

DEI DISTRIBUTION REPORT

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

<input type="checkbox"/> STATUS AS OF _____ mm/dd/yyyy	<input type="checkbox"/> FINAL _____ mm/dd/yyyy
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Name of Agency: _____

Office Address: _____

Date of Actual Receipt of Donated Imported Goods (mm/dd/yyyy): _____

Number of Importation: First Second Third Fourth Others: _____

Name of Donor: Mr/Ms/Mrs _____
Surname Given Name Middle Name Suffix

Date of Report (mm/dd/yyyy): _____ **Date received by DSWD (mm/dd/yyyy):** _____

Instruction: Kindly indicate in the Description of Goods column if the certain goods have deviations from the submitted notarized Distribution Plan. ***Please use a separate sheet if necessary							
Description of Goods (Quantity/ Measurement/ Brand, etc)	Purpose	Recipient (no. of beneficiaries/ Sector/ Age Group)	Area/s of Distribution			Status of distributi on with Date	Balance (weight, pieces, packs, boxes, etc)
			Province	City/ Municipa lity	Baranga y		
(e.g.) 1,250 boxes of 800g Birchtree Fortified Powdered Milk	(e.g.) For free distribution and consumption of beneficiaries ages 4-12 yrs old	(e.g.) 200 children ages 4-12 years old	(e.g.) NCR	(e.g.) Quezon City	(e.g.) Payatas	(e.g.) 100% distributed on 11/30/2023;	(e.g.) None;
						50% distributed as of 11/17/2023	625 remaining boxes
(e.g. for deviations) From 1,250 boxes to 1,000 boxes of 800g Birchtree Fortified Powdered Milk							

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DECLARATION

Important Note: A proof of authorization must be attached to this notarized declaration form upon submission to the DSWD Standards Bureau. Acceptable proofs of authorization include, but are not limited to the following, whichever is applicable:

- Duly notarized Secretary's Certificate
- Board/Partnership Resolution

I, **[Name of Affiant]**, of legal age, **[Civil Status]**, **[Nationality]**, and residing at **[Address of Affiant]**, after having been duly sworn in accordance with law, do hereby depose and state that:

1. **[Select one, delete the other:]**

[If the head of the agency:] I am the head of **[Name of SWDA]** with office address at **[address of SWDA]**;

[If Authorized representative:] I am the duly authorized and designated representative of **[Name of SWDA]** with office address at **[address of SWDA]**;

2. **[Select one, delete the other:]**

[If the head of the agency:] As the agency head of **[Name of SWDA]**, I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the documents, and sign and execute the application for the issuance of Certification for Duty-Exempt Importation of **[Name of SWDA]** as shown in the attached **[state title of attached document showing proof of authorization]**;

[If Authorized representative:] I am granted full power and authority to do, execute, and perform any and all acts necessary to participate, submit the documents, and sign and execute the application for the issuance of Certification for Duty-Exempt Importation of **[Name of SWDA]**, as shown in the attached **[state title of attached document showing proof of authorization]**;

3. **[Name of SWDA]** is not "blacklisted" or barred from applying for Registration, License, and Accreditation Certificates with the Department of Social Welfare and Development (DSWD) as defined and provided under DSWD MC 18 series of 2024 or the Omnibus Guidelines on the Regulation of Social Welfare and Development Agencies (SWDAs) and their Social Welfare and Development (SWD) Programs and Services;
4. **[Name of SWDA]**, is not blacklisted to do transactions with the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units (LGU), foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board, by itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as defined and provided for in the Uniform Guidelines on Blacklisting;
5. **[Name of SWDA]** being a duly registered Social Work Agency (SWA), authorized to engage in social welfare work, and relief operation, including, among others, direct or indirect solicitations and/or fund drives, and/or private endowment, not operated by profit, the imported goods donated to us are for free distribution among the needy upon certification of the DSWD as indicated under Section 800(m) of the Customs Modernization and Tariff Act (Republic Act 10863);
6. **[Name of SWDA]** is aware of, understands and agrees to abide by the Guidelines in the issuance of Certification to Registered, Licensed, and Accredited Private Social Work Agencies (SWAs) as Eligibility for Duty-Exemption of Donated Imported Goods in accordance with Republic Act No. 10863, Section 800(M).
7. **[Name of SWDA]** is not, in any way, connected with commercial importation of used or pre-owned clothing and is not importing any adulterated or misbranded food or goods for human consumption or any

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adulterated or misbranded drug in violation of relevant laws and regulation;

- 8. *[Name of SWDA]* undertakes that, in the event that it receives any donation or payment from any person or business related to the tobacco industry, *[Name of SWDA]* shall not allow any from of promotion, advertisement, nor sponsorship of any tobacco products, including any item, material, tangible or intangible that would identify or associate such donation in cash or in-kind to the tobacco company, its manufacturer or wholesaler, or any person, interest group, advocacy organization, law firm, advertising agency or other business organization that represents the interest of the tobacco industry;
- 9. Each of the documents submitted in satisfaction of the application requirements for the issuance of Certification for Duty-Exempt Importation, as well as all other necessary documents (i.e., notarized Distribution Plan, Status/ notarized Final Distribution Report) is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;
- 10. *[Name of SWDA]* is authorizing the DSWD or its duly authorized representative(s) to verify all the documents submitted and is authorized to inspect the premises of the office as part of its monitoring activities;
- 11. *[Name of SWDA]* has no unliquidated funds and it is free from any financial liability/obligation from past and current collaborative partnerships with the DSWD that involve a transfer of funds;
- 12. *[Name of SWDA]* shall keep a record of all social development and/or welfare activities they handle in accordance with RA No. 10847;
- 13. *[Name of SWDA]* is aware that the processing/service/filing fee, notarial, and all other fees pertaining to the application shall be for our account;
- 14. ***[Name of SWDA]*** complies with the applicable Regional Wage Board rates as issued by the Regional Tripartite Wages and Productivity Board (RTWPB) in determining the salaries of its personnel. This compliance reflects the agency's commitment to upholding labor standards, ensuring fair and lawful compensation, and adhering to the relevant labor laws, rules, and regulations issued by the Department of Labor and Employment (DOLE) and other applicable government authorities; and;
- 15. All personal data, as defined under the Data Privacy Act of 2012 and its implementing rules and regulations, along with account transaction information or records with the DSWD may be processed, profiled, or shared to requesting parties or for the purpose of any court, legal process, examination, inquiry, and audit or investigation of any authority.

Finally, I ***[Name of Affiant]***, under penalty of perjury, certify that all information provided in my application is true and correct to the best of my personal knowledge and is based on authentic records submitted to the DSWD. Supplying false or misleading information or producing falsified documents shall be grounds for appropriate administrative and criminal actions against me, including the revocation of the issued registration/license/certificate.

*[SIGNATURE OVER PRINTED NAME OF THE HEAD OF THE AGENCY
OR ITS AUTHORIZED REPRESENTATIVE]*

AFFIANT

DESIGNATION/POSITION/TITLE

Subscribed and sworn to before me, a Notary Public in and for [city], affiant exhibiting to me his/her [competence of identity] issued at [insert] and expiring on [insert], who who was identified by me through competent evidence of

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identity to be the same person who presented the foregoing instrument and signed the instrument in my presence, and who took an oath before me as to such instrument.

Witness my hand and seal this ____ day of _____, _____

[INSERT NOTARIAL CERTIFICATE]