

(Letterhead of LSWDO/ABSNET, if any)

CERTIFICATION

This is to certify that _____
 (Name of SWDA)

located at _____
 (Main Office Address)

is in existence and implementing the following social welfare and development programs and services in areas within our jurisdiction:

<i>Programs and Services</i>	<i>Area of Coverage/ Location</i>	<i>Target Beneficiaries</i>	<i>Contact Person & Designation/Position</i>	<i>Office/Satellite Office</i>	<i>Contact Number/s</i>

This certification is issued to said organization to support its application with DSWD for :

- Licensing
- Accreditation
- Others, please specify: _____

Issued this _____ day of _____, 201__.

Issued by:

(Signature over Printed Name of LSWDO Officer or ABSNET Officer)

(Designation/Position)

(Name of LSWDO Office or ABSNET Cluster)