**ANNEX B**

**DEI APPLICATION FORM**

**(STATE OF PUBLIC HEALTH EMERGENCY/CALAMITY)**

***Certification from DSWD as Eligibility for***

***Duty-Exemption of Donated Imported Goods***

Under Section 800(m) of the Customs Modernization and Tariff Act of 2016

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| **TO BE FILLED UP BY DSWD AUTHORIZED PERSONNEL** | | | | | | |
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| Date of Receipt of Application | | \_\_\_\_\_\_\_\_\_\_\_  mm/dd/yyyy | Time of Receipt of Application | | | \_\_\_\_\_ AM/PM |
| Date of Issuance of Certification | | \_\_\_\_\_\_\_\_\_\_\_  mm/dd/yyyy | Time of Release of Certification | | | \_\_\_\_\_ AM/PM |
| Application Reference No. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Certification Control No. | \_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **A. APPLICANT AGENCY INFORMATION** |
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| Name of Agency:  Other agency name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Registration and License details.**  For a SWA with separate Registration No. and License No., tick and fill out items A and B, or accomplish item C for a SWA with a CRLTO.   1. ▢ Registration No. and validity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. ▢ License No. and validity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. ▢ Registration and License No. and validity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_     **Accreditation details.**  ▢ Accreditation No. and validity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Agency Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *House/Unit/Building/Street/Lot/Block No. Street Name*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Name of Building Subdivision*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Barangay City/Municipality Province*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Region Zip/Area Code* |

| Agency Telephone Number: | Agency Email Address: | |
| --- | --- | --- |
| Agency Mobile Number: |
| Name of Agency Head:  **Mr/Ms/Mrs** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_  *Surname Given Name Middle Name Suffix* | | |
| Mobile Number: | Email Address: | |
| Name of Agency Representative:  **Mr/Ms/Mrs** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_  *Surname Given Name Middle Name Suffix* | | |
| Designation of Representative: | Mobile Number: | Email Address: |
| How many importations do you expect in a year?  ▢ One (1) ▢ Two (2) ▢ Three (3) ▢ More than 3 (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

| **B. DONOR INFORMATION** | |
| --- | --- |
| Name of Donor:  **Mr/Ms/Mrs** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_  *Surname Given Name Middle Name Suffix* | |
| **Type of Donor** *(Please check the appropriate box)*  ▢ Individual Donor ▢ Foreign Organization [Name of Foreign Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]  ▢ Others, pls. specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Donor Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *House/Unit/Building/Street/Lot/Block No. Street Name Post/Zip Area Code*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *City/Town.Municipality Region/State Country* | |
| Donor Telephone Number: | Donor Email Address: |
| Donor Mobile Number: |

| **C. DONATION INFORMATION** | | | |
| --- | --- | --- | --- |
| Date of Expected Arrival of Donated Imported Goods | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *mm* | \_\_\_\_\_\_\_\_\_\_\_\_\_  *dd* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*yyyy* |
| Bill of Lading / Airway Bill No: | | | |

| **Scope/Coverage of Distribution of Donated Imported Goods** *(Please check the appropriate box)*  ▢ All Regions ▢ Region I ▢ Region MIMAROPA ▢ Region VIII  ▢ NCR ▢ Region II ▢ Region V ▢ Region IX  ▢ CAR ▢ Region III ▢ Region VI ▢ Region X  ▢ CARAGA ▢ Region IV-A ▢ Region VII ▢ Region XI  ▢ Region XII |
| --- |
| **Category of Donated Imported Goods** *\*if both Food and Non-Food, please specify the non-food items*  ▢ Food ▢ Non-Food Items (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Note: Please submit the notarized Distribution Plan (Annex C) within five (5) working days upon receipt of the DSWD Certification.*** |

| **D. CERTIFICATION** |
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| Upon submission of this application, I hereby certify that the foregoing information/statement is to my knowledge, true, correct, complete, and updated.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE OVER PRINTED NAME OF AGENCY HEAD  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DESIGNATION/POSITION/TITLE |