

**(Letterhead of ABSNET)**

## CERTIFICATION

This is to certify that \_\_\_\_\_  
(Name of SWDA)

located at \_\_\_\_\_  
(Office Address)

is an **ACTIVE** Member of ABSNET \_\_\_\_\_  
(Name of ABSNET Cluster)

This certification is issued to \_\_\_\_\_  
(Name of SWDA)

to support its application with DSWD for:

- Licensing
- Accreditation
- Others, please specify: \_\_\_\_\_

Issued this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(ABSNET Regional President/Chairperson of Cluster/Authorized Officer)

\_\_\_\_\_  
(Designation/Position)

## UNDERTAKING

For the compliance period, I am submitting the requirements for Licensing/Accreditation of our organization. I hereby undertake to comply the 75% attendance required for ABSNET meetings. I understand that in the event I fail to comply after this issuance, our organization will no longer be given this undertaking for active membership.

\_\_\_\_\_  
(Signature Over Printed Name of the Executive Director  
or Program Head)

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

\_\_\_\_\_  
(Date)