**ANNEX D.**

**DECLARATION FOR OTHER ORGANIZATIONS/ASSOCIATIONS/CORPORATIONS**

I, [Name of Affiant], of legal age, [Civil Status], [Nationality], and residing at [Address of Affiant], after having been duly sworn in accordance with law, resolve to raise funds for the [State objective/purpose of public solicitation activity], and do hereby depose and state that:

1. [Select one, delete the other:]

[If the head of the agency:] I am the head of [Name of Corporation/Organization/Association] with office address at [address of Corporation/Organization/Association];

[If Authorized representative:] I am the duly authorized and designated representative of [Name of Corporation/Organization/Association] with office address at [address of Corporation/Organization/Association];

1. [Select one, delete the other:]

[If the head of the agency:] As the agency head of [Name of Corporation/Organization/Association], I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the documents, and sign and execute the application for Public Solicitation Permit of [Name of Corporation/Organization/Association] as shown in the attached [state title of attached document showing proof of authorization (e.g., duly notarized Secretary’s Certificate, Board/Partnership Resolution, or Special Power of Attorney, whichever is applicable;)];

[If Authorized representative:] I am granted full power and authority to do, execute and perform any and all acts necessary to participate, submit the documents, and sign and execute the application for Public Solicitation Permit of [Name of Corporation/Organization/Association], as shown in the attached [state title of attached document showing proof of authorization (e.g., duly notarized Secretary’s Certificate, Board/Partnership Resolution, or Special Power of Attorney, whichever is applicable;)];

1. [Name of Corporation/Organization/Association] is not “blacklisted” or barred from applying for Public Solicitation Permit with the Department of Social Welfare and Development (DSWD) as defined and provided under DSWD MC 09 series of 2024 or the Revised Guidelines in The Processing and Issuance of Regional and National Public Solicitation Permits;
2. [Name of Corporation/Organization/Association] is not blacklisted to do transactions with the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units (LGU), foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board, by itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as defined and provided for in the Uniform Guidelines on Blacklisting;
3. [Name of Corporation/Organization/Association] undertakes that, in the event that it receives donation or payment from any person or business related to the tobacco industry, [Name of Corporation/Organization/Association] shall not allow any form or tobacco products, including any item, material, tangible or intangible that would identify or associate such donation in cash or in-kind to the tobacco company, or its manufacturer or wholesaler, or any person, interest group, advocacy organization, law firm, advertising agency or other business organization that represents the interest of the tobacco industry;
4. Each of the documents submitted in satisfaction of the public solicitation permit requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;
5. [Name of Corporation/Organization/Association] will limit the administrative expenses incident in the holding of the fund drive to no more than thirty percent (30%) of the fund and/or the balance of not less than seventy percent (70%) to be appropriated for the said project.
6. [Name of Corporation/Organization/Association] is authorizing the DSWD or its duly authorized representative(s) to verify all the documents submitted and is authorized to inspect the premises of the office as part of its monitoring activities;
7. [Name of Corporation/Organization/Association] has no unliquidated funds and it is free from any financial liability/obligation from past and current partnerships with the DSWD that involve a transfer of funds;
8. The following persons are the only authorized agents who will be involved in the conduct of the solicitation/fund drive;

| ***Name of Authorized Solicitors/ Agents/Partner Agencies*** | ***Business/ Home Address*** | ***Email Address*** | ***Contact Numbers*** | ***Nationality***  *(*if foreign, pls. indicate BID clearance/working visa  number and date) |
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1. The following are the governing board officers/members of the [Name of Corporation/Organization/Association] and shall be held responsible for the conduct of the solicitation activity:

| ***GOVERNING BOARD OFFICERS/MEMBERS*** | | ***Position*** | ***Nationality***  *(*if foreign, pls. indicate BID clearance/working visa number and date) | ***Residential Address*** | ***Email Address*** | ***Contact Numbers*** |
| --- | --- | --- | --- | --- | --- | --- |
| ***Full Name*** | ***Signature*** |  |  |  |  |  |
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1. [Name of Corporation/Organization/Association] is not, in any way, connected with commercial importation of used or pre-owned clothing and is not importing any adulterated or misbranded food or goods for human consumption or any adulterated or misbranded drug in violation of relevant law and regulation; and
2. All personal data, as defined under the Data Privacy Act of 2012 and its implementing rules and regulations, along with account transaction information or records with the DSWD may be processed, profiled, or shared to requesting parties or for the purpose of any court, legal process, examination, inquiry, and audit or investigation of any authority.

Finally, I [Name of Affiant], under penalty of perjury, certify that all information provided in my application is true and correct to the best of my personal knowledge and is based on authentic records submitted to the DSWD. Supplying false or misleading information or producing falsified documents shall be grounds for appropriate administrative and criminal actions against me, including the revocation of the permit.

***[SIGNATURE OVER PRINTED NAME OF THE HEAD OF THE AGENCY***

***OR ITS AUTHORIZED REPRESENTATIVE]***

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**Affiant**

Subscribed and sworn to before me, a Notary Public in and for [city], affiant exhibiting to me his/her [insert competent evidence of identity] issued at [insert] and expiring on [insert], who who was identified by me through competent evidence of identity to be the same person who presented the foregoing instrument and signed the instrument in my presence, and who took an oath before me as to such instrument.

Witness my hand and seal this \_\_\_ day of \_\_\_\_\_\_, \_\_\_\_\_\_\_\_

**[INSERT NOTARIAL CERTIFICATE]**