

INFORMATION SHEET

for Consolidated Shipment of "Balikbayan Boxes"



THE REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF CUSTOMS

MBL/MAWB Number: _____ *To be filled out by the Consolidator*
Tracking Number: _____

INSTRUCTIONS: You must check one type of availment only. You may only avail of the Balikbayan Box Privilege, if you are a Qualified Filipino While Abroad.	TYPE OF AVAILMENT <input type="checkbox"/> Balikbayan Box Privilege <input type="checkbox"/> 1st Time <input type="checkbox"/> 2nd Time <input type="checkbox"/> 3rd Time	TYPE OF SENDER <input type="checkbox"/> Qualified Filipino Abroad <input type="checkbox"/> OFW <input type="checkbox"/> Non-Qualified Filipino Abroad <input type="checkbox"/> Individual <input type="checkbox"/> Resident Filipino <input type="checkbox"/> Sole prop. <input type="checkbox"/> Non-Resident Filipino <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership
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A. SENDER INFORMATION			
Business Name (Only for sole prop., Partnership, Corporation)			
Family name*	Given name*	Middle name*	Suffix*
Contact number/s:*		Email address, if any:	
Philippine Passport Number: (For QFAs Only)*		Date Issued (mm/dd/yyyy): (For QFAs Only)*	
Expiry Date (mm/dd/yyyy): (For QFAs Only)*		Place Issued: (For QFAs Only)*	
Complete Current Address Abroad:*		Complete Address in the Philippines:*	
Total Value of all Contents of each Balikbayan box for this shipment (in Philippine Peson):*			

WARNING: Offenses that may result to the forfeiture of the goods, including the imposition of the penalties and criminal prosecution of the offender:
 1. Sending of PROHIBITED or RESTRICTED GOODS;
 2. Sending of REGULATED GOODS in excess of the allowable limits without the necessary import permit;
 3. Making of any false or misleading statements to a Customs Officer.

B. PHILIPPINE-BASED RECIPIENT			
Business Name (Only for sole prop., Partnership, Corporation)			
Family name*	Given name*	Middle name*	Suffix*
Contact number/s:*		Email address, if any:	
Complete Philippine address:*			
Relationship to Sender (by affinity or consanguinity): (Check one (1) box only)			
<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling
<input type="checkbox"/> Sibling of Grandparent	<input type="checkbox"/> Grand Niece/Nephew	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Great Grandchild
<input type="checkbox"/> Sibling of Parent	<input type="checkbox"/> 1st Cousin	<input type="checkbox"/> Niece/Nephew	<input type="checkbox"/> Grandparent
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Great Grandparent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Grandparent

C. ITEMIZED DESCRIPTION OF GOODS*					Box ___ of ___	
(Please declare separately new and old goods. Use additional sheets if necessary and each additional sheet should be signed by the						
Quantity	Unit of Measure	Goods Description	Please mark ✓		Actual or Estimated Value (Philippine Peso)	
			New	Used		
TOTAL VALUE					Php	

Declaration

I declare, under the penalties of falsification, that this Information Sheet has been made in good faith and to the best of my knowledge and belief, is true and pursuant to the provisions of the Customs Modernization and Tariff Act of the Philippines and its implementing rules and regulations.

Sender Signature over Printed Name
 Date Accomplished: ___/___/___
 mm dd yyyy