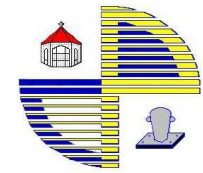


CEBU PORT AUTHORITY

CIP Complex, Serging Osmeña Boulevard, North Reclamation Area, Cebu City

Telephone: 232-1461 to 63 loc 33 • 232-1967

Fax No.: 232-3083



APPLICATION FOR ANNUAL CPA ID

Serial No.: _____

COMPANY:		ADDRESS:			Contact no./s			CPA USE ONLY				
EMPLOYEES <small>(last, first)</small>	POSITION	HOME ADDR	DATE OF BIRH	AGE	SEX	CONTACT NO./S	REMARKS	DOM	ISPS CY	ISPS DC	PORT	ARRST
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12.												
13.												
14.												
15.												

NOTE: For Applicants of Intermittent Id's, pls indicate the Quantity of Id's applied in the box:

INTERMITTENT

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THIS IS TO CERTIFY that the above information is true and correct. I understand that any misdeclared information would be sufficient ground for the imposition of a fine of ₱ 500.00 (for first offense), ₱ 1,000.00 (for second offense) and/or revocation of said privilege.

ASSESSMENT

PARTICULARS		TOTAL AMT
IDENTIFICATION FEE	QTY	
67.20		

APPROVED BY:

Applicant's Signature over Printed Name
(Proprietor/Manager/Ceo/etc.)

Chief, Access Control Section

1-PSSEMD

2-Cashier

3-Payee

*All Costs are subject to 12% VAT inclusive.