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

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| --- | --- | --- | --- | --- | --- | --- |
| **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:**

|  |  |
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| Government ID Type and No. |  |
| Place and date of issue |  |
| Valid until |  |

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