PHILEXPORT

Client Profile Registration System (CPRS)

EXPORTER PROFILE INFORMATION

(for Sole / Single Proprietorship)

DATA ITEM	INFORMATION
Scanned Photo / *Mandatory* *(Please submit your photo or logo in JPEG form)*	
Nature of Business / *Mandatory* *(Pls. refer to your BIR Certificate of Registration Form 2303)*	
Business Name / *Mandatory*	
First Name / *Mandatory*	
Middle Name / *Mandatory*	
Last Name / *Mandatory*	
Country of Citizenship / *Mandatory*	
Business Address	
Address / *Mandatory*	
City / *Mandatory*	
Zip Code / *Mandatory*	
Country / *Mandatory*	
Contact Information	
Phone / *Mandatory*	
Alternate Phone / *Optional*	
Mobile Phone / *Optional*	
Fax / *Optional*	
Email / *Mandatory*	
URL/Website / *Optional*	
Warehouse / Transit Shed Code / *Optional*	
Tax Identification Number / *Mandatory* *(Pls. refer to your BIR Certificate of Registration Form 2303)*	
Social Security Number / *Optional*	
Passport Number / *Optional*	
Driver's License / *Optional*	
PRC ID No. / *Optional*	
Primary VASP CCN No. / *Mandatory*	**VA0000000051**
Secondary VASP CCN No. / *Optional*	
PEZA-BOI Registration Number (if applicable)/CARR Code / *Optional*	
DTI Reference No./ *Mandatory*	

This is to certify that all information in this page are true and correct.

Approved for CPRS registration by: _____

Signature over Printed Name of Authorized Company Officer

E2M electronic_to_mobile CUSTOMS

Related domestic & foreign companies

Related company 1 / *Optional*

Related company 2 / *Optional*

Related company 3 / *Optional*

Primary Broker / Mandatory (Please check In-House or Licensed Broker)

___**In House**

TIN *(Default)* 111-111-111-111

Code *(Default)* BR0000722111

___**Primary Licensed Broker** (Please attach Broker's Certificate of Registration)

TIN / *Mandatory*

Code/ *Mandatory*

Plant/Warehouse Addresses/ *Mandatory to indicate at least one (1) Plant Address*

Address / *Mandatory*

City / *Mandatory*

Zip Code / *Mandatory*

Country / *Mandatory*

Principal Officers/ *Mandatory to indicate at least one (1) Principal Officer*

First Name / *Mandatory*

Middle Name / *Mandatory*

Last Name / *Mandatory*

Position / *Mandatory*

TIN / *Mandatory*

Photo / *Mandatory*
(Please submit in JPEG Form)

Signature / *Mandatory*
(Original Signature)

Address

Address / *Mandatory*

City / *Mandatory*

Zip Code / *Mandatory*

Country / *Mandatory*

Phone / *Mandatory*

Alternate Phone / *Optional*

Mobile / *Optional*

Fax / *Optional*

Email / *Mandatory*

Note: You may photocopy this page for multiple information entry.

This is to certify that all information in this page are true and correct.

Approved for CPRS registration by: _____

Signature over Printed Name of Authorized Company Officer

Responsible Officers/ *Mandatory to indicate at least one (1) Responsible Officer*

First Name / *Mandatory*

Middle Name / *Mandatory*

Last Name / *Mandatory*

Position / *Mandatory*

TIN / *Mandatory*

Area of Responsibility / *Mandatory*

Photo / *Mandatory*
(Please submit in JPEG Form)

Signature / *Mandatory*
(Original Signature)

Address

Address / *Mandatory*

City / *Mandatory*

Zip Code / *Mandatory*

Country / *Mandatory*

Phone / *Mandatory*

Alternate Phone / *Optional*

Mobile / *Optional*

Fax / *Optional*

Email / *Mandatory*	

Major Suppliers / *Mandatory to indicate at least one (1) Major Supplier*

TIN / *Mandatory*

Name / *Mandatory*

Address

Address / *Mandatory*

City / *Mandatory*

Zip Code / *Mandatory*

Country / *Mandatory*

Phone / *Mandatory*

Alternate Phone / *Optional*

Mobile / *Optional*

Fax / *Optional*

Email / *Mandatory*

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Approved for CPRS registration by: _____
Signature over Printed Name of Authorized Company Officer

CLIENT PROFILE REGISTRATION SYSTEM (CPRS) INFORMATION

Please fill up all information. Do not leave any information blank. If not applicable, please indicate not applicable.

Company Name:_____

TIN Number : _____ Website: _____

Office Address:_____

Warehouse/Plant Address:_____

Product Lines/Services:_____

Export Products for CPRS:_____

With BOC AMO (Account Management Office)accreditation?

_____Yes Imported Materials:_____ / _____ No

Export Performance for the Past Year (if none, pls. indicate "No Export")

Products Exported: _____

Countries of Destination: _____

Value (Pesos):_____

How many times per year: _____

Countries of Export:_____

For Corporations:

Authorized Capital Stock:_____(based on General Information Sheet as of _____ year)

Paid-Up Capital Stock: _____(based on General Information Sheet as of _____ year)

Total Assets: _____(based on Audited Financial Statement as of _____ year)

For Sole Proprietorship's:

Owner's Equity:_____(based on Audited Financial Statement as of _____ year)

Total Assets: _____(based on Audited Financial Statement as of _____ year)

No. of Employees:

	Office	Plant
Regular	_____	_____
Contractual	_____	_____

Organizations/Associated Membership: _____

Trade Fairs Participated (Local & International) : _____

_____

Accomplished by CPRS Authorized Company Officer:

Name of Person: _____

Signature over printed Name

Position: _____

Contact No/s: _____ Date:_____

NOTES: * This form is to be filled up by Authorized Representative as per the submitted Secretary's Certificate.

==========*Only for Member(s) of PHILEXPORT Membership*==========

Official Representative(s):

Contact Person 1: _____ Position : _____

Mobile No.: _____ Telephone No.: _____

Facebook/Messenger/Viber Account: _____

Email Address : _____

Alternate Representative(s):

Contact Person 2: _____ Position : _____

Mobile No.: _____ Telephone No.: _____

Facebook/Messenger/Viber Account: _____

Email Address : _____

DATA PRIVACY DISCLAIMER

DATA PRIVACY STATEMENT AND CONSENT FORM FOR THE CLIENT PROFILE REGISTRATION SYSTEM (CPRS) APPLICATION

I understand and agree that by my voluntary engagement of the services of PHILEXPORT, and by providing my personal information, I am giving consent to PHILEXPORT to collect, store, access, share and process my personal data, whether manually or electronically, which will be used for the purpose of Client Profile Registration System (CPRS) application.

I am aware of and understand my rights under the Data Privacy Act of 2012 and that while I have the right to object, it is still necessary for PHILEXPORT to collect, store, access, share and process my personal data for the purpose of CPRS application with the Bureau of Customs.

I am aware that no persons, other than the relevant PHILEXPORT employees, are authorized to access my personal data held in the database, and that all persons who need to access and process my information are required to maintain its confidentiality and compliance with privacy laws.

I also acknowledge and warrant that this waiver frees PHILEXPORT from any complaint, law suit, or damages in relation to this process.

I confirm that the contents of this consent form have been explained to me in terms that I understand and that I agree to the provisions stated above. My signature below signifies my voluntary consent to the above.

_____
Name and signature of Authorized Representative

Company : _____
Position : _____
Date : _____

SUBSCRIBED AND SWORN to before me this _____ day of_____,(CPRS Official Representative), exhibiting to me his/her Community Tax Certificate No._____ issued on_____ at _____, Philippines.

NOTARY PUBLIC
Doc. No. _____
Page No. _____
Book No._____
Series No. _____