

# **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

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



VA000000051



## **CPRS Exporter Profile Information**

# 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

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





## **CPRS Exporter Profile Information**

Company Name:	
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Responsible Officers,	Mandatory to indicate at	t least one (1) Responsible Offic	cer
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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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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 Managem	nent Office)accreditation?	
Yes Imported Materials:		/ No
Export Performance for the Past Ye	ear (if none, pls. indicate "No Export")	
Products Exported: _		
Countries of Destinat	tion:	
	r year:	
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:	Dlank	
Office Regular	Plant 	
Contractual		
Organizations/Associated Members	ship:	
Trade Fairs Participated (Local & In	iternational):	
Accomplished by CPRS Authoriz	zed Company Officer:	
Name of Person:		
Position:	Signature over printed Name	
	Date:	
* This form is to be Secretary's Certification	e filled up by Authorized Representative as per the icate.	submitted
======================================	nber(s) of PHILEXPORT Membership======	
Official Representative(s):	iber(3) of this Extra out themsels in page 1	
Contact Person 1:	Position:	
Mobile No.:	Telephone No.:	
Email Address:	unt:	
Alternate Representative(s):		
Contact Person 2:	Position:	<del>_</del>
Mobile No.:	Telephone No.:	
Email Address :	unt:	



# 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	
Position		
Representat	BED AND SWORN to before me this day of tive), exhibiting to me his/her Community Tax Certificate No at, Philippines.	
NOTARY PI Doc. No Page No Book No		

