



Republic of the Philippines  
**Sugar Regulatory Administration**  
 North Avenue, Diliman, Quezon City

# SRA TRADER'S ACTIVITY REPORT

Name of Trader: \_\_\_\_\_

Crop Year: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Please check applicable category:

SUGAR

MOLASSES

MUSCOVADO

FRUCTOSE

Previous Crop Stock Balance: \_\_\_\_\_

CY/MONTH	PURCHASES (VOLUME)					Pls specify Sources & other information	UTILIZATION (VOLUME)					Stock Balance
	IMPORTATION	LOCAL MILLS	LOCAL TRADERS	AUCTION (BOC)			OWN USED/ MANUFACTURING	SALE TO DOMESTIC MARKET	EXPORT TO US MARKET	EXPORT TO WORLD MARKET	Clients, & other information	
Year: _____												
September												
October												
November												
December												
Year: _____												
January												
February												
<b>TOTAL</b>												

Note: Activity Report/s from September to February should be submitted on or before March 15 of each CY.

CY/MONTH	PURCHASES (VOLUME)					Pls specify Sources & other information	UTILIZATION (VOLUME)					Stock Balance
	IMPORTATION	LOCAL MILLS	LOCAL TRADERS	AUCTION (BOC)			OWN USED/ MANUFACTURING	SALE TO DOMESTIC MARKET	EXPORT TO US MARKET	EXPORT TO WORLD MARKET	Clients, & other information	
March												
April												
May												
June												
July												
August												
<b>TOTAL</b>												

Note: Activity Report/s from March to August should be submitted on or before September 15 of each CY.



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REMARKS:

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I HEREBY CERTIFY to the Correctness of the given information and  
 I HEREBY AGREE that SRA may cause the suspension/cancellation or revocation of the LICENSE TO OPERATE (LTO)  
 or in lieu, the imposition of a fine for non compliance or violation of its rules/regulations/issuances.

Name & Signature: \_\_\_\_\_

Position/Designation: \_\_\_\_\_

Contact #/Email Add: \_\_\_\_\_

Date submitted: \_\_\_\_\_

SUBSCRIBED AND SWORN TO, before me this \_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_.  
 Affiant exhibited to me his government ID \_\_\_\_\_ No. \_\_\_\_\_ as his/her competent evidence of identity. Issued on \_\_\_\_\_ and valid until \_\_\_\_\_.

Doc No: \_\_\_\_\_

NOTARY PUBLIC

Page No.: \_\_\_\_\_

Book No.: \_\_\_\_\_

Series of: \_\_\_\_\_