CHECKLIST OF REQUIREMENTS FOR THE ISSUANCE OF LICENSE TO OPERATE FOR HOUSEHOLD/URBAN HAZARDOUS SUBSTANCES (HUHS) ESTABLISHMENTS

I. INITIAL/OPENING APPLICATIONS

A. GENERAL REQUIREMENTS

- □ Completely accomplished and notarized Integrated Application Form with ID picture of both the Owner/Incorporator/General Manager and the Authorized Person (Refer to FDA Circular No. 2014-003) (only for NCR and CHD IV-A)
- □ Notarized Accomplished Petition Form with 2 x 2 ID picture of Owner/Incorporator/Authorized Representative (see Annex A) (except for NCR and CHD IV-A)
 - Notarized Secretary's Certificate/Special Power of Attorney (if the Authorized Representative is not the owner in the DTI business registration or one of the incorporators in the SEC)

■ Proof of Business Registration:

- o valid certificate of business name registration with the Department of Trade and Industry (DTI), (for single proprietorship)
- o valid registration with the Securities and Exchange Commission (SEC) and Articles of Incorporation or Partnership (for corporation or partnership)
 - If the business name is different from the corporate name, SEC Certificate must reflect "Doing Business under the name and style of (Name of Establishment)"
- o certificate of Cooperative Development Authority (CDA), (for cooperatives), Note: If the business address in the DTI business registration and SEC is different from the declared office address, provide a valid Mayor's Permit/Barangay Clearance

□ Proof of Occupancy (Office, Manufacturing Plant and Warehouse):

- o Transfer Certificate of Title (TCT) as proof of ownership.
- Notarized Certificate of Occupancy, if owned by one of the incorporators.
- Notarized valid contract of lease/sublease, if the space/building being occupied is not owned.
- Valid Clearance from Homeowner's Association (HOA) /
 Condominium/Building Administration, if within a residential area/ condominium,
- o Valid notarized warehousing agreement for third party logistics,

Other requirements

- Floor plan/lay-out in meters and proper identification of areas (office and warehouse)
- o Blueprint for manufacturing plant
- O Vicinity/Location map with landmarks (i.e. google map, sketch of the area)

☐ Pertinent Documents for Authorized Representative:

- Duties and responsibilities signed by the authorized representative and the immediate supervisor
- Certificate of Attendance to "Qualified Person in Industry Regulatory Affairs (QPIRA)-Household/Urban Hazardous Substances" under CCRR or promissory letter to attend with proof of scheduled day of attendance and payment
- Certificate of Attendance to "Training on the 13 ASEAN Cosmetic GMP Modules" or promissory letter to attend with proof of scheduled day of attendance and payment (only for traders and manufacturers)

B. SPECIFIC REQUIREMENTS

1. FOR HUHS DISTRIBUTOR

List of products indicating the name and address of source/supplier/manufacturer, country of origin (if imported) following the format below:

Source Name & Address	Manufacturer Name & Address	Country of Origin	Complete Product
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^{*}Specify the HUHS product type (Example: laundry detergent powder, liquid laundry detergent, shoe polish, insect repellent spray, pencil, etc.)

FOR IMPORTER:

- O Valid Foreign Agency Agreement (FAA) or any form of authorization from each source/supplier duly authenticated by the Territorial Philippine Consulate
- o If the source/supplier has appointed another logistic/invoicing company, any of the following:
 - Valid Supply Agreement between the foreign source/supplier and manufacturer
 - Valid Tripartite Agreement duly authenticated by the Territorial Philippine Consulate

Proof of GMP Compliance of Manufacturer (any of the following):

 Valid GMP Certificate of manufacturer issued by the government agency or in the country of origin

- Certificate of Free Sale issued by the government agency (National Regulatory Authority or Chamber of Commerce) in the country of origin
- ISO Certificate in compliance to GMP
- Valid manufacturer's license

☐ FOR WHOLESALER

 Duly notarized valid distribution agreement with the FDA-licensed supplier

\Box FOR EXPORTER

- Duly notarized valid distribution agreement with the local supplier reflecting the country where the products are to be exported
- List of products to be exported with their corresponding registration/notification numbers and validities

2. FOR HUHS TRADER

- □ Photocopy of the Financial statement notarized/received by the Bureau of Internal Revenue (BIR) or notarized certification of initial capital invested
- □ Duly notarized valid contract manufacturing agreement with the FDA-licensed Cosmetic Manufacturer stipulating the following:
 - o That the trader owns the formulation
 - That the trader and manufacturer are jointly responsible for the quality of the product/s
 - o List of products to be manufactured by the toll manufacturer

☐ FOR EXPORTER OF OWN FINISHED PRODUCTS:

- Duly notarized valid distribution agreement with the supplier in the country where the products are to be exported
- List of products to be exported with corresponding registration/notification numbers and validities

3. FOR HUHS MANUFACTURER

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Photocopy of the Financial statement notarized/received by the Bureau of Internal
Revenue (BIR) or notarized certification of initial capital invested
Site Master File (see Annex C)
List of products to be manufactured
List of manufacturing and quality control equipment and facilities
List of technical and non-technical personnel indicating their academic
qualifications and relevant experiences
Valid clearance from Department of Environment & Natural Resources (DENR)

	FOR REPACKER:
	O Duly notarized valid contract/agreement with the manufacturer of the product/s to be repacked with stipulation that both the manufacturer and
	repacker are jointly responsible for the quality of the product
	List of products to be repacked List of products to be repacked
_	List of repacking and quality control equipment and facilities
	FOR TOLL MANUFACTURER:
	o Duly notarized valid contract manufacturing agreement with the FDA-
	licensed HUHS Distributor or Trader
	List of products to be manufactured by the toll manufacturer
	FOR EXPORTER OF OWN FINISHED PRODUCTS/FINISHED BULK:
	 Duly notarized valid distribution agreement with the supplier in the
	country where the products are to be exported
	 List of products to be exported with notification/registration numbers and validity
C. FEES A	AND CHARGES (LTO valid for 1 year)
Proof of	f payment of fees as prescribed by the current FDA regulations
	WAL APPLICATIONS(can be filed at least 3 months before LTO expiry date) MATIC RENEWAL
	Completely accomplished and notarized Integrated Application Form (Refer to FDA Circular No. 2014-003) (for NCR and CHD IV-A)
	Duly notarized Affidavit of Undertaking for Automatic Renewal (except for NCR and CHD IV-A)
	Photocopy of the Financial statement notarized/received by the Bureau of Internal
	Revenue (BIR) or notarized certification of initial capital invested (for traders
	and manufacturers only)
	Original LTO (scanned copy only for NCR and CHD IV-A)
B. REGUI	LAR RENEWAL
	Completely accomplished and notarized Integrated Application Form (Refer to
	FDA Circular No. 2014-003) (only for NCR and CHD IV-A)
	Letter of request for the renewal of the LTO and the changes in the status of
	business since the last issuance of LTO (except NCR and CHD IV-A)

		Photocopy of the Financial statement notarized/received by the Bureau of Internal Revenue (BIR) or notarized certification of initial capital invested (only for traders and manufacturers) Original LTO (scanned copy only for NCR and CHD IV-A)
C.	SCHED	OULE OF FEES (LTO valid for 2 years)
	Proof of	payment of fees as prescribed by the current FDA regulations
III.	AMENI	DMENT/CHANGE OF CIRCUMSTANCES
A.		ON OF ACTIVITY AND SOURCE (IMPORTER, EXPORTER, WHOLESALER, MANUFACTURER, REPACKER)
		Completely accomplished Integrated Application Form (Refer to FDA Circular No. 2014-003) (only for NCR and CHD IV-A)
		Letter of intent stating the change/amendment applied for
		Original LTO (scanned copy only for NCR and CHD IV-A)
		Required document stated in I B (Specific Requirements)
В.	DELET	ION OF ACTIVITY AND SOURCE
		Completely accomplished Integrated Application Form (Refer to FDA Circular No. 2014-003) (for NCR and CHD IV-A)
		Letter of intent stating the change/amendment applied for
		Original LTO (scanned copy only for NCR and CHD IV-A)
		Proof of cancellation/deletion of supplier or notarized termination agreement
C.		E IN BUSINESS NAME AND ADDRESS OF SOURCE AND/OR FACTURER:
		Valid Foreign Agency Agreement (FAA) or any form of authorization from each source/supplier duly authenticated by the Territorial Philippine Consulate reflecting the new business name or address
		If the source/supplier has appointed another logistic/invoicing company, any of the following: O Valid Supply Agreement between the foreign source/supplier and manufacturer reflecting the new business name or address O Valid Tripartite Agreement duly authenticated by the Territorial Philippine
		Consulate reflecting the new name or address
		Proof of GMP compliance of manufacturer under the new business name or address

D.	ADDIT	ION/DELETION OF PRODUCT
		Completely accomplished Integrated Application Form (Refer to FDA Circular No. 2014-003) (for NCR and CHD IV-A)
		Letter of request
		Original LTO (scanned copy only for NCR and CHD IV-A)
		If distributor/wholesaler, amendment in the distribution agreement with the FDA-licensed supplier
		If distributor/importer, amendment in the Foreign Agency Agreement (FAA) or any form of authorization with the source/supplier duly authenticated by the Territorial Philippine Consulate
		If trader, amendment in the manufacturing agreement with the FDA-licensed manufacturer
		If manufacturer, letter of request for inspection
Ε.	CHANG	GE OF BUSINESS NAME
		Completely accomplished and notarized Integrated Application Form (Refer to FDA Circular No. 2014-003) (only for NCR and CHD IV-A)
		Letter of request
		Original LTO (scanned copy only for NCR and CHD IV-A)
		Notarized Accomplished Petition Form with 2 x 2 ID picture of
		Owner/Incorporator/Authorized Representative (except for NCR and CHD IV-A)
		Notarized Joint Affidavit of Undertaking with 2 x 2 ID picture of Authorized Person (except for NCR and CHD IV-A)
		Proof of Business Registration with amended business name
		Amended agreement with each source/supplier reflecting the new business name
F.	CHANG	GE OF OWNERSHIP/ MERGING/ BUY-OUT
		Completely accomplished Integrated Application Form (Refer to FDA Circular No. 2014-003) (for NCR and CHD IV-A)
		Letter of request
		Original LTO (scanned copy only for NCR and CHD IV-A)
		Deed of Sale or Transfer of Rights
		All the required documents applied for initial/opening application (for distributor only)
G.	TRANS	SFER OF OFFICE/WAREHOUSE ADDRESS (Distributor & Trader)
_,		Completely accomplished Integrated Application Form (Refer to FDA Circular
		No. 2014-003) (for NCR and CHD IV-A)
		Letter of request

		Original LTO (scanned copy only for NCR and CHD IV-A)
		Proof of business registration (DTI or SEC) reflecting the new address
		All required documents for proof of occupancy
Н.	TRANS	SFER OF MANUFACTURING SITE
		Completely accomplished Integrated Application Form (Refer to FDA Circular
		No. 2014-003) (for NCR and CHD IV-A)
		Letter of request for inspection
		Original LTO (scanned copy only for NCR and CHD IV-A)
		All the required documents applied for initial/opening application
I.	SCHED	OULE OF FEES
	Proof of	f payment of fees as prescribed by the current FDA regulations
IV.	OTHER	RS
A.	RE-ISS	UANCE OF LOST/DILAPIDATED LTO
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		Completely accomplished Integrated Application Form (Refer to FDA Circular No. 2014-003) (only for NCR and CHD IV-A) Letter of request Original LTO (scanned copy only for NCR and CHD IV-A) (if lost, submit an affidavit of loss) Proof of payment of fees as prescribed by the current FDA regulations
	CLOSU	Completely accomplished Integrated Application Form (Refer to FDA Circular No. 2014-003) (only for NCR and CHD IV-A) Letter of request Original LTO (scanned copy only for NCR and CHD IV-A) (if lost, submit an affidavit of loss) Proof of payment of fees as prescribed by the current FDA regulations URE OF BUSINESS ACTIVITY
	CLOSU	Completely accomplished Integrated Application Form (Refer to FDA Circular No. 2014-003) (only for NCR and CHD IV-A) Letter of request Original LTO (scanned copy only for NCR and CHD IV-A) (if lost, submit an affidavit of loss) Proof of payment of fees as prescribed by the current FDA regulations URE OF BUSINESS ACTIVITY Letter of request

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- 1. If activity only deals with manufacturing, trading and distribution of raw materials except for Household/Urban Pesticides, please refer to FDA Circular 2013-015 entitled "Deregulation of Bulk Industrial Chemicals Used as Raw Materials in Cosmetic Products and Household Products Considered as Urban Hazardous Substances"
- 2. For applicant establishments in NCR and CHD IV-A, all documentary requirements should be in electronic copies stored in a USB flash drive and submitted in FDA Main Office in Alabang, Muntinlupa City following the guidelines in FDA Circular 2014-003 (Link: http://www.fda.gov.ph/issuances-2/others-laws-and-regulations-not-applicable-to-the-abovecategories/others-fda-circular/145645-fda-circular-no-2014-003)

3. For applicant establishments in other regions, all documentary requirements should be filed in an orange folder with electronic copies saved in a DVD-R and submitted in respective FDA Regional Offices or CHDs in each region.