

REFERRAL

[Referral No.]

FOR : **[Name of Head of Association]**
[Position, Name of Association]
Tel. No. ____ / Fax No. ____
Email: _____

FROM : **[Name of Investment Promotion Agency (IPA)]**
[Address of IPA]
Tel. No. ____ / Fax No. ____

DATE : _____

SUBJECT : **APPLICATION FOR IMPORTATION**

This refers to the request of **(Name of Registered Business Enterprise)** for [IPA] CERTIFICATE OF AUTHORITY TO IMPORT of the items cited hereunder:

QUANTITY	COMMODITY / DESCRIPTION
-	-
	(Add rows, if necessary)

Pursuant to DOF-DTI Joint Memorandum Circular No. ____ providing Guidelines in the issuance of the Certificate of Authority to Import (CAI) under Part II, Rule 2, Section 4(B)(3) of the Implementing Rules and Regulations of Title XIII of Republic Act (RA) No. 8424, otherwise known as the "National Internal Revenue Code of 1997", as amended by RA No. 11534 or the "Corporate Recovery and Tax Incentives for Enterprises (CREATE) Act, we would like to verify from your office if:

- Said items are locally manufactured by any of your member companies;
- Said items can be supplied by your association members at comparable quality and reasonable price (pls. indicate your price per item); and
- The volume being imported/required can be supplied by your association members within the delivery period indicated by the foreign supplier

We would appreciate receiving your written response within five (5) working days from receipt of this referral. Please note that failure on your part to provide the requested information within the said period shall be understood that none of your association members are locally manufacturing the said items, or are manufacturing it but cannot match the said importation in terms of quantity, quality, and price pursuant to Section 5.4 of DOF-DTI JMC No. 001-2023. As such, the CNLA valid for a period of one (1) year shall be issued accordingly.

We also would like to request that you update us regularly of the items that are locally available for our records.

Thank you for your cooperation.

[Name of Head of Service/Department]
[Designation, Name of Head of Service/Department]