**DEPARTMENT OF TRADE AND INDUSTRY**

**REGIONAL OFFICE 02**

**CAGAYAN PROVINCIAL OFFICE**

**TUGUEGARAO CITY, CAGAYAN**

SALES PROMOTION APPLICATION FORM

RAFFLE CONTEST

DATE

( ) 1. NAME OF SPONSOR:

PROMO TITLE

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* ADDRESS :
* TELEPHONE NO:
* AUTHORIZED REPRESENTATIVE :
* DESIGNATION : ( ) 2. NAME OF ADVERTISING AGENCY :
* ADDRESS :
* TELEPHONE NO:
* AUTHORIZED REPRESENTATIVE :
* DESIGNATION : ( ) 3. PROMO PERIOD :

( ) 4. COVERAGE: GMA NATIONWIDE OTHERS: ( ) 5. LIST OF PARTICIPATING OUTLETS/BRANCHES : ( ) 6. PRODUCTS/SERVICES PROMOTED :

BRAND MODEL, SPECIFICATIONS, SIZES (in metric, enclose English size in parenthesis if applicable)

( ) 7. PURCHASE AMOUNT REQUIRED:

( ) 8. WHO ARE QUALIFIED TO JOIN?: ( ) 9. WHO ARE DISQUALIFIED TO JOIN?:

*Employees of promoting agency ( ), advertising agency*

*( ) and participating outlets including their relatives up to second degree of consanguinity or affinity are disqualified from joining the promotion.*

( ) 10. HOW TO JOIN:

( ) 11. LOCATION OF DROP CENTER:

( ) 12. DEADLINE OF SUBMISSION OF ENTRIES (DATE & TIME):

( ) 13. RAFFLE DRAW / DETERMINATION OF WINNERS (within 14 days from deadline for submission of entries)

DATE & TIME (preferably after office hours) :

VENUE:

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( ) 14. PROCEDURE IN THE DETERMINATION OF WINNERS

RAFFLE

( ) MANUAL

( ) ELECTRONIC

( ) OTHERS, SPECIFY JUDGING

( ) CRITERIA WITH CLEAR DEFINITION AND PERCENTAGE

( ) NAMES & PROFILE OF JUDGES:

( ) PROCEDURE IN THE VERIFICATION OF WINNING ENTRIES:

( ) 15. PRIZES W/SPECIFICATION

|  |  |  |  |
| --- | --- | --- | --- |
| ( SIZES IN METRIC, | NO./CATEGORIES |  | TOTAL |
| BRAND, MODEL ) | OF WINNERS | COST OF EACH | COST |

TOTAL NUMBER OF WINNERS PER DRAW/JUDGING:

TOTAL NUMBER OF WINNERS FOR ALL DRAWS/JUDGING: ( ) TRIP, SCHOLARSHIP & CELLPHONE PRIZES :

TRANSFERABLE CONVERTIBLE TO CASH

CASH CONVERSION VALUE : ( ) 16. NUMBER OF TIMES A PARTICIPANT CAN WIN: \_ ( ) 17. NOTIFICATION OF WINNERS : ( ) 18. ANNOUNCEMENT OF WINNERS : ( ) 19. WHO SHALL PAY 20% TAX FOR PRIZES EXCEEDING P10,000.00: ( ) 20. PERIOD OF REDEMPTION/CLAIM PERIOD :

( ) 21. COMPLETE ADDRESS OF REDEMPTION CENTER

for GMA winners: for PROVINCIAL winners:

( ) 22. HOW TO CLAIM PRIZES: \_ ( ) 23. ATTACHMENTS

( ) COMPLETE MECHANICS

( ) CONTROL MEASURES (Procedure in handling, collecting, safekeeping of entries and

ensuring the fairness in determination of winners)

( ) PROMO PARTICULARS (raffle stub, entry form, coupon, score sheet, tally sheet)

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( ) MEDIA UTILIZED :

( ) RADIO AD (Audio Script) ( ) POSTER (Proof of Ad Artwork)

( ) TV/CINEMA AD (Story board) ( ) STREAMER (Proof of Artwork) ( ) WEB-BASED ADS (Screenshots of online ads) ( ) PRINT AD (compre)

( ) EMAIL-BASED ADS (Email transcript) ( ) MAILERS (compre) ( ) TEXT-BASED ADS (Text transcript) ( ) FLYERS (compre)

( ) OTHERS:

( ) DESCRIPTION OF PARAPHERNALIA / PROGRAM / SYSTEM (layout, flowchart, screenshots) ( ) REGISTRATION REQUIREMENTS :

( ) For first-time: Business/Mayor’s Permit, Business Name Registration Certificate/SEC Registration Certificate, Articles of Incorporation, By-laws

( ) Certificate of product registration ( ) NTC registration/approval

( ) Certificate of Accreditation of Service and Repair Shop ( ) Product Standard Certificate

( ) HLURB issued License

( ) MEMORANDUM OF AGREEMENT/CONFORME WITH PARTICIPATING OUTLETS / DROPCENTERS **/** REDEMPTION CENTERS / PROMO PARTNERS

( ) HOUSE AND LOT PRIZE : title, blueprint, specifications, model, location plan, cost and area of house, cost and area of lot

( ) APPRAISED VALUE OF JEWELRY SIGNED BY LICENSED GEMOLOGIST ( ) SALES PROMOTION ACTIVITY SHEET

**U N D E R T A K I N G**

I/We hereby understand and agree that :

1. DTI- FTEB SPD shall act on this application within fifteen (15) days from receipt of **complete documents.**
2. If I/We do not receive any communication from DTI-FTEB SPD after submission of complete documents/requirements within the prescribed fifteen (15) days, the above application shall be deemed approved. However, such presumption of approval shall not absolve us from violations other than our lack of permit from your Office.

Authorized Representative of :

SPONSOR ADVERTISING AGENCY

SIGNATURE SIGNATURE

PRINTED NAME PRINTED NAME

DATE DATE

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