



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Regional Office No. IV-A

**Rural Workers' Association (RWA)
Application for Registration**

PART I. INFORMATION ABOUT THE APPLICANT ASSOCIATION To be accomplished by the applicant. Supply all required information. Misrepresentation, false statement or fraud in this application or in any supporting document is a ground for denial or cancellation of registration.		Date Accomplished:
Name of Applicant Association	Address	
Name of President (Last) (First) (Middle)	Address	
Date Organized (Day) (Month) (Year)	Date of CBL Ratification (If ratification was done on successive dates, state dates of ratification.)	
Place/s of Operation	No. of Members _____ Male _____ Female _____	
Occupation of Members. <i>Please check appropriate category.</i> <input type="checkbox"/> Agricultural workers (\diamond farmers \diamond fisherfolk \diamond artisans \diamond cottage \diamond others _____) <input type="checkbox"/> Small transport workers (drivers: \diamond jeepney \diamond FX \diamond tricycle \diamond pedicab) <input type="checkbox"/> Homebased/Homeworkers <input type="checkbox"/> Small construction workers <input type="checkbox"/> Vendors (\diamond market \diamond sidewalk \diamond ambulant) <input type="checkbox"/> Small-scale miners <input type="checkbox"/> Others/Own-Account, Pls. specify _____		
Fiscal Period <input type="checkbox"/> Calendar Year <input type="checkbox"/> Fiscal year (Pls. specify) _____	Status of Finances <input type="checkbox"/> w/ Financial Report <input type="checkbox"/> w/o Financial Report	
I attest to the truth of the foregoing. <div style="text-align: right; margin-right: 100px;"> _____ Authorized Representative / Position in the Association (Signature over printed name) </div> <p>SUBSCRIBED AND SWORN TO before me at _____, Philippines this ___ day of _____ 20___, by _____ with Community Tax Certificate No. _____ issued at _____ on _____.</p> <p style="text-align: right;">NOTARY PUBLIC</p> <p>Doc No. Page No. Book No. Series of 200___</p>		
PART II. PROCESSING OF REQUIREMENTS (To be accomplished by the processor in the RO)		Date Received: _____ 2015

A. Checklist of documents. All documents shall be certified under oath by the Secretary or Treasurer as the case may be and attested to by the President. Documents not so certified and attested shall not be considered as compliance.

- 1. Names of the association's officers and their respective addresses
- 2. Minutes of the organizational meeting/s
- 3. List of the members who participated in the organizational meeting/s
- 4. Annual financial reports if the applicant association has been in existence for one year or more
- 5. Financial report not required because applicant association has been in existence for less than one year or has not collected any amount
- 6. Constitution and by-laws accompanied by the names and signatures of ratifying members
- 7. Minutes of adoption or ratification of the constitution and by-laws and dates/s when ratification was made
- 8. Minutes of adoption or ratification is not required if it is done simultaneously with the organizational meeting and the same is reflected in the minutes of the organizational meeting

All documents supporting the application for registration shall be submitted in triplicate: one original and two duplicate copies.

B. Payment of Registration Fee

- Registration Fee paid under O.R. No. _____ Date _____
- Registration Fee not paid

C. Recommendation on the Application:

- Recommending Approval with Certificate of Registration attached
- Recommending Denial due to failure to comply with documentary requirements
(Pls. specify lacking documents)

- 1. _____
- 2. _____
- 3. _____

By:

Processor
(Signature over printed name)

Date _____

PART III. ACTION ON THE APPLICATION

A. Approval /Denial

- Approved for Registration, with duly signed Certificate of Registration attached
- Registration denied, with duly signed Notice of Denial
Respectfully endorsed to the Director
- For approval of the Certificate of Registration
- For approval of Notice of Non-Compliance

Approved for release.

Signature over Printed Name of Provincial Head

Date

Registration Certificate No.

Date Issued:

Date Released: