

IMPORT COMMODITY CLEARANCE

Importer/Consignee (Name, Address, Telephone No.):			Date of Filing:	Import Commodity Clearance No.				
			Jan 1 J					
				ICC-L-				
TIN: License No.:			NEW					
			RE-APPLICATION: This cancels ICC No.					
L-I- 24-			dated					
Shipper (Name, Address, Telephone No.):			Customs Broker: (Name, Address, Telephone No.)					
			Bill of Lading/Airway Bill No.					
Vessel/ Air Carrier:			Approximate Date of Arrival:					
Port(s) of Discharge:			Country of Origin:					
Description of Commodity			Unit of Net Weight FOB Value					
Class/ Grade		Quantity	Measure	Kg.	(US \$)			
I			Republic of the Philippines					
I hereby certify that the information supplied			NATIONAL TOBACCO ADMINISTRATION					
herein are true and correct of my own knowledge and belief.			AGENCY					
				(Da	te of Issuance)			
Printed Name and Signature of Importer/			This is to certify that the goods declared above have					
Authorized Representative			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 Regulation Department					
						OFFICIAL RECEIPT		
			Number	Date	Amount Paid			
			Remarks: Not valid if a	altered and/or contains				
			Not valid if altered and/or contains erasures/obliterations.					