONSOR                                ADVERTISING AGENCY

__________________________________                         _______________________________
SIGNATURE                                                                             SIGNATURE

__________________________________  _________________________________
PRINTED NAME                                                              PRINTED NAME

___________________________________               ________________________________
DATE                                                         DATE

premium                                        page 3 of 3

CPG-FTEB-SPD-QF-01B
Rev00 / 10/03/2016