

Client Profile Registration System (CPRS)

EXPORTER PROFILE INFORMATION

(for Partnership and Corporation)

| DATA ITEM | INFORMATION |
|--|---------------------|
| Scanned Photo / <i>Mandatory</i> <i>(Please submit your logo in JPEG form)</i> | |
| Nature of Business / <i>Mandatory</i> <i>(Pls. refer to your BIR Certificate of Registration Form 2303)</i> | |
| Business Name / <i>Mandatory</i> | |
| Country of Citizenship / <i>Mandatory</i> | |
| Address | |
| Address / <i>Mandatory</i> | |
| City / <i>Mandatory</i> | |
| Zip Code / <i>Mandatory</i> | |
| Country / <i>Mandatory</i> | |
| Contact Information | |
| Phone / <i>Mandatory</i> | |
| Alternate Phone / <i>Optional</i> | |
| Mobile Phone / <i>Optional</i> | |
| Fax / <i>Optional</i> | |
| Email / <i>Mandatory</i> | |
| URL/Website / <i>Optional</i> | |
| Warehouse / Transit Shed Code / <i>Optional</i> | |
| Tax Identification Number / <i>Mandatory</i> <i>(Pls. refer to your BIR Certificate of Registration Form 2303)</i> | |
| Primary VASP CCN No. / <i>Mandatory</i> | VA0000000051 |
| Secondary VASP CCN No. / <i>Optional</i> | |
| PEZA-BOI Registration Number (if applicable)/CARR Code / <i>Optional</i> | |
| SEC Registration No. / <i>Mandatory</i> | |
| Amount of Authorized Capital Stock / <i>Mandatory</i> | |
| Amount of Paid Up Capital / <i>Mandatory</i> | |

This is to certify that all information in this page are true and correct.

Approved for CPRS registration by: _____

Signature over Printed Name of Authorized Company Officer





| Related domestic & foreign companies | |
|---|--|
| Related company 1 / <i>Optional</i> | |
| Related company 2 / <i>Optional</i> | |
| Related company 3 / <i>Optional</i> | |

| Primary Broker / Mandatory (Please check In-House or Licensed Broker) | |
|---|-----------------|
| <input type="checkbox"/> In House | |
| TIN (Default) | 111-111-111-111 |
| Code (Default) | BR0000722111 |
| <input type="checkbox"/> Primary Licensed Broker (Please attach Broker's Certificate of Registration) | |
| TIN/ Mandatory | |
| Code/ Mandatory | |

| Plant Addresses/ Mandatory to indicate at least one (1) Plant Address | |
|--|--|
| Address / Mandatory | |
| City / Mandatory | |
| Zip Code / Mandatory | |
| Country / Mandatory | |

| Major Stockholders/ Mandatory to indicate at least one (1) Major Stockholder | |
|---|--|
| First Name / Mandatory | |
| Middle Name / Mandatory | |
| Last Name / Mandatory | |
| Country of Citizenship / Mandatory | |
| TIN / Mandatory | |
| Photo / Mandatory (Please submit in JPEG Form) | |
| Signature / Mandatory (Original Signature) | |
| Address | |
| Address / Mandatory | |
| City / Mandatory | |
| Zip Code / Mandatory | |
| Country / Mandatory | |
| Phone / Mandatory | |
| Alternate Phone / <i>Optional</i> | |
| Mobile / <i>Optional</i> | |
| Fax / <i>Optional</i> | |
| Email / Mandatory | |

Note: You may photocopy this page for multiple information entry.

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Approved for CPRS registration by: _____

Signature over Printed Name of Authorized Company Officer



| Principal Officers/ <i>Mandatory to indicate at least one (1) Principal Officer</i> | |
|--|--|
| First Name / <i>Mandatory</i> | |
| Middle Name / <i>Mandatory</i> | |
| Last Name / <i>Mandatory</i> | |
| Position / <i>Mandatory</i> | |
| TIN / <i>Mandatory</i> | |
| Photo / <i>Mandatory (Please submit in JPEG Form)</i> | |
| Signature / <i>Mandatory (Original Signature)</i> | |
| Address | |
| Address / <i>Mandatory</i> | |
| City / <i>Mandatory</i> | |
| Zip Code / <i>Mandatory</i> | |
| Country / <i>Mandatory</i> | |
| Phone / <i>Mandatory</i> | |
| Alternate Phone / <i>Optional</i> | |
| Mobile / <i>Optional</i> | |
| Fax / <i>Optional</i> | |
| Email / <i>Mandatory</i> | |

| Responsible Officers/ <i>Mandatory to indicate at least one (1) Responsible Officer</i> | |
|--|--|
| First Name / <i>Mandatory</i> | |
| Middle Name / <i>Mandatory</i> | |
| Last Name / <i>Mandatory</i> | |
| Position / <i>Mandatory</i> | |
| TIN / <i>Mandatory</i> | |
| Area of Responsibility / <i>Mandatory</i> | |
| Photo / <i>Mandatory (Please submit in JPEG Form)</i> | |
| Signature / <i>Mandatory (Original Signature)</i> | |
| Address | |
| Address / <i>Mandatory</i> | |
| City / <i>Mandatory</i> | |
| Zip Code / <i>Mandatory</i> | |
| Country / <i>Mandatory</i> | |
| Phone / <i>Mandatory</i> | |
| Alternate Phone / <i>Optional</i> | |

| | |
|--------------------------|--|
| Mobile / <i>Optional</i> | |
| Fax / <i>Optional</i> | |
| Email / <i>Mandatory</i> | |

Note: You may photocopy this page for multiple information entry.
 This is to certify that all information in this page are true and correct.
 Approved for CPRS registration by: _____

Signature over Printed Name Authorized Company Officer



CPRS Exporter Profile Information

Company Name: _____

| | |
|--|--|
| Major Suppliers / Mandatory to indicate at least one (1) Major Supplier | |
| TIN / <i>Mandatory</i> | |
| Name / <i>Mandatory</i> | |
| Address | |
| Address / <i>Mandatory</i> | |
| City / <i>Mandatory</i> | |
| Zip Code / <i>Mandatory</i> | |
| Country / <i>Mandatory</i> | |
| Phone / <i>Mandatory</i> | |
| Alternate Phone / <i>Optional</i> | |
| Mobile / <i>Optional</i> | |
| Fax / <i>Optional</i> | |
| Email / <i>Mandatory</i> | |

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Signature over Printed Name of Authorized Company Officer





CLIENT PROFILE REGISTRATION SYSTEM (CPRS) INFORMATION

Please fill up all information. Do not leave any information blank. If not applicable, please indicate not applicable.

Company Name: _____

TIN Number : _____ Website: _____

Office Address: _____

Warehouse/Plant Address: _____

Product Lines/Services: _____

Export Products for CPRS: _____

With BOC AMO (Account Management Office) accreditation?

_____ Yes Imported Materials: _____ / _____ No

Export Performance for the Past Year (if none, pls. indicate "No Export")

Products Exported: _____

Countries of Destination: _____

Value (Pesos): _____

How many times per year: _____

Countries of Export: _____

For Corporations:

Authorized Capital Stock: _____ (based on General Information Sheet as of _____ year)

Paid-Up Capital Stock: _____ (based on General Information Sheet as of _____ year)

Total Assets: _____ (based on Audited Financial Statement as of _____ year)

For Sole Proprietorship's:

Owner's Equity: _____ (based on Audited Financial Statement as of _____ year)

Total Assets: _____ (based on Audited Financial Statement as of _____ year)

No. of Employees:

| | | |
|-------------|--------|-------|
| | Office | Plant |
| Regular | _____ | _____ |
| Contractual | _____ | _____ |

Organizations/Associated Membership: _____

Trade Fairs Participated (Local & International) : _____

Accomplished by CPRS Authorized Company Officer:

Name of Person: _____

Signature over printed Name

Position: _____

Contact No/s: _____ Date: _____

NOTES: * This form is to be filled up by Authorized Representative as per the submitted

Secretary's Certificate.

=====Only for Member(s) of PHILEXPORT Membership=====

Official Representative(s):

Contact Person 1: _____ Position : _____
Mobile No.: _____ Telephone No.: _____
Facebook/Messenger/Viber Account: _____
Email Address : _____

Alternate Representative(s):

Contact Person 2: _____ Position : _____
Mobile No.: _____ Telephone No.: _____
Facebook/Messenger/Viber Account: _____
Email Address : _____



DATA PRIVACY DISCLAIMER



DATA PRIVACY STATEMENT AND CONSENT FORM FOR THE CLIENT PROFILE REGISTRATION SYSTEM (CPRS) APPLICATION

I understand and agree that by my voluntary engagement of the services of PHILEXPORT, and by providing my personal information, I am giving consent to PHILEXPORT to collect, store, access, share and process my personal data, whether manually or electronically, which will be used for the purpose of Client Profile Registration System (CPRS) application.

I am aware of and understand my rights under the Data Privacy Act of 2012 and that while I have the right to object, it is still necessary for PHILEXPORT to collect, store, access, share and process my personal data for the purpose of CPRS application with the Bureau of Customs.

I am aware that no persons, other than the relevant PHILEXPORT employees, are authorized to access my personal data held in the database, and that all persons who need to access and process my information are required to maintain its confidentiality and compliance with privacy laws.

I also acknowledge and warrant that this waiver frees PHILEXPORT from any complaint, law suit, or damages in relation to this process.

I confirm that the contents of this consent form have been explained to me in terms that I understand and that I agree to the provisions stated above. My signature below signifies my voluntary consent to the above.

Name and signature of Authorized Representative

Company : _____
Position : _____
Date : _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, (CPRS Official Representative), exhibiting to me his/her Community Tax Certificate No. _____ issued on _____ at _____, Philippines.

NOTARY PUBLIC

Doc. No. _____

Page No. _____

Book No. _____

Series No. _____

