

## 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:	

**II. 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)

**Authorization:**
**On behalf of the applicant, I hereby:**

- (a) Authorize Mr./Ms./Mrs. \_\_\_\_\_,  
 (Full name of authorized representative)  
 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) Attest that all information in this application together with all the supporting documentary requirements are true and correct.

AFFIANT – Authorized Representative	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	