

	Document Title	Form No.	PRD-F1.25
	APPLICATION FOR AGRICULTURAL PESTICIDE SUPPLIER / SUPPLIER'S LOCAL REPRESENTATIVE / LOCAL SUBSIDIARIES	Revision No.	0
		Date	10.01.24
		Page	1 of 2

Reminder: Please fill out the Form completely and legibly

_____ Conventional
_____ PIP

New _____
Renewal- License No _____
FPA Control No. _____
Expiry Date: _____

<p>1. Business Name of Applicant</p> <p>_____</p> <p>Address : _____</p> <p>_____</p> <p>TIN No. : _____</p> <p>Tel No. : _____</p>	<table border="1" style="width: 100%;"> <tr><td>Date Received :</td><td>_____</td></tr> <tr><td>Amount Paid:</td><td>_____</td></tr> <tr><td>OR Number</td><td>_____</td></tr> <tr><td colspan="2" style="text-align: center;">(to be filled out by PRD)</td></tr> </table>	Date Received :	_____	Amount Paid:	_____	OR Number	_____	(to be filled out by PRD)	
Date Received :	_____								
Amount Paid:	_____								
OR Number	_____								
(to be filled out by PRD)									
<p>2. Capitalization : (Write amount with denomination, For new applicants, it should be the Paid-Up Capital indicated in the SEC Articles of Incorporation For renewal, it should be the total equity indicated in the financial statement)</p> <p>_____</p>									

3. Type of Activity

_____ Supplier
 _____ Supplier's Local Representative / Promoter
 _____ Local Subsidiaries
 _____ Others (specify)

4. Name & Address of Parent Company	5. Name & Address of Local Distributors
_____	_____
_____	_____
_____	_____

6. Pesticide Supplied:

Common / Chemical Name	Brand Name	Technical	Formulated	Type of Formulation

Applicant Representative:
 Signature _____
 Printed Name _____
 Position _____

7. Applicant Contact Number and Email Address: _____



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8. CONSENT TO PROCESS AND SHARE DATA

In compliance with the Data Privacy Act, I hereby give my consent to the Fertilizer and Pesticide Authority to share my contact details to the public for whatever legal purpose it may serve.

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 _____,
at _____, Philippines.

Name & Signature of the Applicant

Name & Signature of Firm's
President/ Manager or
Authorized Representative

REPUBLIC OF THE PHILIPPINES)
PROVINCE OF _____)S.S.
MUN/CITY OF _____)

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

Doc. No.: _____
Page No.: _____
Book No.: _____
Series No.: _____

NOTARY PUBLIC
Until December 31, _____
PTR No. _____