



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Regional Office No. ____

APPLICATION FOR REPORT OF AFFILIATION

PART I. INFORMATION ABOUT THE REPORTING ORGANIZATION

To be accomplished by the applicant. Supply all required information. Misrepresentation, false statement or fraud in this application or any supporting document is a ground for denial or cancellation of registration.

Date Accomplished (mm/dd/yyyy)

Name of Applicant Federation/National Union

Address

Contact Nos.

E-mail: _____

Landline No: _____

Mobile No: _____

Name of President

(Last Name)

(First Name)

(M.I.)

Address

Gender

Contact Nos.

E-mail: _____

Landline No: _____

Mobile No: _____

Certificate of Affiliation No.

Name of Independent Union

Address

Industry Classification

(Pls. Refer to PSC in the TSSD)

Coverage of the Bargaining Unit

- Supervisory
 Rank and File
 If Educational Institution:
 Teaching
 Non-Teaching

Registration Certificate No.

New Name of Independent Union

No. of Employees in the Company

Male

Female

TOTAL

No. of Employees in the Bargaining Unit

Male

Female

TOTAL

No. of Union Members

Male

Female

TOTAL

I attest to the truth of the foregoing.

 President
 (Signature over printed name)