



**PORO POINT MANAGEMENT CORPORATION**

**PPFZ Application for  
Certificate of Accreditation or  
Permit to Operate**

Document No. : PPMC-CC-RS-03-F01

Revision : 6th

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Check (√) which of the following is applicable.

New  Renewal  Applicant  Representative

Proprietorship  Partnership  Corporation  Other \_\_\_\_\_

Please provide all data required on this form. Answers are to be legibly written. If the space provided is insufficient, please attach additional sheets as needed. All incomplete forms will not be processed.

**NAME:** \_\_\_\_\_  
*Surname First Name Middle Name*

**NAME OF BUSINESS:**

\_\_\_\_\_

Head Office

Address:

\_\_\_\_\_  
*No./Bldg. Street Barangay City/ Province Zip Code*

Year/s of Stay in the Premises: \_\_\_\_\_

Nature of Occupancy:  Owned  Leased  Shared  Other \_\_\_\_\_

Warehouse

Address:

\_\_\_\_\_

Year/s of Stay in the Premises: \_\_\_\_\_

Nature of Occupancy:  Owned  Leased  Shared  Other \_\_\_\_\_

Branch Office Address:

\_\_\_\_\_

Year/s of Stay in the Premises: \_\_\_\_\_

Nature of Occupancy:  Owned  Leased  Shared  Other \_\_\_\_\_

Mobile

Number/s: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Facsimile

Number/s: \_\_\_\_\_

Company TIN: \_\_\_\_\_

Previous PPFZ Accreditation/ Permit to Operate (PTO) No.: \_\_\_\_\_



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Documentary Requirements:

Mayor's/ Business Permit

DTI/ SEC / CDA Registration  
(No. \_\_\_\_\_)

BIR Registration

**PERSON MANAGING THE AFFAIRS OF THE FIRM:**

Name:

*Surname*

*First Name*

*Middle Name*

Principal

Address:

*No./Bldg.*

*Street*

*Barangay*

*City/ Province*

*Zip Code*

Nationality:

Mobile Number/s:

E-mail Address:

Facsimile

Number/s:

**OTHER INFORMATION:**

Nature of Business:

Main Line of Business: -

Secondary Line of Business:

Other Business Activities:

Interest in Other Business/ Enterprise (if any)

*Name of Firm*

*Nature of Interest*

*DTI/ SEC/CDA Registration No.*

I hereby certify under the oath that:

1. All information supplied in this application are true and correct to the best of my belief and knowledge;
2. All documents submitted to support this application are genuine and true; and,
3. Any false or misleading information supplied, or production of materially false or misleading document to support the application shall be a ground for the appropriate criminal, civil and/ or administrative action against time.



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\_\_\_\_\_  
Signature of Applicant/ Authorized Signatory

\_\_\_\_\_  
Position

\_\_\_\_\_  
Name of Applicant/ Authorized Signatory

**Received at PPMC CCA**

\_\_\_\_\_  
Signature over Printed Full Name

\_\_\_\_\_  
Date and Time