



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

Contact Nos.

E-mail: \_\_\_\_\_

Landline No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Gender

Male

Female

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)