

(Letterhead of LSWDO/ABSNET, if any)

CERTIFICATION

This is to certify that _____
(Name of SWDA)

located at _____
(Main Office Address)

is in existence and implementing the following social welfare and development programs and services in areas within our jurisdiction:

Programs and Services	Area of Coverage/ Location	Target Beneficiaries	Contact Person & Designation/Position	Office/Satellite Office	Contact Number/s

This certification is issued to said organization to support its application with DSWD for:

- Licensing
- Accreditation
- Others, please specify _____

Issued this _____ day of _____ 20_____.

Issued by:

(Signature over Printed Name of LSWDO Officer or ABSNET Officer)

(Designation/Position)

