|  |  |  |
| --- | --- | --- |
|  | **PHILIPPINE COUNCIL FOR AGRICULTURE AND FISHERIES****Quality Form****ADVISORY SPECIAL BODIES (ASBs) MEMBERSHIP INFORMATION** | PCAF-WI06-QF01Version 2 |
|  |
| *Reference Number* |
| Date: | *3/24/2020 3:59 PM* |

|  |  |  |
| --- | --- | --- |
| **REGION/PROVINCE/CITY/MUNICIPALITY:**  |  |  |
| 1. | Name of Organization:  |  |
| 2. | Address of Organization: |  |
| 3. | Email/Fb of Organization: |  | Contact No.: |  | Years in Existence: |  |
| 4. | Name of Representative: |  | Designation: |  |
|  | Email of Representative: |  | Contact No.: |  | Years in Service: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Organization** | **Registration No.** | **Date of Registration** | **No. of Members/****Partner1** | **Value Chain Involvement2** |
| **SEC** | **DOLE** | **CDA** | **Others, Specify** |
| Cooperative1 |  |  |  |  |  |  |  |
| Association1 |  |  |  |  |  |  |  |
| Partnership |  |  |  |  |  |  |  |
| Single Proprietor |  |  |  |  |  |  |  |
| Others, specify |  |  |  |  |  |  |  |

1Please fill-up Annex 1

2Value Chain Player Type: 1 Raw Material Supplier, 2 Service Provider, 3 Producer, 4 Processor, 5 Trader/Distributor, 5.1 Wholesaler, 5.2 Retailer

| Official proof of business operations | Certified True Copy of Registration | List of Member Organizations (signed by Secretary/President) | Authorization Letter for the Representative | Remarks |
| --- | --- | --- | --- | --- |
| Date Submitted |  |  |  |  |

Checklist of Requirements Submitted (to be submitted to PCAF)

**ANNEX 3**

**A U T H O R I Z A T I O N**

Philippine Council for Agriculture and Fisheries

DA Compound, Elliptical Road, Diliman,

Quezon City

Please be informed that Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is authorized to

 (name of representative/designation)

provide relevant information and represent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (name of organization/business)

to the 2020 meetings/consultation/activities to be spearheaded/conducted by the PCAF and other concerned DA agencies and bureaus for the development of the agriculture and fisheries sector.

Issued this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name, signature and position of Person Authorized to*

*Issue the Authorization*

Conformed by: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Representative*

**ANNEX 1**

**List of Member Organizations of Cooperatives, Associations & Partnership**

Name of Mother Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Start of Membership to Mother Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Organization** | **Official Representative** | **Position** | **Total No. of Members** | **Value Chain Involvement2** | **Business Commodity3** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

3 1 Rice, 2 Corn, 3 Fishery (specify), 4 High Value (specify), 5 Livestock & Poultry (specify), 6 Mechanization (specify)

 **ANNEX 2**

**LIST OF OFFICERS AND MEMBERS**

**As of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Region/Province/Municipality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Position** | **Sex** | **Contact Number** | **Business Commodity** | **Value Chain Involvement** | **Area of Coverage (ha)** | **Volume of Production (kg)** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |

Submitted by:

President or Secretary of the Federation/Organization