

BPS PRODUCT CERTIFICATION BODY

SD-SCD-QF72b: Account Registration Form for PS License Applicants (PCIMS) Effectivity Date: 15 November 2021 Revision No. 01

PRODUCT CERTIFICATION INFORMATION MANAGEMENT SYSTEM (PCIMS) ACCOUNT REGISTRATION FORM FOR PS LICENSE APPLICANTS

Date:

The BUREAU DIRECTOR:

In accordance with Section 6 of Republic Act 4109 and in conjunction with Letter of Instruction No.1208, DAO 4:2008, Relevant DAO, 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 DETAI	LS Il be those from the applicant firm i.e. the local manuf	acturer or in the case of foreign manufacture	rs, the authorized local importer)
Manufacturer		Foreign Manufacturer	,
Name of Applicant Firm			
Contact Person	Personal Title/Prefix Given Nam	e Middle Name	Last Name Suffix
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)			
Designation		E-mail Address	
Sex		Social Classification (e.g. Senior Citizen, PWD, Indigenous Person)	
Civil Status		Social Media/Website	
Office Address	Bldg, No/Bldg, Name Street Brgy,	Citv/Municipality Prov	vince Region Zip Code
Plant Address (for local manufacturers)			0 7
Form of Ownership	Bildg. No./Bildg. Name Street Brgy. City/Municipality Province Region Zip Code Sole Proprietorship Corporation Others		
Asset Size (in PhP)		Industry Classification	
Product Line/ Services		Total Number of Employees	
Name of the Authorized			
PCIMS Account Holder	Personal Title/Prefix Given Nam		Last Name Suffix
PCIMS Account Holder	Personal Title/Prefix Given Nam duly authorized by the applicant firm to handle/mana		Last Name Suffix
PCIMS Account Holder Note: This shall pertain to the person		e its PCIMS account.	Last Name Suffix
PCIMS Account Holder Note: This shall pertain to the person Designation E-mail Address		e its PCIMS account. PCIMS User Name	Last Name Suffix
PCIMS Account Holder Note: This shall pertain to the person Designation E-mail Address (for PCIMS Account)		re its PCIMS account. PCIMS User Name Telephone Number Fax Number	Last Name Suffix
PCIMS Account Holder Note: This shall pertain to the person Designation E-mail Address (for PCIMS Account) Mobile Number	duly authorized by the applicant firm to handle/mana	re its PCIMS account. PCIMS User Name Telephone Number Fax Number	chments:
PCIMS Account Holder Note: This shall pertain to the person Designation E-mail Address (for PCIMS Account) Mobile Number		e its PCIMS account. PCIMS User Name Telephone Number Fax Number Attac NOTE: All attachments must be cer	:hments: ified true copy (Put √ if attached).
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TERMS AND CONDITIONS ON THE USE OF PCIMS

1. To ensure security of the PCIMS, only one (1) account per organization shall be allowed.

2. It shall be understood that the security of the PCIMS account, particularly the log-in details, is the responsibility of the organization.

3. All transactions to be made by the organization using its PCIMS account in connection with the BPS Product Certification Schemes shall be construed as true and correct.

4. In the performance of the organizations' obligations, they shall ensure the privacy and security of any and all confidential, privileged, personal and/or sensitive personal information that the organizations' party, officers, employees, or agents may have access to; and shall store, use, dispose, and otherwise process the said confidential, privileged, personal and/or sensitive personal information in accordance with the E-Commerce Act (RA 8792) and Data Privacy Act of 2012 (RA 10173).