



EXPORT COMMODITY CLEARANCE

(Accomplish in 4 copies)

Exporter/Shipper (Name, Address, Telephone No.): TIN:		Date of Filing:	Export Commodity Clearance No. <h1 style="text-align: center; margin: 0;">ECC-P-</h1>			
License No.: <h1 style="margin: 0;">P-E- 24-</h1>		<input type="checkbox"/> NEW <input type="checkbox"/> RE-APPLICATION: This cancels ECC No. _____ dated _____				
Consignee (Name, Address, Telephone No.):		Customs Broker: (Name, Address, Telephone No.)				
Vessel/ Air Carrier:		Approximate Date of Loading:				
Port(s) of Loading:		Country of Destination:				
Description of Commodity Class/ Grade	Quantity	Unit of Measure	Net Weight Kg.	FOB Value (US \$)		
I hereby certify that the information supplied herein are true and correct of my own knowledge and belief. Printed Name and Signature of Exporter/ Authorized Representative Designation: <u>AUTHORIZED REPRESENTATIVE</u>		Republic of the Philippines <u>NATIONAL TOBACCO ADMINISTRATION</u> AGENCY _____ (Date of Issuance) This is to certify that the goods declared above have been found to conform with the regulations of this office. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <u>Atty. ROBERT A. AMBROS</u> Department Manager III Regulation Department </td> <td style="width: 50%; border: none;"> <u>BELINDA S. SANCHEZ</u> Administrator and CEO </td> </tr> </table>			<u>Atty. ROBERT A. AMBROS</u> Department Manager III Regulation Department	<u>BELINDA S. SANCHEZ</u> Administrator and CEO
<u>Atty. ROBERT A. AMBROS</u> Department Manager III Regulation Department	<u>BELINDA S. SANCHEZ</u> Administrator and CEO					
OFFICIAL RECEIPT						
Number	Date	Amount Paid	Valid within Ninety (90) days from date of issuance.			
			Remarks: Not valid if altered and/or contains erasures/obliterations.			