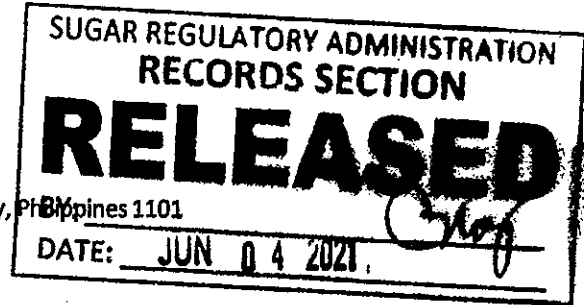




Republic of the Philippines  
Department of Agriculture  
**SUGAR REGULATORY ADMINISTRATION**  
Sugar Center Bldg., North Avenue, Diliman, Quezon City, Philippines 1101  
TIN 000-784-336



MEMO-REG-LMD-2021-Jun.-002

June 01, 2021

**CIRCULAR LETTER NO. 27**  
Series of 2020-2021

**SUBJECT : RAW SUGAR PRODUCTION BY PRODUCER/  
BY AFFILIATION FOR CROP YEAR 2020-2021**

For the information and guidance of all concerned, SRA issues the official copy of Raw Sugar Production By Producer/By Affiliation for Crop Year 2020-2021 with their corresponding shares and percentages of the different National Producers covering the said Crop Year.

The complete list of the above-mentioned subject is hereto attached.

Please be guided accordingly.

**HERMENEGILDO R. SERAFICA**  
Administrator



Management System  
ISO 9001:2015



Website: <http://www.sra.gov.ph> Email Address: [srahead@sra.gov.ph](mailto:srahead@sra.gov.ph)  
Tel. No.: (632)929-3633, (632)455-2135, (632)455-3376



*"A food-secure Philippines with prosperous farmers and fisherfolk"*

\_\_\_\_\_  
Date

**CERTIFICATION AS TO AFFILIATION WITH  
THE NATIONAL PLANTERS' ORGANIZATION**

**TO WHOM IT MAY CONCERN:**

This is to certify that \_\_\_\_\_

(Planters' Association/Cooperative)

of \_\_\_\_\_ is a Bona Fide

(Address of Planters' Association/Cooperative)

member/affiliated with:

		% AFFILIATION (100% if one (1) Affiliation)
1) CONFED	[ ]	
2) NFSP	[ ]	
3) UNIFED	[ ]	
4) PANAYFED	[ ]	
5) LUZONFED	[ ]	
6) Others (specify)		
_____		

as of this date hereof.

This certification is being issued in compliance with SRA Circular Letter No. \_\_\_\_\_, Series of 2020-2021, dated \_\_\_\_\_.

\_\_\_\_\_  
Corporate Secretary  
(Signature Over Printed Name)

**RAW SUGAR PRODUCTION  
CROP YEAR 2020 - 2021  
BY PRODUCER / BY AFFILIATION**

Mill Company: \_\_\_\_\_

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

Total Manufactured: \_\_\_\_\_

As of: \_\_\_\_\_

MILL SHARE	MANUFACTURED		AFFILIATION
	QTY (MT)	% OF TOTAL	
_____	_____	_____	PSMA [ ] PIMA [ ]
NAME OF PLANTERS' ASSOCIATION	PLANTER'S SHARE		AFFILIATION
	QTY (MT)	% OF TOTAL	
1.	_____	_____	<input type="checkbox"/> CONFED <input type="checkbox"/> NFSP <input type="checkbox"/> UNIFED <input type="checkbox"/> PANAYFED <input type="checkbox"/> LUZONFED <input type="checkbox"/> Multiple (Specify) _____ <input type="checkbox"/> Others (Specify) _____
2.	_____	_____	<input type="checkbox"/> CONFED <input type="checkbox"/> NFSP <input type="checkbox"/> UNIFED <input type="checkbox"/> PANAYFED <input type="checkbox"/> LUZONFED <input type="checkbox"/> Multiple (Specify) _____ <input type="checkbox"/> Others (Specify) _____
3.	_____	_____	<input type="checkbox"/> CONFED <input type="checkbox"/> NFSP <input type="checkbox"/> UNIFED <input type="checkbox"/> PANAYFED <input type="checkbox"/> LUZONFED <input type="checkbox"/> Multiple (Specify) _____ <input type="checkbox"/> Others (Specify) _____
4.	_____	_____	<input type="checkbox"/> CONFED <input type="checkbox"/> NFSP <input type="checkbox"/> UNIFED <input type="checkbox"/> PANAYFED <input type="checkbox"/> LUZONFED <input type="checkbox"/> Multiple (Specify) _____ <input type="checkbox"/> Others (Specify) _____
5.	_____	_____	<input type="checkbox"/> CONFED <input type="checkbox"/> NFSP <input type="checkbox"/> UNIFED <input type="checkbox"/> PANAYFED <input type="checkbox"/> LUZONFED <input type="checkbox"/> Multiple (Specify) _____ <input type="checkbox"/> Others (Specify) _____
<b>TOTAL PLANTERS' SHARE</b>	=====	=====	

I hereby certify that the foregoing information are correct and true to the best of my knowledge

\_\_\_\_\_  
Corporate Secretary  
(Signature Over Printed Name)