

# NATIONAL FOOD AUTHORITY

Quezon City

## APPLICATION FOR ACCREDITATION

NAME OF COMPANY

DATE ESTABLISHED

Business Address

Amount of Paid Up

Telephone /Fax Numbers

Percentage of Ownership

No. of years dealing with

Capitalization

Filipino \_\_\_\_\_

Foreign \_\_\_\_\_

NFA \_\_\_\_\_

Date of Registration with OIC

License No.

Tax Identification No.

Do you carry Bonds? ( ) Yes ( ) No

If Yes, State Premium Volume \_\_\_\_\_

Do You carry Fire Insurance? ( ) Yes ( ) No

If yes, state premium volume \_\_\_\_\_

Do you carry Acts of GOD/Fortuitious events coverage? ( ) Yes ( ) No

If yes, state premium volume \_\_\_\_\_

List of Branches nationwide ( Use additional sheet if necessary )

Branch	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that the foregoing information are true and correct and I understand that any misrepresentation can be a ground for denial of this application and other sanctions that may be imposed by the National Food Authority. Further I conform to the policies, terms and conditions on NFA's system of bonds and insurance placements.

\_\_\_\_\_  
Authorized Signatory  
Position

**SUBSCRIBED and SWORN** to before me this \_\_\_\_\_ day of 200\_\_ in \_\_\_\_\_, Philippines. Affiant exhibiting to me his/her Community Tax Certificate No. \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_.

Doc No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of 200 \_\_\_\_.

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