



Republic of the Philippines
PROVINCE OF OCCIDENTAL MINDORO
OFFICE OF THE SANGGUNIANG PANLALAWIGAN
APPLICATION FORM FOR ACCREDITATION

☐ NEW
☐ PREVIOUSLY ACCREDITED

NAME OF ORGANIZATION/ASSOCIATION								
OFFICE ADDRESS								
BARANGAY								
MUNICIPALITY								
DATE ORGANIZED								
DATE REGISTERED								
CONTACT NUMBER								
NUMBER OF MEMBERS	MALE		FEMALE		TOTAL			
REGISTERING OR ACCREDITING AGENCY: (Please check appropriate box)								
<table style="width: 100%; border: none;"><tr><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> Securities and Exchange Commission <input type="checkbox"/> Cooperatives Development Authority <input type="checkbox"/> Department of Labor and Employment <input type="checkbox"/> Department of Social Welfare and Development <input type="checkbox"/> Department of Health <input type="checkbox"/> Department of Agriculture <input type="checkbox"/> Department of Agrarian Reform <input type="checkbox"/> Department of Education</td><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> National Anti-Poverty Commission <input type="checkbox"/> National Commission on Indigenous People <input type="checkbox"/> National Housing Authority <input type="checkbox"/> Insurance Commission <input type="checkbox"/> Philippine Regulatory Commission <input type="checkbox"/> Housing and Land Use Regulatory Board <input type="checkbox"/> Others: (Please specify)</td></tr></table>							<input type="checkbox"/> Securities and Exchange Commission <input type="checkbox"/> Cooperatives Development Authority <input type="checkbox"/> Department of Labor and Employment <input type="checkbox"/> Department of Social Welfare and Development <input type="checkbox"/> Department of Health <input type="checkbox"/> Department of Agriculture <input type="checkbox"/> Department of Agrarian Reform <input type="checkbox"/> Department of Education	<input type="checkbox"/> National Anti-Poverty Commission <input type="checkbox"/> National Commission on Indigenous People <input type="checkbox"/> National Housing Authority <input type="checkbox"/> Insurance Commission <input type="checkbox"/> Philippine Regulatory Commission <input type="checkbox"/> Housing and Land Use Regulatory Board <input type="checkbox"/> Others: (Please specify)
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ORGANIZATIONAL LEVEL: (Please check appropriate box)								
<input type="checkbox"/> Barangay-based <input type="checkbox"/> Chapter <input type="checkbox"/> Affiliate of a larger organization (Please identify larger organization) _____ <input type="checkbox"/> Others: (Please specify)								
LINKAGES/MEMBERSHIP:								
<input type="checkbox"/> CITY <input type="checkbox"/> REGIONAL <input type="checkbox"/> NATIONAL <input type="checkbox"/> INTERNATIONAL								
PURPOSE/OBJECTIVES: (Please use additional sheets if necessary)								

SERVICES THE ORGANIZATION PROVIDES OR CAN PARTICIPATE IN								

PROJECTS IMPLEMENTED IN THE PROVINCE OF OCCIDENTAL MINDORO:								
Year	Project	Cost	Financing Scheme	Beneficiaries	Status			

We **HEREBY CERTIFY** to the correctness of the above information.

Submitted by:

CHAIRPERSON/PRESIDENT
(Signature above printed name)

Certified by:

Secretary
(Signature above printed name)

Date