



### PROFILE OF GOVERNING BOARD

Name of Agency

Name of Board Member/s	Position Title	Educational Attainment	Business Address	Home Address	Experience and/or training on SWD (Pls. indicate place and date of training/experience)	Nationality	If Foreigner (Pls. specify permit/visa issued number, date issued and expiration date)		
							Working Permit	Missionary Visa	Working Visa

Attested by:

Certified true and correct:

Noted by:

\_\_\_\_\_  
Name and Signature of Chairman of the Board

\_\_\_\_\_  
Name and Signature of Secretary of the Board

\_\_\_\_\_  
Name and Signature of the Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



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