



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

## APPLICATION FOR CBA REGISTRATION

INSTRUCTIONS: Parts I & II shall be accomplished by the applicant. Supply all required information.

<b>PART I. General Information</b>	Date Accomplished (mm/dd/yyyy)
	<input style="width: 90%;" type="text"/>

### A. Parties

A.1. Name of Establishment / Company	Contact Nos.
<input style="width: 95%;" type="text"/>	E-mail: <input style="width: 90%;" type="text"/>
Address	Landline No: <input style="width: 90%;" type="text"/>
<input style="width: 95%;" type="text"/>	Mobile No: <input style="width: 90%;" type="text"/>

A.2. Name of Union/Bargaining Agent	Contact Nos.
<input style="width: 95%;" type="text"/>	E-mail: <input style="width: 90%;" type="text"/>
Address	Landline No: <input style="width: 90%;" type="text"/>
<input style="width: 95%;" type="text"/>	Mobile No: <input style="width: 90%;" type="text"/>

Name of Federation (if affiliated)

Registration Certificate No./Certificate of Local Creation No.

Date Registered

A.3. Representation status acquired through	Date (mm/dd/yyyy)
<input type="checkbox"/> Certification/Consent Election <input type="checkbox"/> Voluntary Recognition <input type="checkbox"/> Request for SEBA Certification	Date certified as winner (CE)
	Date when V.R. was recorded by DOLE
	Date of Order approving Request for SEBA Certification
	<input style="width: 95%;" type="text"/>

A.4. Type of Industry where the parties operate	A.4. Product Line
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

### B. No. of Employees

No. of Employees in the Company		No. of Employees in the Bargaining Unit		No. of Union Members	
Male	<input style="width: 40%;" type="text"/>	Male	<input style="width: 40%;" type="text"/>	Male	<input style="width: 40%;" type="text"/>
Female	<input style="width: 40%;" type="text"/>	Female	<input style="width: 40%;" type="text"/>	Female	<input style="width: 40%;" type="text"/>
TOTAL	<input style="width: 40%;" type="text"/>	TOTAL	<input style="width: 40%;" type="text"/>	TOTAL	<input style="width: 40%;" type="text"/>

### C. Duration / Period / Status of Agreement

C.1. Ratification	C.2. Duration / Effectivity	D.3. Status of Agreement
Date Ratified	From:	<input type="checkbox"/> First <input type="checkbox"/> Renegotiated <input type="checkbox"/> Renewal <input type="checkbox"/> First Renewal <input type="checkbox"/> Second Renewal <input type="checkbox"/> Third Renewal <input type="checkbox"/> Fourth Renewal <small>*No Registration Fee for Renegotiated CBA</small>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Number of Ratifying Signatures	To:	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

**PART II. Joint Attestation / Certification**

We jointly certify that:

- 1. The CBA was posted in two (2) conspicuous places for at least five (5) days before its ratification;  
Date of posting \_\_\_\_\_ Date of Ratification \_\_\_\_\_
- 2. The CBA was ratified by the majority of the employees in the bargaining unit of the employer;  
Total employees in the bargaining unit \_\_\_\_\_ Total employees who ratified \_\_\_\_\_  
*(Please attach documents containing the ratifying signatures)*

Done this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
Signature Over Printed Name  
(Union President)

\_\_\_\_\_  
Signature Over Printed Name  
(Company Representative)

ID Presented \_\_\_\_\_

ID Presented \_\_\_\_\_

ID No. \_\_\_\_\_

ID No. \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ at \_\_\_\_\_, the parties herein exhibiting to me their Identification Cards.

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