



Republic of the Philippines  
Department of Health  
**FOOD AND DRUG ADMINISTRATION**



07 MAY 2020

**FDA ADVISORY**  
No. **2020-781**

**TO : ALL NCR STAKEHOLDERS AND THE GENERAL PUBLIC**

**SUBJECT : Pilot Implementation of FDA eServices Portal for License to Operate (LTO) Application for Drugstores, RONPD, Drug Distributor, and Drug Traders**

The Food and Drug Administration, in its commitment to provide stakeholders with streamlined and improved government services, is developing the **FDA eServices Portal** – online platform for FDA Market Authorization applications.

The FDA wishes to invite stakeholders located within the National Capital Region (Metro Manila) who intend to apply for License to Operate (LTO) as Drug Distributor, Drug Trader, Drugstore, Retail Outlet for Non-Prescription Drugs (RONPD) only, to use the FDA eServices Portal through this link: <http://eservices.fda.gov.ph/>. The eServices Portal is in its Pilot Implementation, hence the scope of the application is limited for the time being:

<b>FDA eServices Portal Pilot Implementation</b>	
Location of Establishment	National Capital Region (Metro Manila)
LTO Establishment Application	Drug Distributor, Drug Trader, Drugstore, Retail Outlet for Non-Prescription Drugs (RONPD)
Type of LTO Application	Initial and Variation only
Fees to be Paid	Based on Current Issuance on Fees and Charges (Reference: DOH Administrative Order No. 50, s. 2001)
Validity of Initial LTO	Current Validity Period Given by FDA - one (1) year
Start of Pilot Implementation	07 May 2020

Applications for Variation in the LTO using the eServices Portal are only functional if the approved initial LTO is applied using the eServices Portal.

For those with existing LTO application via ePortal, you may opt to apply to the eServices Portal for a new fee. Previous payment will be forfeited.

Please follow Annex A of this Advisory for the Guideline and Checklist of Requirements, and Annex B of this Advisory for the Step-by-Step Guide in applying in the **FDA eServices Portal**.

  
**ROLANDO ENRIQUE D. DOMINGO, MD.**  
Director General



## ANNEX A

### General Guideline and Requirements for LTO Application Using eServices Portal

#### General Guideline:

1. All establishments, whether public or private entity, engaged in business or operation on health products shall first secure a License to Operate (LTO) issued by the FDA and, when applicable, product market authorizations, i.e. Certificate of Product Registration (CPR), Certificate of Product Notification (CPN), before engaging in the manufacture, importation, exportation, sale, offering for sale, distribution, transfer, non-consumer use, promotion, advertising, or sponsorship activities.
2. All FDA regulated establishments applying for LTO shall be required to accomplish online application form through the E-Services Portal ([eservices.fda.gov.ph](http://eservices.fda.gov.ph)). Creation of account and password is no longer a requirement to obtain access to the online portal.
3. The establishment shall use its company e-mail address to lodge an application on the E-Services Portal.
4. The declared e-mail address under the Contact Information is **unalterable**. The applicant shall make sure that the e-mail address is within the scope and access of the Authorized Person/s, Qualified Personnel, and/or owner of the establishment. Thus, FDA shall not be held liable in any way for loss of access to the declared e-mail address.
5. All fields on the online application form have written warnings/pop-ups/reminders before proceeding to the next step to ensure accuracy of information provided. The establishment applying for LTO shall ensure that the declared information in the web-based form are consistent with the uploaded supporting documents, i.e. business name and owner, establishment's address and others.
6. Company Authorized Officer or Qualified Personnel shall have the responsibility to comply with the regulatory and technical requirements of the FDA, wherein:
  - a. Authorized Person refers to the owner, President, Chief Executive Officers (CEO) or its equivalent, or any organic or full-time employee representing the establishment in an authorized or official capacity; and
  - b. Qualified Person refers to an organic or full-time employee of the establishment who possess technical competence related to the establishment's activities and health products by virtue of his profession, training or experience. A qualified person has the responsibility to comply with the technical requirements of the FDA or discuss or clarify matters with the FDA when submitting technical requirements or engage the FDA officials when conducting inspection or post-market surveillance activities. The qualified person may also be the duly Authorized Person of the establishment.
7. All drug establishments, including drugstores, whether privately owned or government-owned, shall be under the supervision of a registered pharmacist when operating or open for business, unless otherwise allowed by other pertinent laws or regulations.
8. It is the responsibility of the licensed establishments to immediately recall, withdraw or remove health products from the market that is banned or declared injurious, unsafe or dangerous by the FDA or products or batches of product that have been found to pose imminent danger to public health or consumer safety.
9. FDA inspection shall be conducted after the issuance of the LTO (post-licensing approval).
10. The FDA shall have the authority to enter any FDA-licensed establishments and establishments selling FDA-regulated health products during operating hours to conduct routine or spot check inspections.
11. All FDA-required information, education, and communication campaign materials shall be displayed in the establishment's conspicuous area.

12. Upon approval of application, regulated establishments shall print the generated E-LTO on standard A4 size (21 cm x 29.7 cm) bond paper, on full-colored page and in portrait orientation. It shall be positioned on the most conspicuous place within the business establishments.

**Application Requirements:**

**A. Initial LTO**

1. Accomplished e-Application Form with Declaration of Undertaking ([eservices.fda.gov.ph](http://eservices.fda.gov.ph))
2. Proof of Business Name Registration (in pdf, 5MB maximum file size)  
Any one of the following shall be submitted as proof of business name registration (in pdf):
  - a. For single proprietorship, the Certificate of Business Registration issued by the Department of Trade and Industry (DTI);
  - b. For Corporation, Partnership and other Juridical Person, the Certificate of Registration issued by the Securities and Exchange Commission (SEC) and Articles of Incorporation;
  - c. For Cooperative, the Certificate of Registration issued by the Cooperative Authority and Articles of Cooperation; or
  - d. For Government-Owned or Controlled Corporation, the law creating the establishment, if with original charter, or its Certificate of Registration issued by the Securities and Exchange Commission (SEC) and Articles of Incorporation, if without original charter.
3. If the business or establishment address is different from the business name registration address, the applicant shall submit a copy of the Business Permit (e.g. Mayor’s Permit).
4. Proof of Income for Drug Trader (in pdf, 5MB maximum file size) such as latest audited Financial Statement with Balance Sheet (in pdf) shall be submitted. This is to verify the capitalization of the establishment to their corresponding application fees.
5. Standard Operating Procedures (SOP)
6. Risk Management Plan (RMP) - shall be presented to FDA during inspection of establishment; please refer to current FDA issuance for the detailed RMP guideline
7. Site Master File (SMF) – shall be presented to FDA during inspection of establishment; please refer to current FDA issuance for the detailed SMF guideline

**B. Variation in LTO**

1. Accomplished e-Application Form with Declaration of Undertaking;
2. Documentary requirements depending on the variation or circumstances of the establishment or the product as shown in Annex C of this Order; and
3. Payment of Fees

<b>Type of Variation</b>	<b>Requirement</b>
Transfer of Location of Offices - Physical transfer of the office of the establishment (which may also entail changes in the previously approved address)	Business permit reflecting new location office
Transfer of Location of Drug Retailers - Physical transfer of the drug retailer (which may also entail changes in the previously approved address)	Business permit reflecting new address

Change of Distributor Activity - Shall refer to an additional/deletion of/change inactivity that the distributor engage in	Contract Agreements showing change in activity
Transfer/Addition of Warehouse - Physical transfer and addition of the warehouse of the establishment (which may also entail changes in the previously approved address)	Business permit reflecting new warehouse
Additional Drugstore Activities	<p>a. Additional Credentials of Pharmacist, as applicable</p> <p>b. Other documents related or specific to the additional activity, such as but not limited to:</p> <ul style="list-style-type: none"> <li>• Adult Vaccination - Standard Operating Procedure</li> <li>• Dispense Vaccines and Biologicals - Standard Operating Procedure</li> <li>• Mobile Pharmacy - Standard Operating Procedure</li> <li>• Online Ordering and Delivery - Standard Operating Procedure and Website Screenshot</li> <li>• Sterile Compounding and Non-Sterile Complex Compounding - Standard Operating Procedure</li> <li>• Other additional activities that may require appropriate regulation.</li> </ul>
Expansion of Office Establishments and Drug Retailers - Shall refer to expansion made which is adjacent to the existing location of the establishment	Expansion floor plan
Change of Ownership - Change in ownership of the licensed establishment	<p>a. Business name registration reflecting new ownership</p> <p>b. Any proof on the transfer of ownership such as any of the following:</p> <ul style="list-style-type: none"> <li>• Deed of sale or assignment or transfer of rights/ownership;</li> <li>• Memorandum of Agreement; or</li> <li>• Notarized Affidavit of the owner, proprietor, Chairman or CEO of the establishment validating the transfer</li> </ul>
Change of Business Name - Change only in the business name of the establishment	Business permit reflecting the new name
Zonal Change in Address - Change of the name/number of the street/building without physical transfer of the establishment	Certificate of Zonal Change

Change of Qualified Person - Change in the identified qualified person initially registered with the FDA	a. Name of new qualified person b. Applicable requirements as specified in Annex B
Change of Authorized Person - Change in the authorized person initially registered with the FDA	a. Name of new qualified person b. Updated contact details

C. Qualified Person Qualification and Credential Requirements

Qualified Person	Qualifications/Requirements
Registered Pharmacists (RA 10918)	a. Professional Regulatory Commission (PRC) Identification Card (ID) b. Certificate of Attendance to seminars, training, learning and development activities on drug safety, quality, and efficacy and other applicable trainings (e.g. Training for Pharmacy Assistant, Basic and Advance Course on Good Clinical Practice for Clinical Research Organizations (CRO)/sponsors)

**Payment:**

Payment of prescribed fees as indicated in the Order of Payment may be done through the FDA Cashier, the bank (i.e. Landbank of the Philippines, Development Bank of the Philippines, Bancnet), or online thru Bancnet based on the existing FDA issuances. Incomplete payment will not be accepted and the application will not proceed to the next step of the process.

**FDA Evaluation of the Application:**

1. The veracity of the application and compliance with all the documentary requirements and appropriate standards shall be further assessed.
2. Any of the following or similar instances shall be a ground for disapproval:
  - a. The documentary requirements submitted show that the establishment does not meet the required technical requirements and/or appropriate standards;
  - b. The applicant made misrepresentations, false entries, or withhold any relevant data contrary to the provisions of the law or appropriate standards;
  - c. The owner has violated any of the terms and conditions of its license; and
  - d. Such other analogous grounds or causes as determined by the FDA.
3. The action on the application shall be Approval or Disapproval as provided by RA No. 11032.
4. Evaluation shall be done within the prescribed working days and office hours. Applications filed after the working hours and during weekends/holidays shall be considered filed on the next working day.

## ANNEX B

### Procedure for the Use of the FDA eServices Portal for License to Operate (LTO) Application

#### A. Application for Initial LTO for Drug Trader

1. To start the application, access the online portal through <https://www.eservices.fda.gov.ph> and click “Applications”.
2. Select the product category (Drug) and the type of business establishment (Distributor, Trader,, or Drugstore) before proceeding to Initial application.

The screenshot shows the FDA eServices Portal interface. The browser address bar displays the URL: [https://192.168.2.182:3000/applications/license\\_to\\_operate/drug/trader/initial](https://192.168.2.182:3000/applications/license_to_operate/drug/trader/initial). The page title is 'Drug Trader Initial'. A sidebar on the left lists the application steps: 1. Declaration & Undertaking (highlighted), 2. General Information, 3. Establishment Information, 4. Office Address, 5. Warehouse Address, 6. Authorized Officer, 7. Qualified Personnel, 8. Documentary Requirements, and 9. Self-Assessment Review. The main content area is titled 'Declaration & Undertaking' and contains a text area with the following text:

I, duly authorized officer(s) or representative(s) of the Establishment hereby voluntarily and categorically declare, undertake, and agree that all data and information contained and provided in the attached application, together with all other submissions, including amendments, are true and correct based on my knowledge and are based on existing records, legal documents and available information.

I likewise declare, undertake and agree that:

- I. The said establishment shall be open during its business hours under the supervision of a PRC registered professional (e.g. Pharmacist) or authorized personnel at all times;
- II. The pharmacist/s and the other appropriate allied health professionals, upon and during employment in the establishment, is/are not and will not in any way be connected to, employed by or engaged with any other FDA-regulated establishment;
- III. The approved and valid License to Operate shall be displayed in a conspicuous place in the establishment visible to my customers;
- IV. The establishment will change its business name and/or brand name in the case of products in the event that there is a similar, same, or confusingly similar name registered with the Food and Drug Administration, or if the FDA rules later that such name is misleading, offensive, against the law, customs, public morals, public policy or otherwise violative of relevant rules and regulations;
- V. The electronic copy of the files, documents, or information submitted in relation to this application are the exact duplicate or scanned copy of the same and any discrepancy, prejudicial contents, false claims or misrepresentation on any of the data therein shall be a ground for the disapproval of application, or if discovered post-approval shall be a ground for the appropriate sanctions including the revocation of the license or, and/or the filing of the appropriate legal action against

Below the text area, there is a red circle around the text 'I agree to the declaration and undertaking' and a 'Start Application' button.

3. Read and understand the Declaration and Undertaking. If no objection, click Start Application.

FDA eServices Portal x +

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### Drug Trader Initial

1 Declaration & Undertaking

2 General Information

3 Establishment Information

4 Office Address

5 Warehouse Address

6 Authorized Officer

7 Qualified Personnel

8 Documentary Requirements

9 Self-Assessment Review

#### General Information

\* Type of Application: Initial

\* Product Type: Drug

\* Primary Activity: Trader

Additional Activities

- Importer of Raw Materials for Own Use
- Importer of Finished Pharmaceuticals
- Importer of Locally Repacked/Packed
- Distributor of Own Products

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4. Tick the appropriate box/es listed for Additional Activities (if any). Click Next to proceed to Establishment Information. All fields marked with (\*) asterisk must be duly filled-out.

FDA eServices Portal x +

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### Drug Trader Initial

- Declaration & Undertaking
- General Information
- Establishment Information**
- Office Address
- Warehouse Address
- Authorized Officer
- Qualified Personnel
- Documentary Requirements
- Self-Assessment Review

#### Establishment Information

\* Name of Establishment:

Business Name shall be the same name in the SEC/DTA permit. Please ensure correctness of the declared Business Name as this will be the same name to be reflected in the License to Operate.

\* Owner of Establishment:

For SEC/DTA registered establishments, the name of the corporation must be used as the owner.

\* Tax Identification Number:

\* Declared Capital:

#### Contact Information

\* Email Address:

The authorized representative shall ensure that they have access to the declared email address. The DTA shall not be held responsible or liable in any way for loss of access to the declared email address.

\* Mobile Number:

Please indicate an 11 digit mobile number.

\* Landline Number:

Please indicate the area code followed by the landline number.

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3. Key in the required fields.



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### Drug Trader Initial

- 1 Declaration & Undertaking
- 2 General Information
- 3 Establishment Information
- 4 Office Address
- 5 Warehouse Addresses
- 6 Authorized Officer
- 7 Qualified Personnel
- 8 Documentary Requirements
- 9 Self-Assessment Review

#### Establishment Information

\* Name of Establishment

Business Name should be the same name as the SCC/CCA permit. Please ensure consistency of the declared Business Name as this will be the same name to be reflected in the License to Operate.

\* Owner of Establishment

For SCC/CCA registered establishments, the name of the corporation must be used as the owner.

\* Tax Identification Number

\* Declared Capital

20 Million and below

over 20 Million but below 50 Million

50 Million and above

#### Contact Information

\* Email Address

The owner/authorized representative must ensure that they have access to the declared email address. The CA and/or not be held responsible or liable in any way for loss of access to the declared email address.

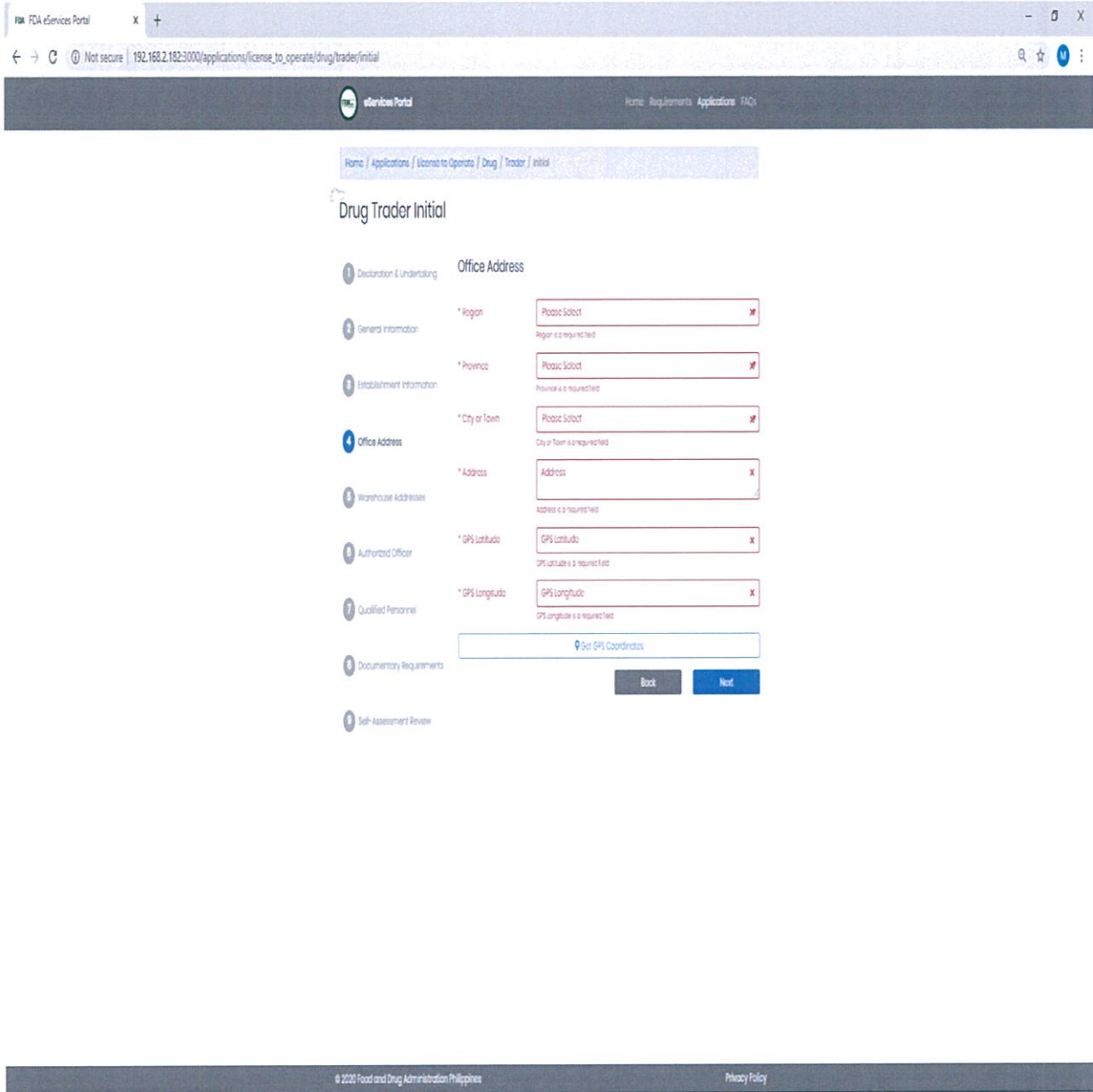
\* Mobile Number

Please indicate an 8 digit mobile number

Landline Number

Please include the area code followed by the landline number

Select the applicable range for the Declared Capital. If everything is in order, click Next to proceed to office address.



4. Fill out the required fields. Click get GPS coordinates to automatically generate GPS Latitude and Longitude. If everything is in order, click Next to proceed to Warehouse Address.

### Drug Trader Initial

1 Declaration & Undertaking	Warehouse Addresses
2 General Information	Warehouse #1
3 Establishment Information	* Region <input type="text" value="Picoas Select"/>
4 Office Address	Region is a required field
5 Warehouse Addresses	* Province <input type="text" value="Picoas Select"/>
6 Authorized Officer	Province is a required field
7 Qualified Personnel	* City or Town <input type="text" value="Picoas Select"/>
8 Documentary Requirements	City or Town is a required field
9 Self-Assessment Review	* Address <input type="text" value="Address"/>
	Address is a required field
	* GPS Latitude <input type="text" value="GPS Latitude"/>
	GPS Latitude is a required field
	* GPS Longitude <input type="text" value="GPS Longitude"/>
	GPS Longitude is a required field
	<input type="button" value="Get GPS Coordinates"/>
	<input type="button" value="Add Warehouse Address"/>
	<input type="button" value="Back"/> <input type="button" value="Next"/>

5. Fill out the required fields for the Warehouse Addresses. To add warehouse, click add Warehouse Address encircled in red. If everything is order, click Next to proceed to Authorized Officer.

FDA eServices Portal x +

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### Drug Trader Initial

1 Declaration & Undertaking **The declared name of the authorized officer is understood to be the one transacting with FDA and shall only have the authority to transact on behalf of the establishment (ie. follow-up, receives result).**

2 General Information

3 Establishment Information

4 Office Address

5 Warehouse Address

6 Authorized Officer

7 Qualified Personnel

8 Documentary Requirements

9 Self-Assessment Review

#### Details of Authorized Officer

\* First Name  x  
First Name is a required field  
 include suffix name in first name

Middle Name

\* Last Name  x  
Last Name is a required field

\* Designation  x  
Designation is a required field  
 select one for role identification

#### Government issued Identification Document

\* Type  x  
Type is a required field

\* Identification Number  x  
Identification Number is a required field

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- Fill out the required fields for Authorized officer and click Next to proceed to Qualified Personnel.

## Drug Trader Initial

1 Declaration & Undertaking  
2 General Information  
3 Establishment Information  
4 Office Address  
5 Warehouse Address  
6 Authorized Officer  
7 Qualified Personnel  
8 Documentary Requirements  
9 Self-Assessment Review

### Details of the Qualified Personnel

Personnel Details

\* First Name:  ✖  
This is a required field.

Middle Name:

\* Last Name:  ✖  
This is a required field.

\* Designation:  ✖  
This is a required field.

Government issued Identification Document

\* Type:  ✖  
This is a required field.

\* Number:  ✖  
This is a required field.

[Add Personnel](#)

7. Fill out the required fields for the Details of the Qualified Personnel. To add more personnel, click Add Personnel encircled in red. If everything is in order, click Next to proceed to Documentary Requirements.

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### Drug Trader Initial

**1** Declaration & Undertaking **Documentary Requirements**

**2** General Information \* Proof of Business Name Registration

This is a required field.  
DT Permit, LLC with Articles of Incorporation/Partnership, CDA Permit or Government Docket and Certificate of Incorporation (COCI).

**3** Establishment Information Business/Mayor's Permit or Barangay Clearance

Please attach a business/merchant permit or barangay clearance if the document site address is different on the proof of business name registration document.

**4** Office Address

**5** Warehouse Address

**6** Authorized Officer

**7** Qualified Personnel

**8** Documentary Requirements

**9** Self-Assessment Review

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- To upload documents, click the File Upload icon encircled in red. Once done, click Next to proceed to Self-Assessment Review.

FDA eServices Portal x +

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## Drug Trader Initial

- Declaration & Undertaking
- General Information
- Establishment Information
- Office Address
- Warehouse Address
- Authorized Officer
- Qualified Personnel
- Documentary Requirements
- Self-Assessment Review

### Self-Assessment Review

#### General Information

\* Type of Application: Initial

\* Product Type: Drug

\* Primary Activity: Trader

Additional Activities:

- Importer of Raw Materials for Own Use
- Importer of Finished Pharmaceuticals
- Importer of Locally Repacked/Packed
- Distributor of Own Products

#### Establishment Information

\* Name of Establishment: PPD

Business Name shall be the same name in the SCD/CCD system. Please ensure correctness of the declared Business Name as this will be the same name to be reflected in the License to Operate.

\* Owner of Establishment: Lax gphc

For SCD/CCD registered establishments, the name of the corporation must be as at the time.

\* Tax Identification Number: 1234567890

\* Declared Capital: 20 Million and below

#### Contact Information

\* Email Address: mooblogos@fda.gov.ph

The owner/business representative shall ensure that they have access to the declared email address. The TDA must not be held responsible in whole or in any way for loss of access to the declared email address.

\* Mobile Number: 09252216529

Please indicate an 11 digit mobile number.

Resolving host...

9. User may review if all details are correct.

* Type	Professional Regulatory Commission
* Number	09904070008
* Date of Expiry	08 March 2023
* Date of Birth	01 March 1990

[Add Personnel](#)

**Documentary Requirements**

* Proof of Business Name Registration	CCRR LTD CC PDF.pdf <small>CCRRMtd, Inc. with articles of incorporation/Partnership (CCM Form) or Securities Offered and Control Certificate (COCC)</small>	<a href="#">File Upload</a>
Business/Mayor's Permit or Barangay Clearance	CCRR LTD CC PDF.pdf <small>Please upload business/mayor's permit or barangay clearance if the declared site address is different on the proof of business name registration document.</small>	<a href="#">File Upload</a>



I hereby confirm that all information I have provided are true and correct to the best of my knowledge.

I understand that any errors that I have committed in this online form may be considered grounds for refusal or cancellation of my application.

I consent to the use of any personal information provided herein for Government to conduct the necessary records check and verification of facts in connection with my application.

[Back](#) [Confirm](#)

Tick the Captcha. Read and understand the confirmation statement. Tick the box before the sentence and click Confirm.



## B. Application for Variation in the LTO

5. To start the application, access the online portal through <https://www.eservices.fda.gov.ph> and click “Applications”.
6. Select the product category (Drug) and the type of business establishment (Distributor, Trader,, or Drugstore) before proceeding to Variation application.

The screenshot shows the FDA eServices Portal interface. The browser address bar displays the URL: [https://192.168.2.182:3000/applications/license\\_to\\_operate/drug/trader/variations](https://192.168.2.182:3000/applications/license_to_operate/drug/trader/variations). The page title is 'eServices Portal' and the navigation menu includes 'Home', 'Requirements', 'Applications', and 'FAQs'. The breadcrumb trail is 'Home / Applications / License to Operate / Drug / Trader / Variations'. The main heading is 'Drug Trader Variations'. A sidebar on the left lists the application steps: 1. Declaration & Undertaking (selected), 2. License to Operate, 3. Contact Information, 4. Minor Variations, and 5. Self-Assessment Review. The main content area is titled 'Declaration & Undertaking' and contains the following text:

I duly authorized officer/s or representative/s of the Establishment hereby voluntarily and categorically declare, undertake, and agree that all data and information contained and provided in the attached application together with all other submissions, including amendments, are true and correct based on my knowledge and are based on existing records, legal documents and available information.

I likewise declare, undertake and agree that:

- I. The said establishment shall be open during its business hours under the supervision of a PHC registered professional (e.g. Pharmacist) or authorized personnel at all times.
- II. The pharmacist/s and the other appropriate allied health professionals, upon and during employment in the establishment, is/are not and will not in any way be connected to employed by or engaged with any other FDA-regulated establishment.
- III. The approved and valid License to Operate shall be displayed in a conspicuous place in the establishment visible to my customer.
- IV. The establishment will change its business name, and/or brand name in the case of products, in the event that there is a similar, same, or confusingly similar name registered with the Food and Drug Administration, or if the FDA rules later that such name is misleading, offensive, against the law, customs, public morals, public policy or otherwise violative of relevant rules and regulations.
- V. The electronic copy of the files, documents, or information submitted in relation to this application are the exact duplicate or scanned copy of the same and, any discrepancy, prejudicial contents, false claims or misrepresentation on any of the data therein shall be a ground for the disapproval of application, or if discovered post-approval shall be a ground for the appropriate sanctions including the revocation of the license or, and/or the filing of the appropriate legal action against me, the owner, its officers or the establishment whenever possible.

Below the text box, there is a checkbox labeled 'I agree to the declaration and undertaking' with the text 'Please agree to the declaration and undertaking' underneath it. A blue 'Start Application' button is located below the checkbox.

At the bottom of the page, the footer contains the text: © 2020 Food and Drug Administration Philippines and Privacy Policy.

1. To start the application, read and understand the Declaration and Undertaking. If no objection, tick the box and click Start Application.

## Drug Trader Variations

**1** Declaration & Undertaking **License to Operate**

**2** License to Operate

\* License Number  X  
License Number is a required field.


\* Date of Validity  X  
Date of Validity is a required field.

**3** Contact Information

\* Security Code  X  
Security Code is a required field.  
Please scan the QR Code in the document.

**4** Minor Variations

**5** Self-Assessment Review



2. Fill out the required fields. Security code is generated by scanning the QR code in the document. If everything is in order, tick the Captcha box and click Next to proceed to Contact Information.

v

- 1 Declaration & Undertaking
- 2 License to Operate
- 3
- 4 Minor Variations
- 5 Self-Assessment Review

### Contact Information

\* Email Address   
The owner/authorized representative and ensure that they have access to the declared email address. The FDA shall not be held responsible or liable in any way for loss of access to the declared email address.

\* Mobile Number   
Update mobile number if necessary

Landline Number   
Update landline number if necessary

Back
Next

3. Update contact numbers if necessary. Click Next to proceed to Self-Assessment Review.

- 1 Declaration & Undertaking
- 2 License to Operate
- 3 Contact Information
- 4 Minor Variations**
- 5 Self-Assessment Review
- ### Minor Variations
- Transfer of Office Location
  - Expansion of Office Establishment
  - Transfer/Addition of Warehouse
  - Change of Distributor Activity
  - Change of Ownership
  - Change of Business Name
  - Zonal Change in Office Address
  - Change of Qualified Personnel

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4. Choose the applicable variation(s) by ticking the box.

**1** Declaration & Undertaking **Minor Variations**

**2** License to Operate

**3** Contact Information

**4** Minor Variations

**5** Self-Assessment Review

\* Transfer of Office Location

\* Region

\* Province

\* City or Town

\* Address

\* GPS Latitude

\* GPS Longitude

[Get GPS Coordinates](#)

\* Proof of Business Name Registration  **File Upload**  
e.g. DTI Permit Sec with Articles of Incorporation, CDA Permit, etc.

Business/Mayor's Permit or Barangay Clearance  **File Upload**  
Please upload a business/mayor's permit or barangay clearance if the licensed office address is different on the proof of business name registration document.

\* Expansion of Office Establishment

\* Expansion Floor Plan  **File Upload**

- Transfer/Addition of Warehouse
- Change of Distributor Activity
- Change of Ownership
- Change of Business Name
- Zonal Change in Office Address
- Change of Qualified Personnel

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5. Key in the required fields. To upload documents, click the File Upload icon encircled in red. If everything is in order, click Next to proceed to Self-Assessment Review.

1 Declaration & Undertaking **Self-Assessment Review**

2 License to Operate **License to Operate**

3 Contact Information

\* License Number CDRP-NCP-DC-2392

\* Date of Validity 09 March 2022

4 Minor Variations

\* Security Code EDUCOMEN7201

Please scan the QR Code in this document

5 Self-Assessment Review

**Contact Information**

\* Email Address mosabogdan@fda.gov.ph

The user/submitter represents and assures that they have access to the electronic email address. The CA shall not be held responsible or liable in any way for loss of access to the electronic email address.

\* Mobile Number 09552176581

Mobile number is necessary

Landline Number Landline Number

Landline number is necessary

**General Information**

\* Type of Application Variation

\* Primary Activity Distributor

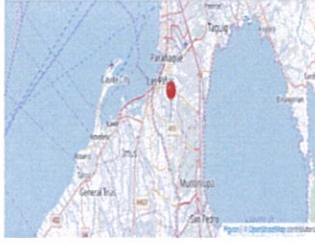
\* Additional Activities Exporter

**Establishment Information**

6. User may review if all details are correct.

FDA eServices Portal x +

← → C Not secure | 192.168.2.182:3000/applications/license\_to\_operate/drug/distributor/variations



Use the marker pin to accurately position your Office Address.


\* Proof of Business Name Registration    
eg. 201-Permit, Sec with Articles of Incorporation, CDA Permit, etc.

Business/Mayor's Permit or Barangay Clearance    
Please attach a business/ mayor's permit or barangay clearance if the second office address is different on the proof of business name registration document.

# Expansion of Office Establishment

\* Expansion Floor Plan

- Transfer/Addition of Warehouse
- Change of Distributor Activity
- Change of Ownership
- Change of Business Name
- Zonal Change in Office Address
- Change of Qualified Personnel

I'm not a robot 

I hereby confirm that all information I have provided are true and correct to the best of my knowledge.

I understand that any errors that I have committed in this online form may be considered grounds for refusal or cancellation of my application.

I consent to the use of any personal information provided herein for Government to conduct the necessary records check and verification of facts in connection with my application.

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Tick captcha. Read and understand the confirmation statement. Tick the box before the sentence and click Confirm.