

Document title

AUTHORITY TO PURCHASE UNSOUND FERTILIZER REQUEST FORM

Form no.	FPA-FRD-F14	
Revision no.	2	
Date	10.10.2022	
Page	1 of 1	

Reminder: Please fill out the form completely and legibly

Representative :				To be filled	To be filled out by FPA		
Position/Designation :				Date Received			
Contact No. :				Date Processed			
E-mail Address :					<u> </u>		
				_			
1. Purchaser Information							
a. Company Name	:						
b. Company Address	:						
	_	House/Block/Lot No.	Street	Subdivision/Village	Barangay		
	_						
		District	City/Municipality	Province	ZIP Code		
c. Telephone No.	: _						
d. <i>E-mail Address</i>	<u>: </u>						
2. Seller							
a. Company Name	: _						
b. Company Address	: _			C. I. V. V. C. Brill			
		House/Block/Lot No.	Street	Subdivision/Village	Barangay		
	_	District	City/Municipality	Province	ZIP Code		
		District	City/Wallicipality	riovince	ZII Code		
c. Representative	: -						
d. Telephone No. e. E-mail Address	: -						
e. E-man Address	· -						
2 Disconstitute marking							
3. Disposal Information							
a. Total volume of fertilizers (in kg)	:						
b. Destination/Storage							
c. Allocation of the requested	• -						
unsound fertilizer	:						
d. Crops to be planted for	_						
one crop season	:						
e. Target date (s) of disposal	:						
CONSENT TO PROCESS AND SHAR	E DATA	1					
I certify that I have truth	fully a	ccomplished this for	m and hereby authorize	the Fertilizer and Pestic	ide Authority to		
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 Authorized 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 ha	nd this day ofye	ar <u> </u> at <u> </u>	, Philippines.		
				Cianahuma af Firm-1- D	sident Marce		
			Name and	Signature of Firm's Pres	sident, Manager		