



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

**APPLICATION FOR UNION REGISTRATION
(INDEPENDENT)**

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 Organization

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

Male Female

Date Organized (mm/dd/yyyy)

Date of CBL Ratification (mm/dd/yyyy)

Name of Establishment

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

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)

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

NOTARY PUBLIC

Doc. No. _____

Page No. _____

Book No. _____

Series of _____