***Annex 1: Application Form for Registration***

***Application Form for Registration***

***Scope/Coverage:***

* More than one Region/ Nationwide
* 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:**

|  |  |  |
| --- | --- | --- |
| Name of Applicant Organization *(as stated on the SEC Registration)* | |  |
| Other Name *(e.g., acronym, short name, previous name, etc.)* | |  |
| *Business Address*: | No. and Street/ Subdivision: |  |
| Barangay |  |
| City/Municipality |  |
| Province |  |
| Zip Code |  |
| Head of Applicant SWDA | Name |  |
| Position/Designation |  |
| Contact details | Landline No. |  |
| Fax No. |  |
| Mobile No. |  |
| Social Media Account |  |
| E-mail address |  |
| Website |  |
| Principal Registration  (Juridical Personality) | Agency *(SEC)* |  |
| Registration No. |  |
| Date Registered |  |
| Mayor’s Permit | Place Issued |  |
| Issued No. |  |
| Date Issued: |  |
| Validity Period: |  |

1. **Specific Objectives of the Organization** (pls. state and attached separate page,

if necessary):

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

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 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) |