Republic of the Philippines City of Naga NAGA CITY INVESTMENT BOARD

APPLICATION FOR FISCAL INCENTIVES

	(Green Investments)	NO
APPLICANT'S INFORMATIO	,	
Name of Applicant/Company	:	
Office Address		
Plant/Factory Address	:	
Telephone No.	:	Fax No.:
E-mail Address	:	
APPLICANT'S REPRESENTA	ATIVE TO THE NCIB:	
Authorized Representative	ī	
Designation	:	
Nailing Address	:	
Telephone No.	:	Fax No.:
E-mail Address	:	
ICIB REGISTRATION DATA	:	
Registration Number	:	Date Registered:
Start of Greening Project	<u>:</u>	End:
nclusive Years for Availment	of Fiscal Incentives:	to
APPLICABLE FISCAL INCEN	NTIVES:	
	Deduction (Claimed
Regreening	Р	
Landscaping		
Repainting	P	
	: <u> </u>	Certified Correct:
PROJECT LOCATION	:	Certified Correct: Signature Of Representative
PROJECT LOCATION	:	Signature Of Representative
PROJECT LOCATION	:	Signature Of Representative
PROJECT LOCATION	:	Signature Of Representative ne IPAC) Recommending Officer:
PROJECT LOCATION	:(This portion to be filled-up by th	Signature Of Representative ne IPAC) Recommending Officer: Approved as recommended
PROJECT LOCATION Received By:	:	Signature Of Representative ne IPAC) Recommending Officer:
PROJECT LOCATION Received By: Printed Name/Designation/S	:	Signature Of Representative ne IPAC) Recommending Officer: Approved as recommended Disapproved
PROJECT LOCATION Received By: Printed Name/Designation/S	:	Signature Of Representative ne IPAC) Recommending Officer: Approved as recommended Disapproved
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PROJECT LOCATION Received By: Printed Name/Designation/S	:	Signature Of Representative ne IPAC) Recommending Officer: Approved as recommended Disapproved
Received By: Printed Name/Designation/S	:	Signature Of Representative ne IPAC) Recommending Officer: Approved as recommended Disapproved Approved with modifications, as follow: Printed Name/Designation/Signature
Received By: Printed Name/Designation/S Date:	(This portion to be filled-up by the signature	Signature Of Representative ne IPAC) Recommending Officer: Approved as recommended Disapproved Approved with modifications, as follow: Printed Name/Designation/Signature Date: