

## EXPORT COMMODITY CLEARANCE

(Accomplish in 4 copies)					
Exporter/Shipper (Name, Address, Telephone No.):			Date of Filing:	Export Commodity Cleara	ince No.
				ECC-L-	
TINI					
TIN: License No.:			NEW		
				This cancels ECC No	
L-E- 24-				dated	
Consignee (Name, Address, Telephone No.):			Customs Broker: (Name, Address, Telephone No.)		
Verent/Air Corrier			Approximate Date of Loading:		
Vessel/ Air Carrier:			Approximate Date of Loading:		
Port(s) of Loading:			Country of Destination:		
Description of Commodity		Quantity	Unit of	Net Weight	FOB Value
Class/ Grade		Quantity	Measure	Kg.	(US \$)
			Republic of the Philippines		
I hereby certify that the information supplied			NATIONAL TOBACCO ADMINISTRATION AGENCY		
herein are true and correct of my own knowledge and belief.			AGENOT		
				(Da	ate of Issuance)
Printed Name and Signature of Exporter/ Authorized Representative			This is to certify that the goods declared above have been found to conform with the regulations of this office.		
Designation: AUTHORIZED REPRESENTATIVE					
			Atty. ROHBERT A. AMBROS BELINDA S. SANCHEZ   Department Manager III Administrator and CEO		
OFFICIAL RECEIPT					
Number	DEFICIAL RECEIPT	Amount Paid	Valid within Nin	ety (90) days from da	te of issuance.
-			Remarks:		
			Not valid if altered and/or contains		
erasures/obliterations.					