



**BPS PRODUCT CERTIFICATION BODY**

SD-SCD-QF72a: Account Registration Form for ICC/SOC Applicants (PCIMS)  
**Effectivity Date:** 15 November 2021  
**Revision No.** 01

**PRODUCT CERTIFICATION INFORMATION MANAGEMENT SYSTEM (PCIMS)  
 ACCOUNT REGISTRATION FORM FOR ICC/SOC APPLICANTS**

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

The BUREAU DIRECTOR:

In accordance with Section 6 of Republic Act 4109 and in conjunction with Letter of Instruction No.1208, DAO 5:2008, Relevant DAO, their Implementing Rules and Regulations (IRR), and their future amendments, we hereby apply to be a registered user of the Product Certification Information Management System (PCIMS) under the BPS Mandatory Product Certification Schemes:

**APPLICANT'S DETAILS** *(The details to be supplied herein shall be those from the importer.)*

Name of Applicant Firm					
Contact Person					
	<i>Personal Title/Prefix</i>	<i>Given Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>Suffix</i>

*Note: The Contact Person shall pertain to the overall in-charge of the operations of the applicant firm e.g. Owner, President, CEO, Chairman, General Manager)*

Designation	E-mail Address						
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Classification <i>(e.g. Senior Citizen, PWD, Indigenous Person)</i>						
Civil Status	Social Media/Website						
Office Address							
	<i>Bldg. No./Bldg. Name</i>	<i>Street</i>	<i>Brgy.</i>	<i>City/Municipality</i>	<i>Province</i>	<i>Region</i>	<i>Zip Code</i>
Form of Ownership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Others _____						
Asset Size <i>(in PhP)</i>	Industry Classification						
Product Line/ Services	Total Number of Employees						
Name of the Authorized PCIMS Account Holder							
	<i>Personal Title/Prefix</i>	<i>Given Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>Suffix</i>		

*Note: This shall pertain to the person duly authorized by the applicant firm to handle/manage its PCIMS account.*

Designation	PCIMS User Name
E-mail Address <i>(for PCIMS Account)</i>	Telephone Number
Mobile Number	Fax Number

Name of Broker							
	<i>Personal Title/Prefix</i>	<i>Given Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>Suffix</i>		
Address of Broker							
	<i>Bldg. No./Bldg. Name</i>	<i>Street</i>	<i>Brgy.</i>	<i>City/Municipality</i>	<i>Province</i>	<i>Region</i>	<i>Zip Code</i>
Telephone Number of Broker							

**WAREHOUSE DETAILS** *(Please use separate sheet for multiple warehouses)*

Warehouse Address 1							
	<i>Bldg. No./Bldg. Name</i>	<i>Street</i>	<i>Brgy.</i>	<i>City/Municipality</i>	<i>Province</i>	<i>Region</i>	<i>Zip Code</i>
Warehouse 1 Telephone Number							
Warehouse Address 2							
	<i>Bldg. No./Bldg. Name</i>	<i>Street</i>	<i>Brgy.</i>	<i>City/Municipality</i>	<i>Province</i>	<i>Region</i>	<i>Zip Code</i>
Warehouse 2 Telephone Number							

<p>It is hereby certified that the information supplied herein by the undersigned is true and correct.</p> <p style="text-align: center;">_____          Printed Name and Signature of Importer/          Authorized Representative of Importer</p> <p>Subscribed and sworn to before me this ____ day of _____ 20__.          Affiant exhibiting to me his Residence Certificate No. _____ issued on _____ at _____.</p> <p>Doc. No. : _____          Page No. : _____          Book No. : _____          Series of : _____</p> <p style="text-align: center;">NOTARY PUBLIC</p>	Attachments:
	NOTE: All attachments must be certified true copy (Put <input checked="" type="checkbox"/> if attached).
	<input type="checkbox"/> DTI Business Registration Certificate / SEC Registration Certificate and Articles of Incorporation <input type="checkbox"/> Special Power of Attorney / Board Resolution /Secretary's Certificate and Articles of Incorporation <input type="checkbox"/> Latest Audited Financial Statement
	<b>FOR DTI-BPS USE ONLY</b>
	Application Received and Checked by:  _____ Product Certification Officer
	_____ Date & Time

## **TERMS AND CONDITIONS ON THE USE OF PCIMS**

1. To ensure security of the PCIMS, only one (1) account per organization shall be allowed.
2. It shall be understood that the security of the PCIMS account, particularly the log-in details, is the responsibility of the organization.
3. All transactions to be made by the organization using its PCIMS account in connection with the BPS Product Certification Schemes shall be construed as true and correct.
4. In the performance of the organizations' obligations, they shall ensure the privacy and security of any and all confidential, privileged, personal and/or sensitive personal information that the organizations' party, officers, employees, or agents may have access to; and shall store, use, dispose, and otherwise process the said confidential, privileged, personal and/or sensitive personal information in accordance with the E-Commerce Act (RA 8792) and Data Privacy Act of 2012 (RA 10173).