

HOW TO FILL-OUT THE FFEDIS ENROLLMENT FORM



Farmers and Fisherfolk Enterprise Development Information System (FFEDIS) AGRI-FISHERIES ENTERPRISE ENROLLMENT FORM

FORM A

Registration No.: _____

DATA PRIVACY POLICY

The collection of personal information is for documentation, planning, reporting and processing purposes in availing agri-fishery enterprise related interventions of the Department of Agriculture. Processed data shall only be shared to partner agencies for planning, reporting and other use in accordance to the mandate of the agency. Further, the Registrant agrees to the post of his/her enterprise's marketing information in social media for market matching, creation and printing of directory and for sharing of information to prospective buyers and sellers. This is in compliance with the Data Sharing Policy of the Department. You have the right to ask for a copy of your personal data that we hold about you as well as to ask for it to be corrected if you think it is wrong. To do so please contact the DA-AMAS Office at email address: da.ffedis@da.gov.ph.

GENERAL INFORMATION

Registered Enterprise Name		Name of Contact Person :	
Business Address		Designation/ Position :	
If production, farm site/location		Business Email Address :	
Name of Head of Enterprise :		Business Tel. Nos.:	
Designation/ Position :		Mobile Nos. :	
Business Email Address :			
Business Tel. Nos.:			
Mobile Nos. :			

ITEM	INSTRUCTIONS/DEFINITION
Registered/Business Name	Indicate your registered name based on your Certificate of Registration and Business Permit.
Registration Number	This refers to the registration number issued to you upon enrollment.
Business Address	Indicate address of the main office of the enterprise.
Farm Site/Location	If the enterprise is engaged in production of agri-fishery commodities/products, please indicate the complete farm address of the enterprise.
Name of the Head of the Enterprise and Contact Person	Indicate the complete name of the head of enterprise and the contact person. Head of Enterprise refers to the owner (if sole proprietor), Chairman or General Manager (if cooperative/association) and CEO/President (if corporation). Contact person is any authorized representative of the enterprise to provide information and enter into transaction
Designation/Position	Indicate the head of the enterprise and contact person's position titles, respectively.
Business E-mail Address	Indicate the official e-mail address of the head of the enterprise and contact person, respectively. This should be functioning and working.
Business Telephone Nos.	Indicate the official telephone number/s of the head of the enterprise. This should be functional.
Mobile Nos.	Indicate the cellphone number/s of the head of the enterprise and contact person. This should be functional and accessible.
Name of the Contact Person	Indicate the name of the contact person of the enterprise.

Type of Business Entity	Assets	Membership (if cooperative/association)
<input type="checkbox"/> Single proprietor <input type="checkbox"/> Individual Farmer RSBSA Registered? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate RSBSA No: _____ <input type="checkbox"/> Cooperative <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Government Organization (NGO)	<input type="checkbox"/> Micro-scale (Up to ₱ 3,000,000) <input type="checkbox"/> Small-scale (₱ 3,000,001- ₱ 15,000,000) <input type="checkbox"/> Medium-scale (₱ 15,000,001- ₱ 100,000,000) <input type="checkbox"/> Large-scale (₱ 100,000,001 and above) Membership in any industry association: 1. _____ 2. _____	Total No. of members: _____ Farmers (no.) _____ Fishers(no.): _____ Others: _____ No.: _____ If corporation, % ownership Filipino: _____ % Foreign: _____ %

Type of Business Entity	Tick the box applicable to the enterprise.
Assets	Tick the box applicable to the enterprise.
Membership in any industry association	Enumerate the name of industry associations that the enterprise is a member of.
Membership	If the enterprise is cooperative or association, kindly indicate the total number of members, farmers and fisherfolk.
Percentage of Ownership	For Corporation, Indicate percentage of ownership.

Nature of Business (please click appropriate boxes)	Primary business	Secondary business	Customers/ target market of primary business (please click appropriate boxes)
<input type="checkbox"/> Production <input type="checkbox"/> Processing <input type="checkbox"/> Trading/Wholesaling <input type="checkbox"/> Retailing <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transport/Logistics <input type="checkbox"/> Warehousing <input type="checkbox"/> Services <input type="checkbox"/> Others: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> End Consumer <input type="checkbox"/> Trader. Specify type: _____ <input type="checkbox"/> Retailer <input type="checkbox"/> Institutional buyer (specify type.): _____ <input type="checkbox"/> International-based buyers (please specify country) _____ <input type="checkbox"/> Others (please specify): _____

Nature of Business	Tick applicable nature of business of the enterprise and specify whether it is a primary or secondary business. Primary business is the major activity of the enterprise that generates its income. Secondary business refers to all other activities done by the enterprise aside from its primary business.
Customers/target market of primary business	Identify the clients, customers and/or buyers of the primary business of the enterprise. Tick all applicable boxes. If Others, specify the particular type of clients/ customers/ buyers.

Agriculture and Fishery Commodities/Products (Please check appropriate boxes)	
Commodity Group	Products (please specify)
<input type="checkbox"/> Cereals	<input type="checkbox"/> Rice <input type="checkbox"/> Corn (food) <input type="checkbox"/> Corn (feed) <input type="checkbox"/> Cassava <input type="checkbox"/> Others, specify: _____
<input type="checkbox"/> Lowland vegetables	<input type="checkbox"/> Eggplant <input type="checkbox"/> Tomato <input type="checkbox"/> Squash <input type="checkbox"/> Sitaw <input type="checkbox"/> Others, specify: _____
<input type="checkbox"/> Upland vegetables	<input type="checkbox"/> Potato <input type="checkbox"/> Cabbage <input type="checkbox"/> Carrots <input type="checkbox"/> Pechay baguio <input type="checkbox"/> Others, specify: _____
<input type="checkbox"/> Fruits and Nuts	<input type="checkbox"/> Mango <input type="checkbox"/> Banana, specify: _____ <input type="checkbox"/> Watermelon <input type="checkbox"/> Papaya <input type="checkbox"/> Others, specify: _____
<input type="checkbox"/> Spices	<input type="checkbox"/> Garlic <input type="checkbox"/> Onion, specify: _____ <input type="checkbox"/> Ginger <input type="checkbox"/> Sili, specify: _____ <input type="checkbox"/> Others, specify: _____
<input type="checkbox"/> Root crops	<input type="checkbox"/> Sweet potato <input type="checkbox"/> Yam <input type="checkbox"/> Gabi <input type="checkbox"/> Others, specify: _____
<input type="checkbox"/> Poultry Products	<input type="checkbox"/> Chicken (live) <input type="checkbox"/> Dressed chicken <input type="checkbox"/> Chicken eggs <input type="checkbox"/> Salted Eggs <input type="checkbox"/> Quail Eggs <input type="checkbox"/> Others, specify: _____
<input type="checkbox"/> Livestock Products	<input type="checkbox"/> Live Animals, specify: _____ <input type="checkbox"/> Pork <input type="checkbox"/> Beef <input type="checkbox"/> Processed meat, specify: _____
<input type="checkbox"/> Fisheries and Aquaculture	<input type="checkbox"/> Bangus <input type="checkbox"/> Tilapia <input type="checkbox"/> Galunggong <input type="checkbox"/> Dried fish <input type="checkbox"/> Others, specify: _____
<input type="checkbox"/> Industrial Crops and Products	<input type="checkbox"/> Cacao <input type="checkbox"/> Coffee <input type="checkbox"/> Rubber <input type="checkbox"/> Others, specify: _____
<input type="checkbox"/> Others:	<input type="checkbox"/> Coconut products, specify: _____ <input type="checkbox"/> Sugar <input type="checkbox"/> Others, specify: _____

Agriculture and Fishery Commodities/Products	Tick applicable commodities/products supplied/required by the enterprise under each applicable commodity group. If Others, specify the particular agri-fishery products.
--	--

Business Registration/Permits (Please check applicable boxes and attach scanned copy/ photocopy of these)

Permits	Registration No.	Date issued (mm/dd/yyyy)	Valid Until (mm/dd/yyyy)	Place Issued
Legal Entity				
<input type="checkbox"/> SEC <input type="checkbox"/> DOLE				
<input type="checkbox"/> CDA <input type="checkbox"/> DTI				
<input type="checkbox"/> Mayor's/Business Permit				
Other certifications/licenses (e.g. BAI, NMIS, PCA, SRA, FDA, LTO, GAP, GMP, Organic, Halal, HACCP, etc.)				

Business Registrations/Permits

Tick applicable boxes. If applicable, specify registration number, date of issuance, validity and place of issuance. Indicate as many certifications/permits that the enterprise has. Write N/A if the information being asked is not applicable.

I hereby declare that all information indicated above are true and correct, and that they may be used by Department of Agriculture for the purposes of registration to the Farmers and Fisherfolk Enterprise Development Information System (FFEDIS) and other legitimate interests of the Department pursuant to its mandates.

AFFIANT- Authorized Representative	Signature		THUMBMARK
	Name		
	Position/ Designation		
Date Executed (mm/dd/yyyy)			
Place Executed			

FARMERS AND FISHERFOLK ENTERPRISE DEVELOPMENT INFORMATION SYSTEM (FFEDIS) REGISTRY OF AGRI-FISHERY ENTERPRISES

ENROLLMENT STUB (CLIENT'S COPY)

Registration No.: _____ Enterprise Name: _____

Enrollment Received/Encoded by: _____ Position/Designation: _____ Office: _____ Date (mm/dd/yy): _____

(signature over Printed Name)

THIS FORM IS NOT FOR SALE