APPLICATION FOR REGISTRATION OF WATER PURIFICATION DEVICES/SYSTEM

Name of Manufacturer/Importer/Distributor: _____
Office Address: _____
Plant Address: _____
Tel. No. _____Telefax No. _____ Email Address: _____
Company TIN: _____
Name of Company Representative: _____
Position/Designation: _____
If renewal: CHRDR No. _____

For Single Proprietorship or Partnership, list the name of owner and/or partner:

_____ _____

For Corporation, list the name of:

INCORPORATORS	OFFICERS	POSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRODUCT	BRAND	DESCRIPTION	CLAIMS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(*Use additional sheet if necessary*)

I hereby certify that all the information given above and all other data in connection with this application are true and correct. I understand that any misrepresentation or false information will be ground for outright rejection of my application for registration of water purification device(s)/system(s). I am also authorizing representatives from CDRRHR-PRSDD to conduct verification of all the documents attached herewith and inspection of the above-stated products as may be deemed necessary. Furthermore, I understand that my application will not be processed until after I have completely submitted all the requirements enumerated in this application form.

_____ _____
Signature of Company Representative over Printed Name **Date**