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CUSTOMS AT ITS FINEST



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CONTROL CODE: BOC-CL-POC-CCC-0001

CHECKLIST FORM

☐ WAREHOUSING	☐ FORMAL	☐ INFORMAL
☐ Checklist Form ☐ Portal Ticket ☐ Notarized SAD ☐ Temporary Assessment Notice ☐ Notarized SDV ☐ Airway Bill/ Bill of Lading ☐ Invoice/Packing list ☐ Admission Permit by (CDC) ☐ Regulatory Agency Permit ☐ Import Permit (If Applicable) ☐ Photocopy of valid I.D. with signature	☐ Checklist Form ☐ Portal Ticket ☐ Notarized SAD ☐ Temporary Assessment Notice ☐ Notarized SDV ☐ Invoice/Packing list ☐ Copy of previous Importation for Registered Locator (If Applicable) ☐ Airway Bill ☐ Application of PBO (CDC) (If Applicable) ☐ Import Permit/ Clearance (If Regulated or Restricted) ☐ Original C.O. (If Applicable) ☐ Photocopy of valid I.D. with signature	☐ Checklist Form ☐ Portal Ticket ☐ Notarized Informal Entry ☐ Gate Pass (If Applicable) ☐ Invoice/Packing list ☐ Application of PBO (CDC) ☐ Truck Weighing Scale (If Applicable) ☐ Non-Hazardous Permit (CDC) (If Applicable) ☐ Airway Bill ☐ Import Permit/ Clearance (If Regulated or Restricted) ☐ Photocopy of valid I.D. with signature ☐ PEZA Form No. 8106 (If Applicable)



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DOCUMENT PROCESSING TIME FORM

CONTROL CODE: BOC-CL-POC-CCC-0002

FORMAL ENTRY / INFORMAL ENTRY
ENTRY NO. _____

CONSIGNEE: _____
BROKER/REPRESENTATIVE: _____

Person/OIC	Time Received/ Started	Time Released/ Finished	Name & Signature	Remarks
Entry Processing Unit Receiving/Releasing Clerk/Document Processor				
Chief Assessment Division				
COO III (Examiner)				
PRU Officer (if with C.O.)				
COO V (Appraiser)				
Liquidation and Billing Division				
For Filing				



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CHECKLIST

CONTROL CODE: BOC-SAR-POC-22-0003

POSTING OF CASH BOND (FOR BRING OUT FOR SUB- CON AND REPAIR)

- ___ Letter of Request to post Cash Bond address to DISTRICT COLLECTOR THRU: THE DEPUTY COLLECTOR FOR ASSESSMENT.
- ___ Copy of Previous Importation Documents/ Bring in Documents
- ___ Copy of Invoice/Packing List
- ___ Copy of draft Permit to Bring Out issued by CDC
- ___ Computation of Duties and Taxes for posting Cash Bond
- ___ Payment of post bond Managers Check/Cash (if Managers check payable to Bureau of Customs)
- ___ Picture/Image of the goods applied for bring out



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CHECKLIST

CONTROL CODE: BOC-SAR-POC-22-0004

REFUND OF CASH BOND (FOR BRING IN OF SUB- CON AND REPAIR)

- ___ Letter of Request to Refund Cash Bond address to DISTRICT COLLECTOR THRU: THE DEPUTY COLLECTOR FOR ASSESSMENT.
- ___ Copy of Approved letter of request to post Cash Bond
- ___ Copy of Permit to Bring in/Bring out Issued by CDC and with proof of inspected by CDC and BOC with printed name over signature
- ___ Original BOC Official Receipt issued by BOC Cashier
- ___ Picture/Image of the goods returned within the zone to be bring in.



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CHECKLIST

CONTROL CODE: BOC-CL-POC-22-0006

CHECKLIST FORM CANCELLATION OF SINGLE ADMINISTRATIVE DOCUMENTS

- ☐ Cancellation Request
- ☐ Copy of Goods Declaration
- ☐ (Cancellation Form) Annex A
- ☐ Copy of Invoice and Packing list
- ☐ Copy of Master Airway-Bill
- ☐ Copy of Certificate of Registration as Importer
- ☐ Duly Notarized Authorization letter
- ☐ Copy of Valid Identification Card



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CHECKLIST

CONTROL CODE: BOC-CL-POC-22-0006

CHECKLIST FORM CANCELLATION OF SINGLE ADMINISTRATIVE DOCUMENTS

- ☐ Cancellation Request
- ☐ Copy of Goods Declaration
- ☐ (Cancellation Form) Annex A
- ☐ Copy of Invoice and Packing list
- ☐ Copy of Master Airway-Bill
- ☐ Copy of Certificate of Registration as Importer
- ☐ Duly Notarized Authorization letter
- ☐ Copy of Valid Identification Card



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CONTROL CODE: BOC-CL-POC-CCC-0007

Annex A
E2M SINGLE ADMINISTRATIVE DOCUMENT (SAD) CANCELLATION

Date:

Customs Reference:	
Customs Broker:	
Consignee:	
Registry No.	
House B/L No.:	
Master B/L No.:	

Data for Correction	From	To	Reason for Correction
Customs Office Code			
Mode of Declaration	CONSUMPTION	TRANSHIPMENT	CLERICAL ERROR
Importer TIN			
Declarant TIN			
Registry No.			
B/L No.			
Number of Package			
Warehouse			
Data in Attached Document Page			
Data in the Terms of Payment Page			
Others:			

ROMMEL O. BORRES
Examiner

BENJAMIN T. PEREZ JR.
Examiner

NESTOR D. ALTAREJOS
Examiner

JAIRUS S. REYES
District Collector, Port of Clark



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**BOND FILING & PROCESSING FORM
GTSB / E-ZTS**

Control No. _____

PRINCIPAL		ADDRESS	CCPS TICKET NO.																					
KIND OF BOND	SURETY COMPANY	BOND NO.	AMOUNT																					
☐ GTSB ☐ E-ZTS GTSB																								
CHECKLIST:		DATE FILED	EXPIRY DATE																					
<table border="0"><tr><td>☐</td><td>1</td><td>Original and Duplicate Copy of GTSB</td></tr><tr><td>☐</td><td>2</td><td>Official Receipt (OR) or CTC OR</td></tr><tr><td>☐</td><td>3</td><td>Computation / Notarized Affidavit of Statement of No Shipment</td></tr><tr><td>☐</td><td>4</td><td>Affidavit of Undertaking (if any)</td></tr><tr><td>☐</td><td>5</td><td>Active PEZA / CDC / Freeport Registration</td></tr><tr><td>☐</td><td>6</td><td>PEZA Letter of Authority, if PEZA</td></tr><tr><td>☐</td><td>7</td><td>Other documents on the derived computation</td></tr></table> <i>Note: Kindly organize the documents per checklist.</i>		☐	1	Original and Duplicate Copy of GTSB	☐	2	Official Receipt (OR) or CTC OR	☐	3	Computation / Notarized Affidavit of Statement of No Shipment	☐	4	Affidavit of Undertaking (if any)	☐	5	Active PEZA / CDC / Freeport Registration	☐	6	PEZA Letter of Authority, if PEZA	☐	7	Other documents on the derived computation		
☐	1	Original and Duplicate Copy of GTSB																						
☐	2	Official Receipt (OR) or CTC OR																						
☐	3	Computation / Notarized Affidavit of Statement of No Shipment																						
☐	4	Affidavit of Undertaking (if any)																						
☐	5	Active PEZA / CDC / Freeport Registration																						
☐	6	PEZA Letter of Authority, if PEZA																						
☐	7	Other documents on the derived computation																						

FILED BY:

Authorized Representative

CHECKED BY:	REMARKS
<u>CHRIS DAVID S. DEMARO</u> Bond Examiner / Asst. Chief	
<u>DAVID HART C. VILLARTA</u> Chief, Bond Division	

CONTROL CODE: BOC-CL-POC-CCC-0008



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Bond Filing & Processing Form
PEZA/CDC SURETY BOND

Control No. _____

PRINCIPAL		ADDRESS	CCPS TICKET NO.
KIND OF BOND	SURETY COMPANY	BOND NO.	AMOUNT
SURETY BOND			
CHECKLIST:		DATE FILED	EXPIRY DATE
☐ 1 Original and Duplicate Copy of Surety Bond ☐ 2 Official Receipt (OR) or CTC OR ☐ 3 Computation with Proof of Entries / Notarized Affidavit of Statement of No Shipment ☐ 4 Affidavit of Undertaking (if any) ☐ 5 Active PEZA / CDC / Freeport Registration ☐ 6 PEZA Letter of Authority, if PEZA ☐ 7 Invoice/Packing List/Previous Import Documents (PBI/PBO)			

Note: Kindly organize the documents per checklist.

FILED BY:

Authorized Representative

CHECKED BY:	REMARKS
CHRIS DAVID S. DEMARO Bond Examiner / Asst. Chief	
DAVID HART C. VILLARTA Chief, Bond Division	

CONTROL CODE: BOC-CL-POC-CCC-0009



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Bond Filing & Processing Form
TAX-EXEMPT AIRCRAFT / VEHICLE

Control No. _____

PRINCIPAL		ADDRESS	CCPS TICKET NO.
KIND OF BOND	SURETY COMPANY	BOND NO.	AMOUNT
TEA / TEV			
CHECKLIST:		DATE FILED	EXPIRY DATE
☐ 1 Original and Duplicate Copy of Surety Bond ☐ 2 Official Receipt (OR) or CTC OR ☐ 3 Computation of Duties and Taxes ☐ 4 Affidavit of Undertaking (if any) ☐ 5 Invoice/Packing List/Previous Import Documents <i>Note: Kindly organize the documents per checklist.</i>			

FILED BY:

Authorized Representative

CHECKED BY:	REMARKS
CHRIS DAVID S. DEMARO Bond Examiner / Asst. Chief	
DAVID HART C. VILLARTA Chief, Bond Division	

CONTROL CODE: BOC-CL-POC-CCC-0010



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REQUEST FOR AMENDMENT OF INWARD FOREIGN MANIFEST

Date : _____
AWB/BL No. : _____
Flight/Registry No. : _____
Quantity / Weight : _____
Consignee : _____
Address : _____
Authorized Representative : _____
Contact Number : _____

Amendment of:

☐ Consignee's Name	☐ Quantity of Goods*
☐ Consignee's Address	☐ Description of Goods*
☐ Weight*	☐ Others: _____
☐ Nature Code AWB*	

**Note: Requires spot-check inspection that the subject waybill is found to be in order.*

Checklist of Documents:

☐ Notarized Letter Request dated _____	☐ Duly Notarized Affidavit of Change of Information/Ownership/Undertaking
☐ Invoice No.: _____	☐ Copy of Valid Gov't & Company ID: _____
☐ Packing List No.: _____	☐ OR# for payment of Doc. Stamp/Penalty: _____
☐ BOC-AMO COR No.: _____	☐ Others: _____
☐ Duly notarized Affidavit of Disclaimer	

CLEARANCE

Per our records, the subject shipment is not covered by an alert/hold order, decree of abandonment, or warrant of seizure and detention, has not been disposed by the Bureau, and to confirm its inactive status / tagged "abandoned" in the e2m system on the subject shipment.

☐ Store/Validated on Time
☐ Late Manifest

S/P CAPT. RANDY C. UGAY
District Commander, ESS

RAYMOND R. RENIVA
Site Manager, MISTG

NORMA D. NUCUP
Field Station Chief, CIIS

ATTY. DANILO G. BALLENA, JR.
Chief, Law Division

Recommending the approval of the above-mentioned request:

ATTY. LILIBETH S. SANDAG
Deputy Collector for Operations

Approved:

JAIRUS S. REYES
District Collector, Port of Clark

CONTROL CODE: BOC-CL-POC-CCC-0011





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REQUEST FOR AMENDMENT OF INWARD FOREIGN MANIFEST

____ Consignee's name
____ Consignee's address
____ Weight
____ Nature Code AWB
____ Quantity of goods
____ Description of goods
____ Others

Date

HAWB No.

Consignee: _____
Address: _____
Authorized Representative: _____
Contact Number: _____

Documentary Requirements:

- Notarized Letter Request dated _____
- Certificate of No Alert Order, No WSD, No Auction Proceedings _____
- Certification of good Intact from the Warehouseman _____
- Invoice number _____
- Packing List number: _____
- BOC – Certificate of Registration for AMO
Registered: _____
- Duly notarized Affidavit of Disclaimer _____
- Duly notarized Affidavit of Ownership/Undertaking _____
- Copy of Valid ID Government issued and Company ID's with signature: _____
- Others: _____

DOCUMENT PROCESSING TRACKER

DATE AND TIME	PRINTED NAME OVER SIGNATURE	INSTRUCTION / REMARKS

CONTROL CODE: BOC-CL-POC-CCC-0011



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CONTROL CODE: BOC-CL-POC-CCC-0012

DUMMY REQUEST

Date : _____
Consignee : _____
Address : _____
Contact Number : _____
Email Address : _____
Documentary Attachments
Date of Letter Request : _____
Invoice Number : _____
Packing List Number : _____
Previous Importation Documents : _____
 BOC SAD : _____
 Admission Permit (Permit to Bring-In) : _____
AWB/BL No. : _____
Others : _____

DOCUMENT PROCESSING TRACKER

DATE AND TIME	SIGNATURE OVER PRINTED NAME	INSTRUCTION/ REMARKS
	CCC	
	ASSESSMENT DIVISION	
	DEPUTY COLLECTOR FOR OPERATIONS	



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REQUEST FOR UNTAGGING OF ABANDONMENT

Date : _____
AWB/BL No. : _____
Flight/Registry No. : _____
Quantity / Weight : _____
Consignee : _____
Address : _____
Authorized Representative : _____
Contact Number : _____

Checklist of Documents:

☐ Notarized Letter Request dated _____	☐ For Sole Proprietorship: Special Power of Attorney & DTI Certificate of Registration
☐ Invoice No.: _____	☐ For Corporation: Secretary Certificate & General Information Sheet (GIS)
☐ Packing List No.: _____	☐ Copy of the Valid ID of the Corporate Secretary and authorized representative
☐ Bill of Lading No.: _____	☐ OR# for payment of Doc. Stamp/Penalty: _____
☐ Duly Notarized Affidavit of Undertaking	☐ Others: _____

Untagging / Lifting of Abandonment due to:

☐ Failure to File	☐ Failure to Claim
☐ Failure to Pay	☐ Others: _____

CLEARANCE

Per our records, the subject shipment is not covered by an alert/hold order, decree of abandonment, or warrant of seizure and detention, has not been disposed by the Bureau, and to confirm its inactive status / tagged "abandoned" in the e2m system on the subject shipment.

S/P CAPT. RANDY C. UGAY
District Commander, ESS

RAYMOND R. RENIVA
Site Manager, MISTG

NORMA D. NUCUP
Field Station Chief, CIIS

JOSEPH L. GALANG
Chief, Auction and Cargo Disposal Division

ATTY. DANILO G. BALLENA, JR.
Chief, Law Division

Recommending the approval of the above-mentioned request:

ATTY. LILIBETH S. SANDAG
Deputy Collector for Operations

Approved:

JAIRUS S. REYES
District Collector, Port of Clark

CONTROL CODE: BOC-CL-POC-CCC-0013





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REQUEST FOR UNTAGGING OF ABANDONMENT

Date : _____
HAWB No. _____

Consignee : _____
Address : _____
Contact Number: _____

Documentary Requirements:

- Notarized Letter Request dated _____
- Certificate of No Alert Order, No WSD, No Decree of Abandonment and has Inactive Status _____
- Certification from the Warehouseman _____
- Affidavit of Undertaking (notarized) _____
- Copy of ID's Presented with signature:
 - Company ID: _____
 - Government ID: _____
- Invoice _____
- Packing List: _____
- BOC – Certificate of Registration _____
- Manifest _____
- Copy of Computation of Estimated D/T and Other Payables. _____
- Permit to Import _____
- Clearances (OMB, FDA etc.) _____
- Payment for Docket/Stamp (CAO-13-2020) OR No. _____
- Payment for Penalty (CAO-13-2020) OR No. _____

INDORSEMENT

DATE AND TIME	NAME	INSTRUCTION / REMARKS

CONTROL CODE: BOC-CL-POC-CCC-0013



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REQUEST FOR EXPORTATION

Date: _____

ED No.: _____

Exporter Address: _____

- ☐ Return to Shipper
- ☐ For Repair
- ☐ Ordinary/ Regular
- ☐ Others

Consignee : _____

Address/ Country : _____

Description of Goods for Export : _____

Contact Person : _____

Company : _____

Contact Number : _____

Total Invoice Value : _____

Documentary Requirements:

- ☐ Letter Request dated : _____
- ☐ Invoice No. : _____
- ☐ Packing List No. : _____
- ☐ Importation / Source Documents
- ☐ BOC Import Entry No. : _____
- ☐ CDC Admission Permit No.L _____

DOCUMENT PROCESSING TRACKER

DATE AND TIME	SIGNATURE OVER PRINTED NAME	INSTRUCTION / REMARKS

CONTROL CODE: BOC-CL-POC-CCC-0014



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