

## PHILIPPINE COUNCIL FOR AGRICULTURE AND **FISHERIES Quality Form**

PCAF-WI06-QF	01
Version 3	

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Date:

Name of Organization:  Email Address:   Contact No.:   Years in Service:    Name of Representative:   Designation    Email Address:   Contact No.:   Years in Service:    Email Address:   Contact No.:   Years in Service:    Email Address:   Contact No.:   Years in Service:    Type of Organization   SEC/DOLE/CDA   Registration   Date of Registration   Number   Registration   Number   Partner¹    Federation¹	Application for (p □ NSC □ RAF( □ P/HU □ M/C,	: Z : J/ICC AFC :						
Email Address:  Name of Representative:  Email Address:  Contact No.:  Pears in Service:  Designation  Email Address:  Contact No.:  Years in Service:  Type of Organization  SEC/DOLE/CDA  Registration Number  Registration  Date of Registration Registration  Commodity Rembers/Partner¹  No. of Members/Partner¹  Registration  Comperative¹  Cooperative¹  Association¹  Partnership Single Proprietor Others (Pls. specify)  Please fill-up Annex 1  Value Chain Involvement²  Association¹  Association¹  Association¹  Commodity  Association¹  Association¹  Association¹  Association¹  Partnership  Single Proprietor  Others (Pls. specify)  Please fill-up Annex 1  Value Chain Involvement²  Association¹  Authorization Letter for the Representative  Astociation Secondary  Association²  Authorization Letter for the Representative	Name of Organiz	zation:						
Name of Representative:  Email Address:  Contact No.:  Years in Service:  Type of Organization  SEC/DOLE/CDA  Registration Number  Registration Pathorial  Cooperative¹  Association¹  Partnership  Single Proprietor Others (Pls. specify) Please fill-up Annex 1 Value 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  Contact No.:  Years in Service:  No. of Members/ Partner¹  No. of Members/ Partne	Address of Organ	nization:						
Email Address:    Contact No.:   Years in Service:	Email Address:			Contact	No.:		Years in Servi	ice:
Type of Organization SEC/DOLE/CDA Registration Number Registration Reg	Name of Represe	entative:		Ja			Designation	
SEC/DOLE/CDA   Registration   Date of Registration   Commodity   Members   Partner   Value Chain Involvement	Email Address:			Contact	No.:		Years in Servi	ce:
Cooperative¹  Association¹  Partnership  Single Proprietor Others (Pls. specify)  Please fill-up Annex 1 Value 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  Certified True Copy Secretary/President)  Authorization Letter for the Representative  Remarks		SEC/DOLE/CDA				Commodity	Members/	
Association¹  Partnership  Single Proprietor Others (Pls. specify)  Please fill-up Annex 1 Value 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  Certified True Copy Secretary/President)  Authorization Letter for the Representative  Remarks	Federation <sup>1</sup>							
Partnership  Single Proprietor Others (Pls. specify)  Please fill-up Annex 1 Value 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  Certified True Copy Secretary/President  Authorization Letter for the Representative  Remarks	Cooperative <sup>1</sup>		1 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Single Proprietor Others (Pls. specify)  Please fill-up Annex 1  Value 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  Certified True Copy Secretary/President  Authorization Letter for the Representative  Remarks	Association <sup>1</sup>							
Proprietor     Others       (Pls. specify)     (Pls. specify)       Please fill-up Annex 1       Value Chain Player Type: <ul> <li>1 Raw Material Supplier, 2 Service Provider, 3 Producer, 4 Processor, 5 Trader/Distributor, 5.1 Wholesaler, 5.2 Retailer</li> </ul> Official proof of business operations     Certified True Copy of Registration     List of Member Organizations (signed by Secretary/President)     Authorization Letter for the Representative     Remarks	Partnership							
Please fill-up Annex 1   Value Chain Player Type:   1 Raw Material Supplier, 2 Service Provider, 3 Producer, 4 Processor, 5 Trader/Distributor, 5.1 Wholesaler, 5.2 Retailer	Proprietor							
business of Registration Organizations (signed by Secretary/President)  Authorization Letter for the Remarks	(Pls. specify) Please fill-up Annex Value Chain Player	Гуре:	vider, 3 Producer, 4 Pro	ocessor, 5 Tr	rader/Distri	butor, 5.1 Wholesa	ıler, 5.2 Retailer	<u> </u>
Date Submitted	business		Organizations (si	Organizations (signed by Authori			e R	demarks
Checklist of Requirements Submitted (to be submitted to PCAF)								





## PHILIPPINE COUNCIL FOR AGRICULTURE AND FISHERIES

**Quality Form** 

PCAF-WI06-QF01 Version 3

ANNEX 1

For Federation Only

LIST OF MEMBER ORGANIZATIONS, COOPERATIVES, ASSOCIATIONS AND PARTNERSHIPS

Reference Number

(Name of Mother Organization)	
(Name of Mounter organization)	

Name of Organization:	Name of Representative	Position	Total No. of Members	Business Commodity <sup>2</sup>	Value Chain Involvement <sup>3</sup>
1.					
2.					
3.					
4.					
5.					
6.					
7.					

<sup>&</sup>lt;sup>2</sup> 1 Rice, 2 Corn, 3 Fishery (specify), 4 High Value (specify), 5 Livestock & Poultry (specify), 6 Mechanization (specify) <sup>3</sup> 1 Raw Material Supplier, 2 Service Provider, 3 Producer, 4 Processor, 5 Trader/Distributor

Submitted by:	
Name and Signature of Representative	





## PHILIPPINE COUNCIL FOR AGRICULTURE AND FISHERIES

**Quality Form** 

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ANNEX 2 LIST OF OFFICERS AND MEMBERS

Reference Number

	(Name of Orgo	anization)	

Name	Position	Sex	Contact Number	Business Commodity <sup>2</sup>	Value Chain Involvement <sup>3</sup>	Area of Coverage (ha)	Volume of Production (kg)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

<sup>&</sup>lt;sup>2</sup> 1 Rice, 2 Corn, 3 Fishery (specify), 4 High Value (specify), 5 Livestock & Poultry (specify), 6 Mechanization (specify) <sup>3</sup> 1 Raw Material Supplier, 2 Service Provider, 3 Producer, 4 Processor, 5 Trader/Distributor

submi	ttea	by:				
Name	and	Signature	of Rej	presen	ıtative	- e





## PHILIPPINE COUNCIL FOR AGRICULTURE AND

FISHER	RIES
<b>Quality I</b>	Form

ANNEX 3	
AUTHORIZATIO	N

PC	AF-WI06-QF01	
	Version 3	
Reference Number		
Date:		

DA Compound, Elliptical Road, Diliman, Quezon City
To whom it may concern:
Please be informed that Mr./Ms is authorized to is authorized to (Name of Representative/Designation)
, , , , , , , , , , , , , , , , , , , ,
provide relevant information and represent
to attend meetings/consultation/activities to be spearheaded/conducted by the Council,
PCAF and other concerned DA agencies and bureaus for the development of the agriculture and fisheries sector.
Issued this day of, 20
Name, signature and position of Person Authorized to Issue the Authorization
Conformed by:
Signature of Representative

