**SWORN STATEMENT**

**ANNEX “H”**

**(Reseller/Distributor of Sales Machines/Software with Existing Accreditation)**

REPUBLIC OF THE PHILIPPINES )

***(Town/City/Municipality/Province)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) S.S.

***(Nationality)***

***(Name of Authorized Representative)***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of legal age designated as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with business address located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby certify the following:

***(Registered Address)***

***(Position/Designation)***

***(Line of Business/Business Style)***

* That the company is engaged in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ under \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with TIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

***(TIN with Branch Code)***

***(Trade Name)***

***(related company, such as affiliate, subsidiary, branch, franchisee, reseller, or distributor)***

* That the company is a/an \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with existing accreditation for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Accreditation No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

***(Sales Machine/Software)***

* That the company will sell/distribute exactly the same “Sales Machines/Software” accredited for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with Accreditation No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

***(related company, such as affiliate, subsidiary, branch, franchisee, reseller, or distributor)***

* That the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ known as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ conforms to the conditions/specification requirements set by the BIR of Internal Revenue;

***(Type of Application, i.e., CRM, Bundled POS, Sales Receipting System/Software, etc.)***

***(Machine Brand/Model and/or Software Name and Version Number with Release Number or Release Date, whichever is applicable)***

***(Type of Application, i.e., CRM, Bundled POS, Sales Receipting System/Software, etc.)***

* That the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has the following essential features:
  + The target clients who will use the “Sales Machines/Software” shall be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

***(Type of Industry, i.e., Retail, Restaurants, Hotels, etc.)***

* + The maximum number of digits for the sequential serial number of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

***(Number of Digits must be specified)***

***(Official Receipt/Sales Invoice)***

* + The maximum accumulating sales capacity shall be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

***(Number of Digits including two (2) decimal places)***

* + ***(Other functions and features of the “Sales Machines/Software” aligned with the Application for Accreditation via eAccReg must be disclosed/stated)***
* Shall not in any way allow the “Sales Machines/Software” to have sales/income suppression and/or other technical scheme within the system that may affect the correctness of the sales for purposes of taxation;
* That the company will assist BIR personnel relative to the use/access/records in the system in case of Tax Audit/Investigation/Verification and Tax Mapping Operations and other enforcement activity with the taxpayer-user;
* That in the event that the foregoing be discovered to be in violation of existing rules and regulations, I hereby undertake to face any legal sanctions and pay corresponding penalties thereof as provided for under the National Internal Revenue Code of 1997, as amended.

I HEREBY DECLARE UNDER PENALTIES OF PERJURY THAT THE FOREGOING ATTESTATIONS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name and Signature of Affiant/

Authorized Representative)

TIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SUBSCRIBED and sworn to before me in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with TIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**NOTARY PUBLIC**