

*(To be filled up by the NELP-GCP Secretariat)*

Project No.:	Receipt No.:	
Product Category No.:	Date Received:	Received by:

## APPLICATION FOR LICENSE TO USE THE GREEN CHOICE PHILIPPINES LOGO

(Please read the attached Terms and Conditions before accomplishing this form. This form and all supporting documents must be submitted in TRIPLICATE to the Green Choice Secretariat.)

**Confidential when completed**

Date: \_\_\_\_\_

APPLICANT'S PROFILE			
Applicant (Company name)			
Address of Head Office			
Telephone No.			Fax No.
Representative	Name: Position / Designation: E-mail Address:		
Type of Company	<input type="radio"/> Manufacturer <input type="radio"/> Importer <input type="radio"/> Distributor <input type="radio"/> Trader	Industry Classification: <input type="radio"/> PhP 15M & below <input type="radio"/> PhP 15M to 100M <input type="radio"/> PhP 100M & above	Number of Employees:
Address of Manufacturing Plant			
Contact Person	Name: Position / Designation: Telephone No.:                      Fax No.: E-mail Address:		
PRODUCT INFORMATION			
Applicable Green Choice Product Category No.			
Brand Name			
Type / Use	Model No. (if applicable)		
Brief description of the product			
Expected Annual Sales			
Date of Commencement of Sales (month/year)			

### ADDITIONAL INFORMATION

<p>Type of Application</p> <p><input type="radio"/> New Application</p> <p><input type="radio"/> Renewal Date of Issuance of Previous Certification _____</p> <p><input type="radio"/> Re-Application Date of Submission of Previous Application _____</p>	<p>Please indicate if your product is certified with any other kind of seal of recognition (e.g., PS Mark, Blue Angel, etc.)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p style="text-align: center;">Please attach a copy of Certification or License of the abovementioned Seals.</p>
<p>Do you have an environment management system?</p> <p><input type="radio"/> Yes Type: _____ (Please attach a copy of Certification)</p> <p><input type="radio"/> None</p>	<p>Is there any material that has been provided or will be provided that is classified as commercially restricted?</p> <p><input type="radio"/> Yes Identified as Supplement Sheet No. _____</p> <p><input type="radio"/> None</p>

Volume of Production during the previous year

### ATTACHMENTS

The following are the documents submitted verifying the product's compliance with applicable laws or regulations stipulated in the certification criteria.

In the event the license is granted, we hereby agree to abide by all Terms and Conditions thereof and all the rules and regulations, including amendments thereto, prescribed for its use.

\_\_\_\_\_  
Print Name and Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,  
affiant exhibiting to me his/her Community Tax Certificate No. \_\_\_\_\_  
issued at \_\_\_\_\_ on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Doc. No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of \_\_\_\_\_