



BUREAU OF PHILIPPINE STANDARDS (BPS)
PRODUCT CERTIFICATION INFORMATION MANAGEMENT SYSTEM (PCIMS)
ACCOUNT REGISTRATION FORM FOR ICC/SOC APPLICANTS

The BUREAU DIRECTOR:

Date: _____

In accordance with Section 6 of Republic Act 4109 and in conjunction with Letter of Instruction No.1208, DAO 5:2008, DAO 17-06:2017, DAO 18-08:2018, their Implementing Rules and Regulations (IRR), and their future amendments, we hereby apply to be a registered user of the Product Certification Information Management System (PCIMS) under the BPS Mandatory Product Certification Schemes:

APPLICANT'S DETAILS *(The details to be supplied herein shall be those from the importer.)*

Name of Applicant Firm							
Contact Person							
	<i>Personal Title/Prefix</i>	<i>Given Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>Suffix</i>		
<i>Note: The Contact Person shall pertain to the overall in-charge of the operations of the applicant firm e.g. Owner, President, CEO, Chairman, General Manager)</i>							
Designation				E-mail Address			
Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Social Classification (e.g. Senior Citizen, PWD, Indigenous Person)					
Civil Status				Social Media/Website			
Office Address							
	<i>Bldg. No./Bldg. Name</i>	<i>Street</i>	<i>Brgy.</i>	<i>City/Municipality</i>	<i>Province</i>	<i>Region</i>	<i>Zip Code</i>
Form of Ownership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Others _____						
Asset Size (in PhP)				Industry Classification			
Product Line/ Services				Total Number of Employees			
Name of the Authorized PCIMS Account Holder							
	<i>Personal Title/Prefix</i>	<i>Given Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>Suffix</i>		
<i>Note: This shall pertain to the person duly authorized by the applicant firm to handle/manage the PCIMS account.</i>							
Designation				PCIMS User Name			
E-mail Address (for PCIMS Account)				Telephone Number			
Mobile Number				Fax Number			
Name of Broker							
	<i>Personal Title/Prefix</i>	<i>Given Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>Suffix</i>		
Address of Broker							
	<i>Bldg. No./Bldg. Name</i>	<i>Street</i>	<i>Brgy.</i>	<i>City/Municipality</i>	<i>Province</i>	<i>Region</i>	<i>Zip Code</i>
Telephone Number of Broker							

WAREHOUSE DETAILS *(Please use separate sheet for multiple warehouses)*

Warehouse Address 1							
	<i>Bldg. No./Bldg. Name</i>	<i>Street</i>	<i>Brgy.</i>	<i>City/Municipality</i>	<i>Province</i>	<i>Region</i>	<i>Zip Code</i>
Warehouse 1 Telephone Number							
Warehouse Address 2							
	<i>Bldg. No./Bldg. Name</i>	<i>Street</i>	<i>Brgy.</i>	<i>City/Municipality</i>	<i>Province</i>	<i>Region</i>	<i>Zip Code</i>
Warehouse 2 Telephone Number							

It is hereby certified that the information supplied herein by the undersigned is true and correct.

**Printed Name and Signature of Importer/
Authorized Representative of Importer**

Subscribed and sworn to before me this _____ day of _____ 20____. Affiant exhibiting to me his Residence Certificate No. _____ issued on _____ at _____.

Doc. No. : _____
Page No. : _____
Book No. : _____
Series of : _____

NOTARY PUBLIC

Attachments:
NOTE: All attachments must be certified true copy (Put <input checked="" type="checkbox"/> if attached).
<input type="checkbox"/> DTI Business Registration Certificate / SEC Registration Certificate and Articles of Incorporation <input type="checkbox"/> Special Power of Attorney / Board Resolution / Secretary's Certificate <input type="checkbox"/> Latest Audited Financial Statement
FOR DTI-BPS USE ONLY
Application Received and Checked by:
_____ Date & Time
Product Certification Officer