



**NATIONAL AGRICULTURAL AND FISHERIES MACHINERY ASSEMBLERS, MANUFACTURERS,
 IMPORTERS, DISTRIBUTORS AND DEALERS ACCREDITATION AND CLASSIFICATION
 (NAMDAC) BOARD**

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APPLICATION FORM

A. GENERAL INFORMATION

APPLICATION NO.: <small>(TO BE FILLED OUT BY THE PROCESSING OFFICER)</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DATE OF APPLICATION	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			DAY MONTH YEAR
ACCREDITATION NO.: <small>(TO BE FILLED OUT BY THE PROCESSING OFFICER)</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TYPE OF APPLICATION:	<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL
NAME OF ENTITY: <i>(AS PER SEC/CDA/DTI REGISTRATION)</i>			
MAIN OFFICE ADDRESS:			
TEL. NO.:	E-MAIL ADDRESS:	WEBSITE (IF ANY)	
IF RENEWAL, PREVIOUS ACCREDITATION NO.:		DATE OF EXPIRATION:	
SCOPE OF OPERATION (CHECK ONLY ONE): <input type="checkbox"/> REGIONAL <input type="checkbox"/> PROVINCIAL <input type="checkbox"/> NATIONAL			
TYPE OF ENTERPRISE/S APPLYING FOR (CHECK THE BOX/ES APPLICABLE, CAN BE MORE THAN ONE):			
<input type="checkbox"/> ASSEMBLER	<input type="checkbox"/> MANUFACTURER	<input type="checkbox"/> IMPORTER	<input type="checkbox"/> DISTRIBUTOR <input type="checkbox"/> DEALER
TYPE OF OWNERSHIP (PLS. CHECK):			
<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP/COOPERATIVE	<input type="checkbox"/> CORPORATION	
AUTHORIZED COMPANY REPRESENTATIVE:			
A) NAME :	B) DESIGNATION:	C) AUTHORITY TO SIGN & TRANSACT (PLEASE ATTACH)	
D) SSS NO.:	E) TIN:		
F) PHILHEALTH NO.:	G) PAG-IBIG NO.:		
SEC/BUSINESS NAME REGISTRATION NO.:			
REGISTRATION DATE:	EXPIRATION DATE:		



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B. PRODUCT DATA SHEET

PRODUCT	DATE/YEAR INTRODUCED (in the country)	BRAND	MODEL	COUNTRY OF ORIGIN*	IS THE PRODUCT AMTEC TESTED? (Yes/No)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

(Please use additional sheet if necessary)

**For 'Country of Origin'- country where the product is manufactured*

C. LIST OF DEALERS / BRANCHES (if applicable)

COMPANY	AREA OF OPERATION (NATIONAL/ REGIONAL/ PROVINCE)	OFFICE ADDRESS	CONTACT. NO./EMAIL ADDRESS	DTI/SEC. REG. NO.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

(Please use additional sheet if necessary)



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D. LIST OF TOOLS FOR SERVICING

	Name of Tools	Year of Purchase
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

(Please use additional sheet if necessary)

E. LIST OF FACILITIES AND OFFICE EQUIPMENT

	Name of Office Equipment, and Company Facilities	Owned or Leased? (Please Check)		Year of Purchase/Lease
		Owned	Leased	
1				
2				
3				
4				
5				
6				
7				
8				
9				
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11				
12				
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17				
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19				
20				

(Please use additional sheet if necessary)



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F. LIST OF TESTING/MANUFACTURING EQUIPMENT

	Name of Equipment / Tool	Owned or Leased? (Please Check)		Year of Purchase/Lease
		Owned	Leased	
1				
2				
3				
4				
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(Please use additional sheet if necessary)

G. LIST OF COMPANY VEHICLES

	Name of Vehicle	Owned or Leased? (Please Check)		Year of Purchase/Lease
		Owned	Leased	
1				
2				
3				
4				
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(Please use additional sheet if necessary)



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H. DECLARATION OF AFTER-SALES SERVICE

Parameters	
1. Warranty (Check one box only)	<input type="checkbox"/> Parts and Services with warranty from the distributor/manufacturer <input type="checkbox"/> Parts, Services and full in-house warranty
2. Availability of Mechanics and vehicle (check one box only)	<input type="checkbox"/> Availability of field mechanic/s with vehicle <input type="checkbox"/> Availability of both in-house(store) and field mechanic/s with vehicle
3. Response Time for services (including travel time)	___ hours

Sworn Declaration: *I declare under the penalties of perjury, that this application and all its attached documentary requirements has been made in good faith, verified by me and to the best of my knowledge and belief, is true and correct. Further, I give my consent to the processing of information as contemplated under the "Data Privacy Act of 2012 (R.A. 10173) for legitimate and lawful purposes.*

**SIGNATURE OVER PRINTED NAME OF APPLICANT
OR AUTHORIZED REPRESENTATIVE**



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DOCUMENTARY REQUIREMENTS

The listed documents shall be submitted in completion of the NAMDAC Accreditation application.

	DOCUMENTS	ACCEPTED			REMARKS
		Y	N	N/A	
1.	Duly Accomplished NAMDAC Form 01 A. General Information B. Product Data Sheet -Complete list of products assembled, manufactured, imported, distributed and/or retailed with complete information C. List of Dealers/Branches (if applicable) D. List of Tools for Servicing -Complete list of tools/equipment owned and used to perform after-sales services/repairs/installation E. List of Facilities (eg. warehouse, stockroom, office computers, printers, etc.) F. List of Testing/Manufacturing Equipment (for assembler and manufacturer) G. List of Vehicles H. Declaration of After Sales Service I. Documentary Requirements Checklist (<i>accomplished by the applicant</i>) J. Notarized Acknowledgement Form K. Omnibus Sworn Statement				
2	Pictures of the ff.: office/s, facilities, vehicles (cover plate no.), tools and equipment as declared in the NAMDAC Form 1				
3	NAMDAC Form 02- Company Profile <ul style="list-style-type: none"> ● Brief Company Description ● Company Owner and Officers 				
4	Certified Photocopy of Certificate of Registration issued by SEC/CDA/DTI				
5	Articles of Incorporation/Partnership (if applicable)				
6	Authority to sign and transact <ul style="list-style-type: none"> ● Corporation (a Board Resolution) ● Single Proprietorship (SPA) 				
7	Certificate of distributorship/dealership from the suppliers (for distributor and dealer)				
8	Certified Photocopy of Latest Audited Financial Statement (AFS) <ul style="list-style-type: none"> ● Properly received by BIR 				
9	NAMDAC Form 07- Breakdown of sales of agricultural and fisheries machinery and equipment (same year of the submitted Latest Audited Financial Statement) <ul style="list-style-type: none"> ● attach proof of sales (DR/ORs/Sales invoices) 				
10	Certified Photocopy of Income Tax Return (ITR) <ul style="list-style-type: none"> ● For the last 3 years ● Properly received by BIR 				
11	Certified Photocopy of Certificate of Acceptance <ul style="list-style-type: none"> ● completed agricultural and fisheries contracts with private and/or government entities for the last 3 years 				
12	NAMDAC Form 3- Personal Data Sheet of all technicians/technical personnel <ul style="list-style-type: none"> ● Complete details including SSS, PHILHEALTH, PAGIBIG, TIN, thumb mark and signature 				
13	NAMDAC Form 04- List of employees				



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	<ul style="list-style-type: none"> Complete details including college courses if applicable, skills, and contact nos. Certified by the Company Secretary/HRD 			
14	Agricultural and Biosystems Engineer Employee or Consultant <ul style="list-style-type: none"> Shall engage services of at least one (1) Agricultural and Biosystems Engineer Scanned copy of Valid PRC ID Proof of consultancy/employment Accomplished NAMDAC Form 3 			
15	Certified Photocopy of Current Year Business Permit			
16	If applying as Importer: <ul style="list-style-type: none"> NAMDAC Form 8- Volume of Importation Certificate of Registration and Accreditation from the Bureau of Customs 			

(Final validation of this form shall be done by the Secretariat of the NAMDAC Board.)

Note: This form is only for the purpose of application for the NAMDAC Certificate of Accreditation (CoA). Any illegal use of this document will be penalized accordingly.



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ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)

_____)S.S

BEFORE ME, a Notary Public for and in the above jurisdiction, this day of _____, 20____, personally appeared Mr./Ms. _____ of _____
 (Name of Company Representative) (Name of company)

Affiant exhibiting to me his/her _____ bearing
 (Type of identification i.e. Passport, Driver's License, SSS)

No. _____ issued on _____, 20____ and expiring
 on _____, 20____.

Known to me and by me known to be the same person who executed the foregoing application for accreditation consisting of _____ pages where the acknowledgement is hereto attached.

WITNESS MY HAND AND NOTARIAL SEAL on the date and at the place first above written.

Doc. No. _____
 Page No. _____
 Book No. _____
 Series of _____



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OMNIBUS SWORN STATEMENT

REPUBLIC OF THE PHILIPPINES)
_____) S.S

AFFIDAVIT

I, *[Name of Affiant]*, of legal age, *[Civil Status]*, *[Nationality]*, and residing at *[Address of Affiant]*, after having been duly sworn in accordance with law, do hereby depose and state that:

1. Select one, delete the other:

If a sole proprietorship: I am the sole proprietor or authorized representative of *[Name of Entity]*, with office address at *[Address of main office]*;

If a partnership, corporation, cooperative: I am the duly authorized and designated representative of *[Name of Entity]* with office address at *[Address of main office]*;

- [Name of Entity]* has no recurring violations in any court of law regarding machinery distribution and manufacturing;
- [Name of Entity]* is not currently "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units (LGUs), foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board (GPPB);
- [Name of Entity]* has no unsettled complaint/s filed with Department of Agriculture (DA) offices- Regional Field Offices (RFOs), Bureaus, attached Agencies and Corporations;
- [Name of Entity]* is not currently suspended by any DA offices;
- Each of the documents submitted is in satisfaction and compliance with the requirements of the National Agricultural and Fisheries Machinery Assemblers, Manufacturers, Importers, Distributors and Dealers Accreditation and Classification (NAMDAC);
- Each document is an authentic copy of the original, complete and all statements and information provided therein are true and correct;

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8. I assume responsibility and full accountability on the validity and authenticity of the documents submitted;

IN WITNESS WHEREOF, I have hereunto set my hand this __ day of __, 20__ at _____, Philippines.

Affiant

SUBSCRIBE AND SWORN to before me this __ day of _____, 20__ at _____, Philippines. Affiant exhibited to me his/her Identification Card with number _____ bearing his photograph and genuine signature as competent proof of identity.

Witness my hand and seal this __ day of _____, 20__.

Doc. No. ____;
Page No. ____;
Book No. ____;
Series of ____