



**REQUEST FOR REAPPLICATION**

\_\_\_\_\_  
Date

The Manager  
Regulation Department  
National Tobacco Administration  
Scout Reyes Street cor. Panay Avenue Quezon City

Dear Sir/Madam,

In compliance with the requirements of your Agency, may we request for the reapplication of the following ICC/ECC/TCC due to changes in details, to wit:

		FROM			TO		
ICC/ECC/ TCC NO.	DATE ISSUED	QUANTITY	NET WEIGHT	VALUE	QUANTITY	NET WEIGHT	VALUE

Enclosed are the original and duplicate copy/ies of the approved commodity clearance.

This is to certify that the subject issued ICC/ECC/TCC has not been utilized and any misrepresentation herein provided shall be subject to appropriate administrative penalties without prejudice to the filing of appropriate criminal offense.

We look forward to your favorable consideration on this matter.

Thank you.

\_\_\_\_\_  
Name & Signature of Authorized Representative

\_\_\_\_\_  
(Name of Company)

**(To be filled-out by Regulation Department)**

Cancelled Commodity Clearance No. : \_\_\_\_\_  
 Official Receipt No. : \_\_\_\_\_  
 Date Issued : \_\_\_\_\_  
 Monitoring Fee : \_\_\_\_\_  
 Inspection Fee : \_\_\_\_\_  
 Total Amount to be applied : \_\_\_\_\_  
 Additional Amount due to be paid  
 for this re-application : \_\_\_\_\_

Approved  
 Disapproved: \_\_\_\_\_  
 \_\_\_\_\_  
 (reason for disapproval)

By :

\_\_\_\_\_  
Signature over printed name  
Regulation Department Authorized Officer

