

APPLICATION FORM FOR EXPORT PERMIT



Office of the President of the Philippines
OPTICAL MEDIA BOARD
 No. 35 Scout Limbaga Street, Bgy. Laging Handa, Quezon City
 Tel. No. 374-1393 * Fax No. 374-0237 * www.omb.gov.ph

PLEASE ACCOMPLISH ALL NECESSARY INFORMATION.

APPLICATION FOR EXPORT CLEARANCE		
DATE OF APPLICATION	BUSINESS NAME	CONTACT NO.
APPLICATION NO.	BUSINESS ADDRESS	
OMB LICENSE NO.	APPLICANT / REPRESENTATIVE	POSITION
DATE/TIME OF SHIPMENT	SHIPPING COMPANY / FORWARDER	CONTACT NO.
AWB / BL	BUSINESS ADDRESS	POINT OF ORIGIN
EXPORT SPECIFICATIONS: <input type="checkbox"/> OPTICAL MEDIA <input type="checkbox"/> REPLICATING / MANUFACTURING EQUIPMENT <input type="checkbox"/> PERIPHERALS / ACCESSORIES / RAW MATERIALS <input type="checkbox"/> OTHERS (PLS. ATTACHED LIST)		CONSIGNEE ADDRESS OF CONSIGNEE / DESTINATION CONTACT NO.

OPTICAL MEDIA INFORMATION

TITLE	CONTENT TYPE <input type="checkbox"/> FILM <input type="checkbox"/> MUSIC <input type="checkbox"/> SOFTWARES <input type="radio"/> GAMES / APPLICATIONS <input type="radio"/> BUSINESS	FORMAT <input type="checkbox"/> BOOKS ON DISCS <input type="checkbox"/> BLANK DISCS <input type="checkbox"/> OTHERS	QUANTITY _____ _____
ARTIST/MAIN CAST/s	DIRECTOR	PRODUCER	

REPLICATING / MANUFACTURING EQUIPMENT INFORMATION

(Use Additional Sheet If Necessary)

BRAND/TYPE	MODEL	SERIAL NO.	QUANTITY	SID CODE

PERIPHERALS & ACCESSORIES (i.e. Stampers, Moulds, etc.) / RAW MATERIALS INFORMATION

(Use Additional Sheet If Necessary)

QUANTITY	UNIT	DESCRIPTION	MANUFACTURER	MOLD/STAMPER/SID/LBR #

SWORN UNDERTAKING

- 1) I hereby accept the authority of OMB Agents/Representatives to inspect shipment as stated in compliance with R.A. 9239 and its implementing rules and regulations;
- 2) that the copy of AWB / BL as submitted is true and correct;
- 3) that it is clearly understood that failure and/or refusal to comply with this undertaking by me and/or my representative/s shall be a ground for revocation of my license; and
- 4) I hereby certify to the correctness of the information given in connection with this application under pain of perjury.

 PRINTED NAME & SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____. Affiant having exhibited to me his/her Community Tax Certificate No. _____ issued at _____ on _____.

DOC. NO.
 PAGE NO.
 BOOK NO.
 SERIES OF 20

 Administering Officer / Notary Public

OMB FORM NO. 6 / 09.06.05 / D.Mendoza