

Document
Code No.

FM-UST
P-FIC-01

Rev. No.

00

Effective Date

12.01.2022

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UNIVERSITY OF SCIENCE AND TECHNOLOGY
OF SOUTHERN PHILIPPINES

Alubijid | Balubal | Cagayan de Oro | Claveria | Jasaan | Oroquieta | Panaon | Villanueva

REQUEST FORM

FOOD PRODUCT DEVELOPMENT (FPD)

Print legibly and accomplish all fields. Mark
appropriate boxes ☐ with "✓".

1. COMPANY PROFILE

Company Name: _____

Office / Plant Address:

Unit / Bldg. No.

Street

Barangay

City

Province

Zip

Code

Company Contact Details:

Telephone No.: _____ Mobile No. _____

Fax No. _____ Email address: _____

Website: _____

Type of Company:

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Family Owned

☐ Start-up ☐ LGU ☐ NGO ☐ Others: _____

No. of Employees:

☐ 1 to 9 ☐ 10 to 99 ☐ 100 to 199 ☐ 200 and above ☐ Others: _____

Asset size (PhP):

☐ Up to 3,000,000 ☐ 3,000,001 to 15,000,000 ☐ 15,000,001 to 100,000,000

☐ 100,000,000 and above

Brief background of the company: *(indicate vision and mission of the company, the date when the company started, why it was formed, who are the members, or any important information about the company)*

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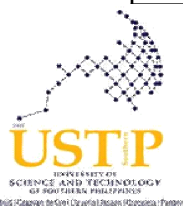
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(use separate sheet if necessary)

2. PERSONAL PROFILE

Representative Name:

Last Name

First Name

Middle Name

Identification:

- ☐ Female ☐ Male ☐ PWD ☐ Senior Citizen ☐ OFW
☐ Others: _____

Position / Designation:

- ☐ Proprietor ☐ Manager ☐ Product Development Staff ☐ Admin Staff
☐ Others: _____

Address: ☐ Same as Company Address

Unit / Bldg. No.

Street

Barangay

City

Province

Zip Code

Contact Details: ☐ Same as Company Contact Details

Telephone No.: _____

Mobile No.: _____

Email address: _____

3. PRODUCT DESCRIPTION

Specific service to be availed:

- ☐ New Product ☐ Product Standardization ☐ Formulation
Development
☐ Process Development ☐ Others: _____

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Product name:

Purpose of the activity: *(ex. Shelf-life extension, new product line, community assistance, nutritional improvement, value-adding, etc.)*

(use separate sheet if necessary)

Product specification / Expected Output: *(indicate the basic ingredients of the product, packaging to be used, method of cooking, or other details necessary to meet the expected output)*

(use separate sheet if necessary)

4. I declare that the form has been accomplished by me, and is true and correct.

Name

Signature

Date accomplished

----- To be accomplished by NMFIC staff -----

Received by:

Signature:

Date received:

Faculty in charge / Researchers:

Remarks:

Noted by:

NMFIC Manager