

## IMPORT COMMODITY CLEARANCE

(Accomplish in 4 co					
Importer/Consignee (Name, Address, Telephone No.):			Date of Filing:	Import Commodity Clearance No.	
TIN:					
License No.:			NEW		
			RE-APPLICATION: This cancels ICC No.		
P-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		Quantity	Unit of	Net Weight	FOB Value
Class/ Grade		Quantity	Measure	Kg.	(US \$)
				epublic of the Philippine	
I hereby certify that the information supplied herein are true and correct of my own knowledge and belief.			NATIONAL TOBACCO ADMINISTRATION AGENCY		
				(Da	te of Issuance)
Printed Name and Signature of Importer/ 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. AMBROSBELINDA S. SANCHEZDepartment Manager IIIAdministrator and CEORegulation DepartmentAdministrator and CEO		
OFFICIAL RECEIPT			Valid within Ninety (90) days from date of issuance.		
Number	Date	Amount Paid			
			Remarks: Not valid if altered and/or contains erasures/obliterations.		