

RAW SUGAR PRODUCTION
CROP YEAR 2018 - 2019
BY PRODUCER / BY AFFILIATION

Mill Company : _____

Date : _____

Total Manufactured : _____

As of : _____

MANUFACTURED
QTY (MT) % OF TOTAL

AFFILIATION

MILL SHARE _____

PSMA []

PIMA []

NAME OF PLANTERS' ASSOCIATION	PLANTER'S SHARE		AFFILIATION
	QTY (MT)	% OF TOTAL	
1.	_____	_____	<input type="checkbox"/> CONFED <input type="checkbox"/> NFSP <input type="checkbox"/> UNIFED <input type="checkbox"/> PANAYFED <input type="checkbox"/> LUZONFED <input type="checkbox"/> Multiple (Specify) _____ <input type="checkbox"/> Others (Specify) _____
2.	_____	_____	<input type="checkbox"/> CONFED <input type="checkbox"/> NFSP <input type="checkbox"/> UNIFED <input type="checkbox"/> PANAYFED <input type="checkbox"/> LUZONFED <input type="checkbox"/> Multiple (Specify) _____ <input type="checkbox"/> Others (Specify) _____
3.	_____	_____	<input type="checkbox"/> CONFED <input type="checkbox"/> NFSP <input type="checkbox"/> UNIFED <input type="checkbox"/> PANAYFED <input type="checkbox"/> LUZONFED <input type="checkbox"/> Multiple (Specify) _____ <input type="checkbox"/> Others (Specify) _____
4.	_____	_____	<input type="checkbox"/> CONFED <input type="checkbox"/> NFSP <input type="checkbox"/> UNIFED <input type="checkbox"/> PANAYFED <input type="checkbox"/> LUZONFED <input type="checkbox"/> Multiple (Specify) _____ <input type="checkbox"/> Others (Specify) _____
5.	_____	_____	<input type="checkbox"/> CONFED <input type="checkbox"/> NFSP <input type="checkbox"/> UNIFED <input type="checkbox"/> PANAYFED <input type="checkbox"/> LUZONFED <input type="checkbox"/> Multiple (Specify) _____ <input type="checkbox"/> Others (Specify) _____
TOTAL PLANTERS' SHARE	=====	=====	

I hereby certify that the foregoing information are correct and true to the best of my knowledge.

Corporate Secretary
(Signature Over Printed Name)

Date

CERTIFICATION AS TO AFFILIATION WITH
THE NATIONAL PLANTERS' ORGANIZATION

TO WHOM IT MAY CONCERN:

This is to certify that _____
(Planters' Association/Cooperative)

of _____ is a Bona Fide
(Address of Planters' Association/Cooperative)

member/affiliated with:

		% AFFILIATION (100% if one (1) Affiliation)
1) CONFED	[]	
2) NFSP	[]	
3) UNIFED	[]	
4) PANAYFED	[]	
5) LUZONFED	[]	
6) Others (specify) _____		

as of this date hereof.

This certification is being issued in compliance with SRA Circular Letter No. _____, Series of 2018-2019, dated _____.

Corporate Secretary
(Signature Over Printed Name)