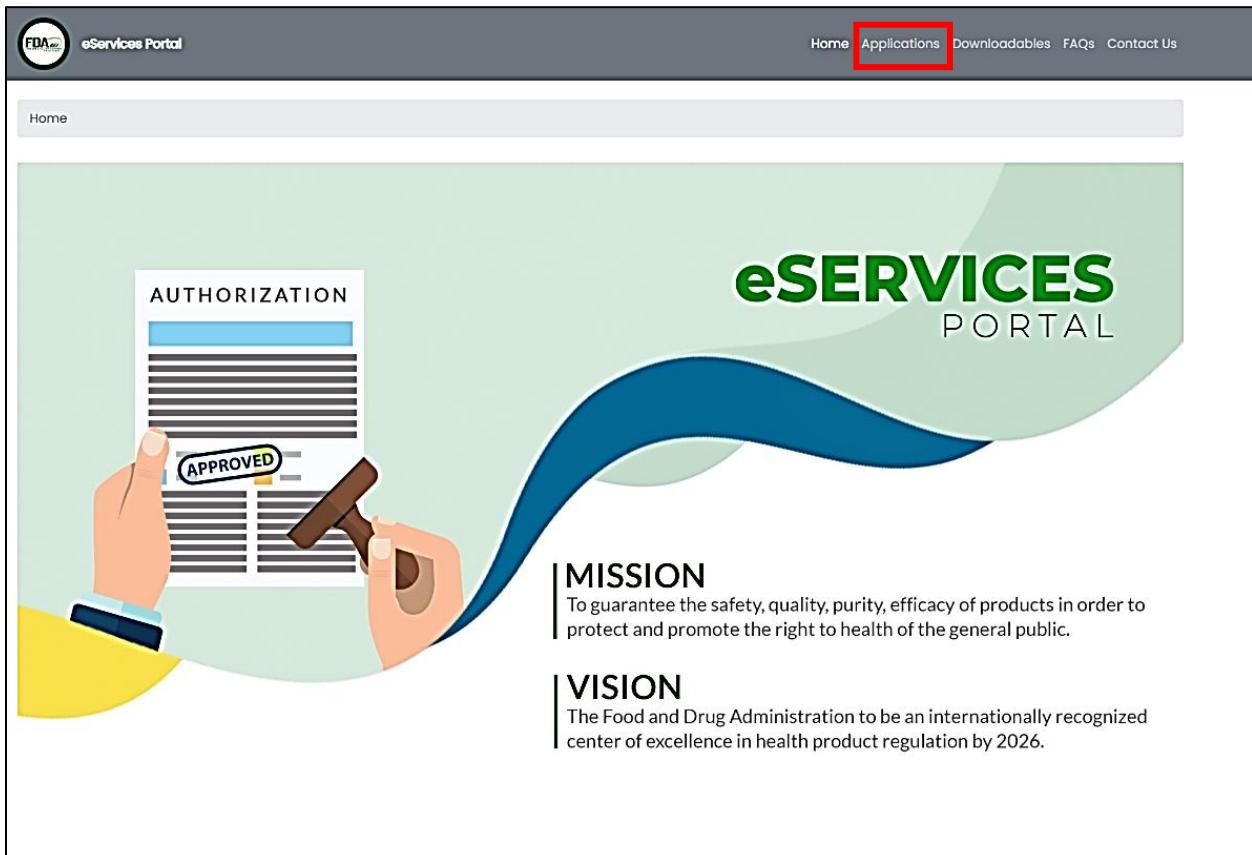


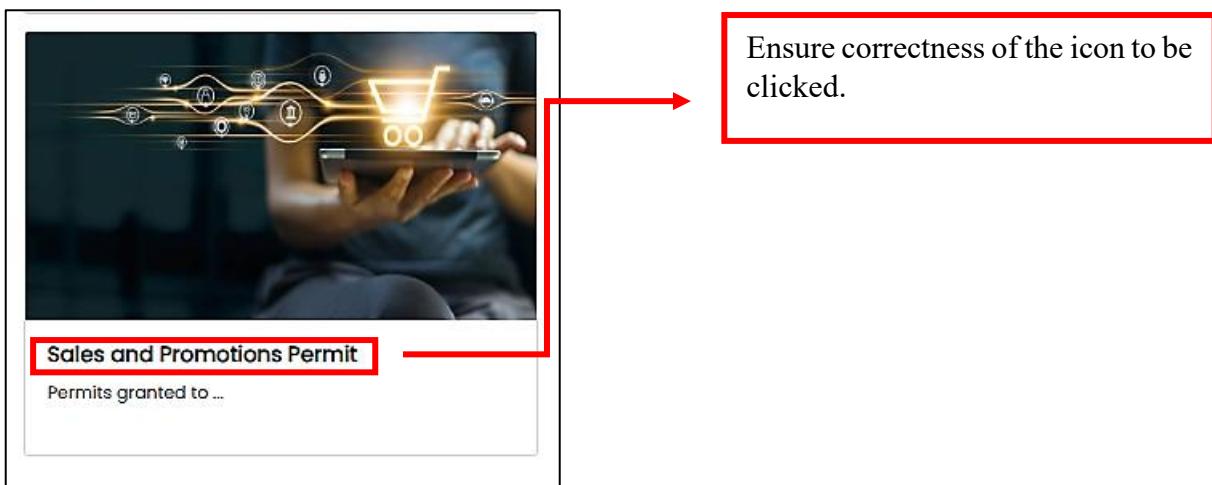
ANNEX A

Procedure on the Use of the FDA eServices Portal System for Sales Promotions Permit Initial Application

1. Access the online portal through eservices.fda.gov.ph and click “Applications” found on the upper right corner of the eServices landing page.



2. Click on the “Sales and Promotions Permit” icon.



3. Click on the “Initial” icon to apply for initial SPP application.

The screenshot shows the FDA eServices Portal with the following interface elements:

- Header:** FDA eServices Portal, Home, Applications, Downloadables, FAQs, Contact Us.
- Breadcrumbs:** Home / Applications / Spp
- Section:** Sales Promo Permit
- Left Column:** Application Status (Image of a person writing, with a red box around the text "Check the current status of the application").
- Right Column:** Apply (Image of a person using a tablet, with a red box around the text "Apply for the issuance of Sales and Promo Permit").

4. Read carefully the “Declaration and Undertaking” before proceeding with the application process. Make sure to check the box below and click on “Start Application”.

The screenshot shows the Sales Promotion Permit Application page with the following interface elements:

- Header:** FDA eServices Portal, Home, Applications, Downloadables, FAQs, Contact Us.
- Breadcrumbs:** Home / Applications / Spp / Spp
- Section:** Sales Promotion Permit Application
- Left Column (Navigation):**
 - 1 Declaration and Undertaking** (highlighted with a red box)
 - 2 Applicant Information
 - 3 Promotion Details
 - 4 Documentary Requirements
 - 5 Participating Products
 - 6 Self-Assessment Review
- Right Column (Declaration and Undertaking):**

I, duly authorized officer/s or representative/s of the Establishment herein, declare, undertake, and agree that all data and information contained and provided in the attached application, together with all other submissions, including amendments, are true and correct based on my knowledge and are based on existing records, legal documents and available information. I, likewise declare, undertake and agree that:

 - The particulars given in this application are true, all data, and information of relevance in relation to this application have been supplied and that the documents enclosed are authentic or true copies
 - The electronic copy of the files, documents, or information submitted in relation to this application are the exact duplicate or scanned copy of the same and, any discrepancy, prejudicial contents, false claims or misrepresentation on any of the data therein shall be a ground for the disapproval of application, or if discovered post-approval shall be a ground for the appropriate sanctions including the revocation of the certificate, or, and/or the filing of the appropriate legal action against me, the owner, its officers or the establishment whenever possible;
 - The products that my establishment manufacture, distribute and/or sell are registered or to be registered with FDA prior to distribution or sale, and that we assume primary responsibility and/or stewardship over the product in case of liability, adverse events, and/or other public health & safety issues;
 - I understand that I shall be responsible for ensuring that each consignment of my product continues to meet all the legal requirements, and conforms to all the standards and specifications of the product that I have declared to the authority
 - This document is executed in full knowledge and awareness of Republic Act No. 3720, as amended by Executive Order No. 175 and RA No. 9711 otherwise known as the “Food and Drug Administration Act of 2000” other relevant laws and their implementing rules and regulations and

I have read and accepted the terms and conditions stated on this form.

Start Application (highlighted with a red box)

5. The applicant shall choose the type of establishment subject to sales promotions permit issuance from the drop-down menu.

If the establishment is regulated by the FDA, the applicant shall provide its LTO number and corresponding validity date under Step 5 (Participating Products) of the online application form.

Home / Applications / Spp / Initial

Sales Promotion Permit Initial Application

Establishment Information

1 Declaration and Undertaking

2 Applicant Information

3 Promotion Details

4 Participating Products

5 Documentary Requirements

6 Self-Assessment Review

* Establishment Type: FDA-Licensed Establishment

LTO Number and Validity in Participating Product

Contact Information

Contact Information 1

* First Name:

Middle Name:

* Last Name:

* Position: Please Select

The Authorized Person refers to the owner, President, Chief Executive Officer or its equivalent, or any organic or full-time employee representing the establishment in an authorized or official capacity; and The Qualified Person refers to an organic or full-time employee of the establishment who possesses technical competence related to the establishment's activities and health products by virtue of this profession, training, or experience. The Qualified Person may also be the duly Authorized Person of the establishment.

* Email Address:

* Mobile Number:

Landline Number:
Please indicate the area code followed by the landline number

Requesting Party/Applicant: Yes

The name of the requesting party/applicant shall be the same name reflected in the approved sales promotions permit

[Add Contact](#)

[Back](#) [Next](#)

Otherwise, if the establishment choose the “Advertising Agency/Sponsor, the following details shall be provided:

- Advertising/Promo Agency Name
- Advertising/Promo Agency Address

FDA eServices Portal

Home Applications Downloadables FAQs Contact Us

Home / Applications / Spp / Initial

Sales Promotion Permit Initial Application

1 Declaration and Undertaking

2 **Applicant Information**

3 Promotion Details

4 Participating Products

5 Documentary Requirements

6 Self-Assessment Review

Establishment Information

* Establishment Type: Advertising Agency/Sponsor

* Advertising/Promo Agency Name: Advertising/Promo Agency Name

* Advertising/Promo Agency Address: Bldg. #, Street No./Name, Village/Subdivision, Brgy., Municipality/City, Province, Zip Code

Contact Information

Contact Information 1

* First Name: First Name

Middle Name: Middle Name

* Last Name: Last Name

* Position: Please Select

The Authorized Person refers to the owner, President, Chief Executive Officer or its equivalent, or any organic or full-time employee representing the establishment in an authorized or official capacity; and
The Qualified Person refers to an organic or full-time employee of the establishment who possesses technical competence related to the establishment's activities and health products by virtue of this profession, training, or experience. The Qualified Person may also be the duly Authorized Person of the establishment.

* Email Address: Email Address

* Mobile Number: Mobile Number

Landline Number: Landline Number
Please indicate the area code followed by the landline number

Requesting Party/Applicant: Yes

The name of the requesting party/applicant shall be the same name reflected in the approved sales promotions permit

Add Contact

Back Next

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6. The applicant is also requested to provide the contact information of the authorized person. By answering “Yes” to the “Requesting Party/Applicant” field, the contact person shall be responsible in transacting with the FDA pertaining to regulatory filings of all documents under the sales promotion permit application.

The name of the requesting party/applicant shall be the same name reflected in the approved sales promotion permit.

Contact Information

Contact Information 1

* First Name	First Name
Middle Name	Middle Name
* Last Name	Last Name
* Position	<input type="button" value="Please Select"/> <div style="margin-top: 10px;"> <p>The Authorized Person refers to the owner, President, Chief Executive Officer or its equivalent, or any organic or full-time employee representing the establishment in an authorized or official capacity; and</p> <p>The Qualified Person refers to an organic or full-time employee of the establishment who possesses technical competence related to the establishment's activities and health products by virtue of this profession, training, or experience. The Qualified Person may also be the duly Authorized Person of the establishment.</p> </div>
* Email Address	Email Address
* Mobile Number	Mobile Number
Landline Number	<input type="button" value="Landline Number"/> <div style="margin-top: 10px;"> <p>Please indicate the area code followed by the landline number</p> </div>
Requesting Party/Applicant	<input type="checkbox" value="Yes"/> <div style="margin-top: 10px;"> <p>The name of the requesting party/applicant shall be the same name reflected in the approved sales promotions permit</p> </div>

There shall only be one authorized person who shall receive communications with the FDA. However, additional contact information may be provided by clicking on the “Add Contact” button. Additional contact information shall choose “No” in the drop-down button of “Requesting Party/Applicant” to proceed with the application.

 [Add Contact](#)

[Back](#) [Next](#)

Contact Information 2

* First Name	First Name
Middle Name	Middle Name
* Last Name	Last Name
* Position	Please Select
The Authorized Person refers to the owner, President, Chief Executive Officer or its equivalent, or any organic or full-time employee representing the establishment in an authorized or official capacity; and The Qualified Person refers to an organic or full-time employee of the establishment who possesses technical competence related to the establishment's activities and health products by virtue of this profession, training, or experience. The Qualified Person may also be the duly Authorized Person of the establishment.	
* Email Address	Email Address
* Mobile Number	Mobile Number
Landline Number	Landline Number
Please indicate the area code followed by the landline number	
Requesting Party/Applicant	No
The name of the requesting party/applicant shall be the same name reflected in the approved sales promotions permit	
Remove Contact	
Back Next	

7. The applicant shall fill-in the details of establishment's promotion details including the following:

- a. Promotion Title
- b. Promo Duration
- c. Promo Coverage
- d. Geographical Outlet/Coverage
- e. Media/Collateral Materials Utilized

Sales Promotion Permit Initial Application

Promotion Details

1 Declaration and Undertaking

2 Applicant Information

3 Promotion Details (highlighted with a red box)

4 Participating Products

5 Documentary Requirements

6 Self-Assessment Review

Promotion Title

Promo Duration From
Promo Duration From should be at least thirty (30) calendar days before the commencement of the promotion period.

Promo Duration To
Promotion Duration To must not exceed one (1) calendar year.

Promotion Coverage

Geographical Outlet/Coverage

NCR only or in several regions including Metro Manila or nationwide
 More than one region but excluding Metro Manila
 Single province/city/municipality
 Several provinces/cities/municipalities within a single region
 Other Target Establishment/s

Media/Collateral Materials Utilized:

Storyboard
 Radio Script
 Online Platform
 Print Ads
 Shelf Talkers, In-store Posters, Store
 Others

Back **Next**

The “Amount of Prizes” ranges **from** and **to** the following amount:

- ₱50,000 and below
- ₱50,001 to ₱150,000
- ₱150,001 to ₱300,000
- ₱300,001 to ₱500,000
- ₱500,001 to ₱1,000,000
- ₱1,000,000 and above

The “Media/Collateral Materials Utilized” shall be provided in order to proceed with the application. If the media is not available in the list of collaterals, the applicant is expected to tick on “Others” to provide the specific media promotion appropriate to the establishment’s promo application.

8. For Advertising Agency/Third-Party Marketing Agencies, the list of participating products shall be limited to only **twenty-five (25)** five products per application. Each participating product shall include the following details:

- Registration/Notification Number
- Product Name
- Brand Name

- d. Product Validity
- e. Product Category

Sales Promotion Permit Initial Application

Participating Products

Product 1

* Registration / Notification Number

* Product Name

* Brand Name

* Product Validity

* Product Category

* A maximum of 25 products is allowed per application.

Note: If the registration/notification number does not reflect after clicking on the search button, the applicant may manually input the required details under each participating product.

9. For FDA-Licensed Establishment, there shall be another field for LTO Number and LTO Validity. The same product details as stipulated under item number 8 in this procedure shall also be provided.

Sales Promotion Permit Initial Application

Participating Products

Product 1

* Registration / Notification Number

* Product Name

* Brand Name

* Product Validity

* Product Category

* LTO Number

Please input LTO number to proceed on your application. Example format: LTO-3000000XXXX or CDRK-NCR-XXX-XXXXXX

* LTO Validity

* A maximum of 25 products is allowed per application.

Note: If the license to operate number does not reflect after clicking on the search button, the applicant may manually input the required details under each participating product.

10. For FDA-Licensed Establishment, it is the discretion of the applicant which Establishment Name and Address shall be reflected in the issued Sales Promotion Permit.

FDA-Licensed Establishment

* Establishment Name: Please Select

* Establishment Address: Establishment Address

Back **Next**

11. For the uploading of documentary requirements, the applicant shall be provided with written instructions to guide the applicant of the formatting type and inclusion of required and relevant information. The FDA eServices Portal System shall allow a maximum of 4mb size per file.

eServices Portal

Home / Applications / Spp / Initial

Sales Promotion Permit Initial Application

Documentary Requirements

1 Declaration and Undertaking

2 Applicant Information

3 Promotion Details

4 Participating Products

5 Documentary Requirements

6 Self-Assessment Review

Mechanics & Schemes

* Mechanics & Schemes 1: Mechanics & Schemes **File Upload**
Only upload the following file formats: .pdf

Add Mechanics & Schemes

Layout Promo Materials

* Layout Promo Material 1: Layout Promo Material **File Upload**
Only upload the following image formats: .jpg, .jpeg, .png

Add Layout Promo Materials

Back **Next**

12. Review the duly filled-out online application form under the Self-Assessment Review. If everything is in order, click on “Next” to proceed with the submission of application.

