

**ANNEX A****APPLICATION FORM**  
**Foreign Donations under Section 800(m) of the CMTA**

Date of application: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Office Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

License No. and Expiration Date: \_\_\_\_\_

Name/s of Representative/s: \_\_\_\_\_

Bill of Lading/ Airway Bill No: \_\_\_\_\_

Name of Donor and Address: \_\_\_\_\_  
\_\_\_\_\_Description of Packages and Goods: \_\_\_\_\_  
\_\_\_\_\_

Date of Expected Arrival of Foreign Goods: \_\_\_\_\_

**Documents Submitted:**(Mark appropriate boxes  with "✓". )

- Authenticated Deed of Donation from the Philippine Consular Office of the country of origin, with the accompanying certificate as to fitness of food and medicine for consumption and compliance with the country of origin's sanitary and phytosanitary standards.
- A separate Notarized Deed of Acceptance.
- Copy of valid DSWD Registration, License and/or Accreditation Certificate.

- Shipping documents
- Original and/or duly certified true copy of Bill of Lading or Airway Bill
- Packing list
- Plan of Distribution (DSWD DFE Form 2) certified and endorsed by the DSWD Field Office (s) that has jurisdiction over the target area for distribution.
- In case of medicines, a certification of the Department of Health –Food and Drug Administration(FDA) that the commodities are allowed for free distribution and use by the intended beneficiaries without the need of a prior prescription, and that these are safe for human consumption.
- Notarized distribution report (DSWD DFE Form 3) on latest shipment certified correct by the concerned DSWD Field Office.
- In case of relief items other than food and medicines, proof of prior agreements or approved arrangements with appropriate government agencies.

**Submitted by:**

\_\_\_\_\_  
(Name and Signature of Head of Applicant Organization of his/ her Authorized Representative)

\_\_\_\_\_  
(Date)

**Reviewed and Assessed by:**

\_\_\_\_\_  
(Name and Signature of DSWD Staff)

\_\_\_\_\_  
(Designation)

\_\_\_\_\_  
(Name of Office)

\_\_\_\_\_  
(Date)