



Document title

# APPLICATION FOR DEALERSHIP

Form no.	FPA-FRD-F07
Revision no.	04
Date	10.10.2022
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**Reminder: Please fill out the form completely and legibly**

Contact person : \_\_\_\_\_  
 Position/Designation : \_\_\_\_\_  
 Contact number : \_\_\_\_\_  
 E-mail address : \_\_\_\_\_  
 New  
 Renewal License no.: \_\_\_\_\_  Fertilizer  
 Expiry date: \_\_\_\_\_  Both Fertilizer and Pesticide

To be filled out by FPA	
Date Received	
Date Processed	
Application No.	
Amount Paid	
OR Number	
OR Date	

## 1. Company Information

a. *Company Name* : \_\_\_\_\_  
 b. *Main Office Address* : \_\_\_\_\_  
     *House/Block/Lot No.*                      *Street*                      *Subdivision/Village*                      *Barangay*  
     \_\_\_\_\_   
     *District*                      *City/Municipality*                      *Province*                      *ZIP Code*  
     \_\_\_\_\_   
 c. *Branch Name* : \_\_\_\_\_  
 d. *Branch Address* : \_\_\_\_\_  
     *House/Block/Lot No.*                      *Street*                      *Subdivision/Village*                      *Barangay*  
     \_\_\_\_\_   
     *District*                      *City/Municipality*                      *Province*                      *ZIP Code*  
     \_\_\_\_\_   
 e. *Branch Tel. No.* : \_\_\_\_\_  
 f. *Branch Email Address* : \_\_\_\_\_  
 g. *Type of Ownership*     Corporation                       Single Proprietorship                       Others (pls specify)  
     Cooperative                       Partnership                      \_\_\_\_\_  
    *SEC/DTI/CDA Registration No.:* \_\_\_\_\_  
 h. *Tax Identification No.* : \_\_\_\_\_  
 i. *Name of Owner* : \_\_\_\_\_  
    *Surname*                      *First Name*                      *M.I.*

## 2. CAPITALIZATION

Write amount with denomination : \_\_\_\_\_

## 3. Name of Accredited Safety Dispenser (ASD) assigned to the branch/store

Name	Date of Training	Place of Training	ASD Identification No.	Expiry Date

(Continue on separate sheet if necessary)

## 4. List of registered fertilizer product/s being sold

Brand Name	FPA Registration No.	Name of Supplier	Complete Address

(Continue on separate sheet if necessary)

## 5. List of Physical Facilities (Owned/Rented)

Name of Facility	Complete Address	Owned / Rented	Indicate if Warehouse / Store	Storage Capacity (in MT or L)	Total Floor Area (in sq m)

(Continue on separate sheet if necessary)



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## 6. As a Dealer, are you capable of extending credit to the farmers in your area?

- No
- Yes Approximate loan ceiling per annum: \_\_\_\_\_

### CONSENT TO PROCESS AND SHARE DATA

*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.*

\_\_\_\_\_  
Signature over Printed Name of the Contact Person

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 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

Until \_\_\_\_\_

PTR NO. \_\_\_\_\_

(Original should bear documentary stamp)