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|---|--|
| Enterprise Name | |
| Site Address | |
| Postal Address (if different from above) | |
| Business License Number | |
| Business Registration Certificate Number | |
| Crop Produced for which HFAS Certification is Sought | |
| Area of Crop Production | |
| Crop Produced for which HFAS Certification is Sought | |
| Area of Crop Production | |
| Crop Produced for which HFAS Certification is Sought | |
| Area of Crop Production | |

| | |
|-------------------------|--|
| Person in Charge | |
| Designation | |
| Telephone | |
| Email | |
| Mobile | |
| Fax | |

| | |
|--|---|
| Declaration | I/We declare that all particulars and information stated in this form is true and correct. |
| Name and Signature of Owner/s/Date Signed | |
| Name and Signature of Owner/s/Date Signed | |

Please attach copies of the following documents:

- **Business License**
- **Business Registration Certificate**
- **Copies of Miscellaneous Licenses/Documents Pertinent to the Application (if any)**