**UNDERTAKING TO COMPLY WITH THE REQUIREMENTS ON THE APPLICATION FOR LICENSE TO OPERATE AND/OR ACCREDITATION OF PROGRAMS AND SERVICES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **On behalf of the applicant SWDA, I:**  Mr./Ms./Mrs./Mx. *(Full name of authorized representative), (designation in the organization)* official representative of *(name of SWDA with Postal address at)* to transact with DSWD, that for and in consideration of our application for License to Operate or Accreditation of Programs and Services during state of national emergency or calamity, I hereby undertake to comply with the following Department of Social Welfare and Development (DSWD) requirements, to wit:   * Certified true copy of General Information Sheet issued by Securities Exchange   Commission   * Certification of no derogatory information issued by Securities Exchange * Commission (for those operating more than six (6) months upon filing of the   application)  **THAT** I shall submit said requirements to (indicate specific DSWD Office e.g. Standards Bureau or Field Office) on (indicate date).  **THAT** non-submission of the listed requirements on or before the specified dates, would be grounds for the revocation of the organization’s/agency’s Certificate of License to Operate or Certificate of Accreditation.  ***Certified Correct***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature over Printed Name of the SWDA’s Representative) Date    **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 |  | |