



Document title
**APPLICATION FOR FERTILIZER WAREHOUSE
REGISTRATION**

| | |
|--------------|-------------|
| Form no. | FPA-FRD-F05 |
| Revision no. | 04 |
| Date | 10.10.2022 |
| Page | 1 of 1 |

Reminder: Please fill out the form completely and legibly

Contact Person : _____
 Position/Designation : _____
 Contact number : _____
 E-mail address : _____

| To be filled out by FPA | |
|-------------------------|-------|
| Date Received | _____ |
| Date Processed | _____ |

| Type of Application for Fertilizer Warehouse Registration | | | |
|---|--|--|-------------------------------------|
| New/ Renewal | Warehouse Type <i>(Select category)</i> | Registration No. <i>(for Renewal)</i> | Expiry Date <i>(for Renewal)</i> |
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| To be filled out by FPA | | | |
|-------------------------|-------------|----------|-----------|
| Application No. | Amount Paid | O.R. No. | O.R. Date |
| | | | |
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| 1. Company Information | |
|------------------------|---------|
| a. Company Name | : _____ |
| b. Company Address | : _____ |

| 2. Warehouse Details | | | | | |
|----------------------|------------------|-------------------|---------------|---|--------------------------------------|
| Name of Warehouse | Complete Address | Owned / Rented | Name of Owner | Storage Capacity <i>(in MT or L)</i> | Total Floor Area <i>(in sq m)</i> |
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(Continue on separate sheet if necessary)

| CONSENT TO PROCESS AND SHARE DATA |
|--|
| <p><i>I certify that I have truthfully accomplished this form and hereby authorize the Fertilizer and Pesticide Authority to collect and process the data indicated herein. I understand that my consent does not preclude the existence of other criteria for lawful processing of personal data, and does not waive any of my rights under the Data Privacy Act of 2012 and other applicable laws.</i></p> <p style="text-align: right;">_____ Signature over Printed Name of the Contact Person</p> |

I HEREBY CERTIFY that the foregoing data and information including those in the annexes hereof are true and correct to the best of my knowledge.

IN WITNESS WHEREOF, I have hereunto set my hand this ____ day of ____ year _____ at _____, Philippines.

Name and Signature of Firm's President, Manager or
Authorized Representative

CONFIDENTIALITY NOTICE: FPA Officials and employees are reminded to keep confidential information and not to disclose the same and/or its contents to any person pursuant to Section 7 (C) of R.A. 6713.

REPUBLIC OF THE PHILIPPINES
PROVINCE OF _____
MUNICIPALITY/CITY OF _____

SUBSCRIBED AND SWORN TO before me this ____ day of ____ year _____ at _____, Philippines. Affiant exhibited to me his/her Residence Certificate No. _____ issued on _____ at _____, Philippines.

Doc. No. _____
 Page No. _____
 Book No. _____
 Series of _____

(Original should bear documentary stamp)

NOTARY PUBLIC
 Until _____
 PTR NO. _____