



APPLICATION FORM FOR REGISTRATION AND PERMIT TO OPERATE FOR AGRICULTURAL AND FISHERIES MACHINERY MANUFACTURERS, FABRICATORS, ASSEMBLERS, DISTRIBUTORS, DEALERS, IMPORTERS, AND EXPORTERS (MFADDIE)

Please write legibly.

APPLICATION NO. <i>to be filled out by RAED-SRES / BAFE-SRED</i>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DATE OF APPLICATION	____ / ____ / 20____ <i>(mm/dd/yyyy)</i>
REGISTRATION NO. <i>to be filled out by BAFE-SRED</i>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DATE OF INSPECTION	____ / ____ / 20____ <i>(mm/dd/yyyy)</i>
TYPE OF APPLICATION	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment To: _____		
I. PROFILE			
APPLICANT'S NAME/AUTHORIZED REPRESENTATIVE <i>(SURNAME, FIRST NAME, M.I.)</i>		COMPANY NAME	
OFFICE ADDRESS (NO. & STREET, BARANGAY, TOWN/CITY, PROVINCE)			
TELEPHONE NO.	FAX. NO	EMAIL ADDRESS	
TYPE OF ENTERPRISE <i>(Please place a check <input type="checkbox"/> to all that applies)</i>		BUSINESS ORGANIZATION <i>(Please place a check <input type="checkbox"/>)</i>	
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Importer <input type="checkbox"/> Fabricator <input type="checkbox"/> Dealer <input type="checkbox"/> Exporter <input type="checkbox"/> Assembler		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Others: please specify	
II. LIST OF FACILITIES AND EQUIPMENT USED FOR FABRICATION, REPAIR AND MAINTENANCE OWNED/RENTED			
	FACILITY/EQUIPMENT*	QUANTITY	OWNED/RENTED
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Application Fee	Php	_____ SIGNATURE OVER PRINTED NAME OF APPLICANT OR AUTHORIZED REPRESENTATIVE	
OR No.	OR Date.		
PROCESSED BY		REVIEWED BY	
DATE PROCESSED	____ / ____ / 20____ <i>(mm/dd/yyyy)</i>	DATE REVIEWED	____ / ____ / 20____ <i>(mm/dd/yyyy)</i>

LIST OF OFFICE EQUIPMENT*					
EQUIPMENT		QUANTITY	EQUIPMENT		QUANTITY
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

NETWORK OF DEALERS (For Manufacturer / Fabricator / Assembler / Distributor / Importer)*			
NO.	COMPANY NAME	CONTACT NO. / EMAIL ADDRESS	ADDRESS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

LIST OF COMPANY-OWNED SERVICE CENTERS*			
NO.	SERVICE CENTER	CONTACT NO. / EMAIL ADDRESS	ADDRESS
1			
2			
3			
4			
5			

*Please use separate sheet if necessary

I, _____ hereby certify that

I am the Manufacturer/Fabricator/Assembler/Distributor/Dealer/Importer/Exporter (MFADDIE)

I am the authorized representative to act on behalf of the (MFADDIE)

and that the information on this form is full and complete and is to the best of my knowledge, a true statement of facts relating to this application. I am signifying my unequivocal consent to the disclosure, collection and use of the information and data generated by BAFE in their other policies and regulations.

SIGNATURE OVER PRINTED NAME OF APPLICANT

NOTIFICATION SLIP

APPLICATION NO.	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DATE OF APPLICATION	____ / ____ / 20____ (mm/dd/yyyy)
NAME AND SIGNATURE OF RAED-SRES / BAFE-SRED		DATE OF INSPECTION	____ / ____ to ____ / 20____ (mm/dd to dd/yyyy)

I. Documentary Requirements

A. Registration of Establishment (Initial)

Duly Accomplished Application Forms
Additional requirements for applicants represented by its authorized representative a. Company Identification Card; and b. Special Power of Attorney or Board Resolution
Photocopy of Certificate of Business Registration issued by DTI (Sole Proprietorship)
Photocopy of Certificate of Registration issued by the Securities and Exchange Commission (SEC) and Article and Incorporation and By-Laws (Corporation/Partnership/Association/Cooperatives)
Photocopy of Business/Mayor's Permit from the city/municipality where the establishment is located for the current year
Location map of the establishment
Photocopy of Certificate of Accreditation issued by the NAMDAC Board (if available)
Duplicate copy of official receipt of payment of application fee

B. Registration of Establishment (Renewal)

Duly Accomplished Application Forms
Additional requirements for applicants represented by its authorized representative a. Company Identification Card; and b. Special Power of Attorney or Board Resolution
Photocopy of Business/Mayor's Permit from the city/municipality where the establishment is located for the current year
Location map of the establishment
Photocopy of Certificate of Accreditation issued by the NAMDAC Board (if available)
Duplicate copy of official receipt of payment of application fee

C. Amendments to Registration

Amendment	Letter Request	PTO (original copy)	Mayor's / Business Permit	Deed of Sale or Donation
• Change in Business Name	Yes	Yes	Yes	No
• Change in Location / Address				
○ Within the Region	Yes	Yes	Yes	No
○ To another Region	Yes	Yes	Yes	No
• Change in Ownership	Yes	No	Yes	Yes
• Product Lines	Yes	No	No	No

II. Display of Registration Metal Plate/ Permit to Operate

The Registration Metal Plate / Permit to Operate shall be displayed conspicuously in the place of business.