**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** |
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| 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** |
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| 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 |