

Name of Organization : _____
 Registered Address : _____
 Contact Nos. : _____
 Date Organized : _____
 Date Registered : _____

Registering or Accrediting Agency: (Check appropriate box)

- Securities and Exchange Commission
- Cooperatives Development Authority
- Department of Labor and Employment
- Department of Health
- Department of Agriculture
- Department of Agrarian Reform
- National Anti-Poverty Commission
- National Commission on indigenous Peoples
- National Housing Authority
- Insurance Commission
- Philippine Regulatory Board
- Housing and Land Use Regulatory Board
- Others: (Please specify) _____

Organization Level: (Check appropriate box)

- Barangay-based
- Chapter
- Affiliate or a larger organization (Please identify the larger organization) _____
- Others: (Please specify) _____

Purposes / Objectives: (Use of additional sheets, if necessary)

CY _____

Projects	Costs	Beneficiaries	Status

Project Financing (Sources or Schemes)

Services the Organization provide or can participate in

Name of Members: (Use separate sheet.)

- Within the LGU
- Outside of the LGU, if any

WE HEREBY CERTIFY to the correctness of the above information.

Secretary

President