





Document title  
**APPLICATION FOR IMPORTED FERTILIZER PRODUCT  
REGISTRATION**

Form no.	FPA-FRD-F02
Revision no.	05
Date	10.10.2022
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**4. TARGET CROPS**

1.	4.	7.
2.	5.	8.
3.	6.	9.

**5. FPA ACCREDITED RESEARCHER HANDLING THE EXPERIMENT/FIELD TEST (if applicable)**

(Surname)	(First name)	(M.I.)
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**6. ESTIMATED PRICING**

- a. Unit of measure  
(Please state if in metric ton, liter, etc.) \_\_\_\_\_
- b. Ex-warehouse Price \_\_\_\_\_  
\_\_\_\_\_

Note: Enumerate warehouse & corresponding ex-warehouse prices if more than one.

**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)