

BASIC INFORMATION				
Company Name:				
Address:				
Contact Nos.:			Email Address:	
BUSINESS STRUCTURE				
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	Others:	
AUTHORIZED REPRESENTATIVE				
Name:				
Address:				
Contact Nos.:			Email Address:	
OFFICERS/SHAREHOLDERS				
Name	Address			
NATURE OF BUSINESS				
Port Service Providers	Ancillary Service Providers			
<input type="checkbox"/> Cargo Handling Services <input type="checkbox"/> Mooring/Unmooring <input type="checkbox"/> Passenger Terminal Services <input type="checkbox"/> Pilotage Services <input type="checkbox"/> Port Terminal Services <input type="checkbox"/> Roll-On Roll-Off Services <input type="checkbox"/> Shipping Line  <input type="checkbox"/> Port User	<input type="checkbox"/> Brokerage <input type="checkbox"/> Bunkering <input type="checkbox"/> Booking/Ticketing Office <input type="checkbox"/> Canteen <input type="checkbox"/> Cargo Checking <input type="checkbox"/> Cargo Surveying <input type="checkbox"/> Ship Chandling <input type="checkbox"/> Cleaning Services <input type="checkbox"/> Container Repair <input type="checkbox"/> Equipment Hire <input type="checkbox"/> Equipment Repair <input type="checkbox"/> Environmental Management Services <input type="checkbox"/> Fumigation <input type="checkbox"/> Laundry Services	<input type="checkbox"/> Lighterage/Barging <input type="checkbox"/> Parking/Garage <input type="checkbox"/> Security Service <input type="checkbox"/> Shipping Agent <input type="checkbox"/> Shops/Stores <input type="checkbox"/> Transport/Cargo/Forwarding/Freight Forwarding/Hauling/Trucking/Shuttling/ Bus Services <input type="checkbox"/> Towing/Tugging <input type="checkbox"/> Vessel Repair/Maintenance <input type="checkbox"/> Water Suppliers <input type="checkbox"/> Water taxi <input type="checkbox"/> Weighbridge/Truck Scales <input type="checkbox"/> Other services		
NATURE OF PORT USE (For Port User only)				
Shipment of Cargoes	Cargo	Projected Volume	Type of Cargo Packaging	No. of Shipments/Month
Importation				
Exportation				
Transshipment				
DETAILS OF THE VESSELS TO BE USED				
Vessels	GRT	LOA	Draft	Type of Vessel

This is to certify that the above information presented are true and correct.

\_\_\_\_\_  
Name and Signature of Authorized Representative

\_\_\_\_\_  
Date

**UNDERTAKING**

I, \_\_\_\_\_, of legal age, Filipino, and with office address at \_\_\_\_\_, after having been duly sworn in accordance with law hereby depose, state, certify and warrant that the applicant commits to undertake the following:

1. I am the duly appointed/authorized \_\_\_\_\_ of \_\_\_\_\_, a company duly organized and existing under the laws of the Republic of the Philippines, with principal office at \_\_\_\_\_;
2. I have full power and authority to do, execute and perform any and all acts necessary for the application of the company with the Cagayan Economic Zone Authority (CEZA) as a port user/port service provider;
3. All documents submitted in satisfaction of the requirements for CEZA Port User/Port Service Provider, and all information and statements provided therein are true, correct and complete;
4. That any misrepresentation and/or manifestation of fraud in this application shall be ground for the disapproval of this application or will be the basis for the immediate revocation of the permit/accreditation (if issued);
5. That the Company does not have any owner, incorporator, organizer, stockholder, member of the board of directors, trustee, officer, consultant, counsel, broker, agent, nominee or personnel with a record of criminal activity;
6. I will abide with the rules and regulations set by the Cagayan Economic Zone Authority (CEZA) and other government agencies;
7. Not conduct any unlawful activities at all times such as, but not limited to smuggling, illegal fishing, illegal gathering of forest products, and the like;
8. I authorize the Head of CEZA or its authorized representative to verify all documents submitted; and
9. In compliance with Republic Act No. 10173, or the Data Privacy Act of 2012, and its Implementing Rules and Regulations (IRR), I authorize CEZA to use the information provided in the application to process the corresponding accreditation and disclose information to necessary third parties for any legitimate and lawful business purpose.

**IN WITNESS WHEREOF**, I have hereunto set my hands this \_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_, Philippines.

\_\_\_\_\_  
Affiant

REPUBLIC OF THE PHILIPPINES }  
City/Province of \_\_\_\_\_ }S.S

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_, affiant exhibiting to me her/his \_\_\_\_\_ No. \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_.

Doc. No.  
Page No.  
Book No.  
Series of