

## APPLICATION FORM FOR REGISTRATION

Direction: Kindly fill-up/answer all items with check (✓) mark.

**✓ Scope/Coverage:**

- More than one Region/ Nationwide  
Specify regions: \_\_\_\_\_
- 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:**

<b>✓</b> Name of Applicant Organization (as stated on the SEC Registration)		
<b>✓</b> Other Name (e.g., acronym, short name, previous name, etc.)		
<b>✓</b> Business Address (based on the latest General Information Sheet/GIS submitted to SEC):	No. and Street/ Subdivision:	
	Barangay	
	City/Municipality	
	Province	
	Zip Code	
<b>✓</b> Head of Applicant SWDA	Name	
	Position/Designation	
<b>✓</b> Contact details	Landline No.	
	Mobile No.	
	Social Media Account	
	E-mail address	
	Website	
<b>✓</b> Principal Registration (Juridical Personality)	Agency (SEC)	
	Registration No.	
	Date Registered	
<b>✓</b> Mayor's Permit (if available)	Place Issued	
	Issued No.	
	Date Issued:	
<b>✓</b> Validity Period:		
<b>✓</b> DSWD Official Receipt (O.R.) No. (Please attach photocopy of receipt)		

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

III. **Documentary Requirements:** *(Please put check as appropriate)* If available, indicate under findings/ observations whether such document contains complete information or other concerns that need to be improved.

	Requirements	✓ To be filled-out by Applicant SWDA		Findings/Observations <i>(To be filled-up by the assessor)</i>	Means of Verification/ presented to the DSWD Assessor
		Compliant?			
		Yes	No		
1	Duly Accomplished and Notarized Application Form, and copy of the official receipt for the processing fee				
2	Updated Copy of Certificate of Registration with the Securities and Exchange Commission (SEC), and latest Articles of Incorporation and by-laws wherein the applicant's primary purpose/s is/are within the purview of social welfare and development that gives a juridical personality to a non-stock non –profit organization to operate in the Philippines				
3	Copy of any of the following:				
	a. Handbook or Manual Operations of its programs policies and procedures to attain its purposes				
	b. Brochure				
	c. Duly signed Work and Financial Plan for at least two (2) years by the Head of Agency				

IV. **Registration Criteria**

In assessing the application of the organization for registration, it should comply the RA 10847 criteria that it is engaged mainly or generally in social welfare and development activities prior issuance of Certificate of Registration.

**✓ V. Declaration of Commitment**

Consistent with the principle that there is an irreconcilable conflict of interest between public health, public safety, and provision to public services on one hand and the interests of the tobacco industry, and its representatives on the other, the undersigned hereby commits and supports all government efforts to protect the bureaucracy against any interference from the tobacco industry by signing the Certification below.

Given this, the undersigned declares that he/she, at present\*, **is not directly or indirectly representing, or not directly or indirectly receiving donation or payment** from any tobacco product manufacturer or wholesaler, or any parent, affiliate or subsidiary of a tobacco product manufacturer or wholesaler, or any person, interest group, advocacy organization, law firm, advertising agency, or other business or organization that represents the interests of the tobacco industry.

*\*in case of any past interests related to the tobacco industry, please declare/list the details of such interest in the blank spaces provided (name of tobacco company, date and details of involvement)*

Name of Tobacco Company	Date/Period of Involvement	Details of Involvement

**✓ VI. Data Privacy Act (DPA) of 2012**

By completing this form, I/we give permission to the Department of Social Welfare and Development (DSWD) to enter and store the data provided above in its authorized storage system and will only be accessed by the authorized DSWD personnel.

I/we understand that our personal information collected and stored shall be used for the following:

1. Processing and reporting of documents related to the conduct of regulatory activities (i.e., registration, licensing, accreditation of SWDAs and/or service providers), under certain conditions as required by law.
2. Announcements or promotions of programs, projects, and other activities organized by the Department and its partners.
3. Activities pertaining to establishing relations with DSWD stakeholders.
4. Other related activities authorized by the DSWD

I/We understand that I am given certain rights under the Data Privacy Act, including the right to object to processing of my data, the right to access my data, the right to correct any inaccurate data, and the right to erasure or blocking of data. For more information on these rights, and for requests to review the Data, to withdraw consent to the use of the Data for any of the purpose stated above, and/or to correct or update the Data, I am to contact the Standards Bureau Data Privacy Compliance Officer at sb@dswd.gov.ph.

I/We have read and understood the above and hereby consent to, agree on, accept, and acknowledge the terms stated for myself/ourselves and/or the agency by signing the Certification below.

**✓ VII. Certification**

**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 of Registration, kindly check the appropriate box on how the organization would like to receive the Certificate:

- Through courier       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./the following (maximum of 3) representatives \_\_\_\_\_,  
(Full name of authorized representative/s)  
 our \_\_\_\_\_, as our official representative to transact with DSWD covering  
(designation in the organization)  
 all the requirements and processes set in our application for Registration;
- (b) 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, and;
- (c) Attest that all information in this application together with all the supporting documentary requirements are true and correct.

Note: Please present a valid ID of the authorized representative who will process the application and Photocopy of the valid ID with signature of the affiant who authorized the representative to process the application upon submission of application documents to DSWD.

AFFIANT	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	

*Note: Please use additional sheet/s, if necessary.*

(To be filled-up by the DSWD assessor)

**Recommendations:** (Please check appropriate box and fill-up the requested information below:

**A. For Issuance:**

Based on the above findings, \_\_\_\_\_ is ready  
(Name of SWDA)  
 for issuance of registration certificate.

**B. If Non-Compliant:**

To facilitate the issuance of Certificate of Registration, the agency shall comply with the following document/s within \_\_\_\_\_ days/months to the concerned DSWD Office:

**LACKING DOCUMENTS:**

**Assessed by:**

\_\_\_\_\_  
*(Name and Signature of DSWD Technical Staff or Authorized Intermediary)*

\_\_\_\_\_  
*(SB/Field Office)*

\_\_\_\_\_  
*(Designation)*

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

**Endorsed by:**

\_\_\_\_\_  
*(Signature and Printed Name of the assigned Standards Bureau Division Chief/Assigned DSWD FO Division Chief)*

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

**Approved by:**

\_\_\_\_\_  
*(Signature and Printed Name of the Standards Bureau Director/ FO Director)*

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