

Application Form for Registration

Scope/Coverage:

- More than one Region/ Nationwide
 Regional

Organizational Status

- Intending to Operate
 Operational
 0 to 3 years
 4 to 6 years
 7 to 9 years
 10 years & above

I. Identifying Information:

Name of Applicant Organization <i>(as stated on the SEC Registration)</i>		
Other Name <i>(e.g., acronym, short name, previous name, etc.)</i>		
<i>Business Address:</i>	No. and Street/ Subdivision:	
	Barangay	
	City/Municipality	
	Province	
	Zip Code	
Head of Applicant SWDA	Name	
	Position/Designation	
Contact details	Landline No.	
	Fax No.	
	Mobile No.	
	Social Media Account	
	E-mail address	
	Website	
	Agency (SEC)	

Principal Registration (Juridical Personality)	Registration No.	
	Date Registered	
Mayor's Permit	Place Issued	
	Issued No.	
	Date Issued:	
	Validity Period:	

II. Specific Objectives of the Organization (pls. state and attached separate page, if necessary):

1. _____
2. _____
3. _____
4. _____
5. _____

I hereby certify that the information on this application form and all supporting application documents are true and correct.

(Signature Over Printed Name of the Agency Head or Authorized Representative)

(Position/Designation of the Agency Head or Authorized Representative)

(Date)

Note: If will be eligible for issuance of Certificate Registration, kindly check the appropriate box on how the organization would like to receive the Certificate:

<ul style="list-style-type: none"> • Through courier 	<ul style="list-style-type: none"> • pick-up at DSWD Office (Field Office or Standards Bureau, as applicable)
---	--

Authorization:

On behalf of the applicant SWDA, I hereby:

- (a) Authorize Mr./Ms./Mrs. _____,
 (Full name of authorized representative)
 our _____, as our official representative to transact with DSWD
 (designation in the organization)
 covering all the requirements and processes set in our application for Registration
- (b) Allow the DSWD to inspect the premises of the office(s) and residential facility(ies) and/or satellite/branch offices of our organization, as well as the site of any past or present project or program of the organization, and
- (c) Authorize any concerned person of the organization to disclose to the DSWD any fact material to the validation of any information provided by our organization in this application or in any of the documents submitted in support thereof.
- (d) Attest that all information in this application together with all the supporting documentary requirements are true and correct.

AFFIANT – Authorized Representative	Signature	
	Name	
	Position/Designation	
Date executed		
Place executed		

SUBSCRIBED AND SWORN to before me, on the above date and place, affiant exhibiting the following identification document:

Government ID Type and No.	
Place and date of issue	
Valid until	