



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Bureau of Labor Relations

**APPLICATION FOR REGISTRATION OF WORKERS' ASSOCIATION (WA)
OPERATING IN MORE THAN ONE REGION**

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 Association

Address

Contact Nos.

E-mail: _____

Landline No: _____

Mobile No: _____

Name of President

(First Name)

(M.I.)

(Last Name)

Address

Contact Nos.

E-mail: _____

Landline No: _____

Mobile No: _____

Gender

Date Organized (mm/dd/yyyy)

Date of CBL Ratification (mm/dd/yyyy)

Place/s of Operation

Association Members

Male

Female

TOTAL

Name of Branches

Address

Total Members

Name of Branches	Address	Total Members

(Use additional sheet/s if necessary)

I attest to the truth of the foregoing.

President
(Signature over printed name)

Subscribed and sworn before me at _____, Philippines,
this _____ day of _____ 20 _____ with I.D. No. _____
issued by _____ on _____.

NOTARY PUBLIC

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Page No. _____
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Series of _____