



بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

Republic of the Philippines  
Bangsamoro Autonomous Region in Muslim Mindanao  
**Office of the Chief Minister**  
**Office for Settler Communities**

Office Address: 2<sup>nd</sup> Floor, Carumba Building, Jupiter St., RH IX  
Cotabato City, BARMM, Philippines



## Application for Settler Organization's Certification

ORGANIZATION'S DATA						
Organization's Full Name						
Organization's Acronym						
Organization's Contact Person & Position/Designation						
Area/s of Operation						
Total Number of Members						
No. of Year/s of Operation						
Principal Place of Business (City or Municipality and Province)						
Postal Address for Election Purposes						
Email Address						
Contact Number/s						
Date and Place of Establishment of Organization						
Date and Manner of Election or Selection of Officers (check boxes if appropriate)	Date: _____	<input type="checkbox"/>	By secret ballot	<input type="checkbox"/>	By show of hands	Others: _____
LIST OF OFFICERS (Additional sheet/s may be used, if necessary.)						
Full Name	Position/Designation	Address				
BRIEF SUMMARY OF TRACK RECORD OF ADVOCACIES FOR SETTLER COMMUNITIES						
Indicate a minimum of three (3) verifiable projects, activities, or initiatives of your organization, or of at least three (3) of your members, as evidence of involvement and accomplishments in advancing the rights and welfare of settler communities in the BARMM, starting from the most outstanding or relevant one (Substantial description should be indicated in your attached Track Record sheet.).						
BRIEF SUMMARY OF PLATFORM OF GOVERNMENT BASED ON ADVOCACIES FOR THE SETTLER COMMUNITIES						
(Substantial description should be indicated in your attached Platform of Government sheet.)						

**ORGANIZATION'S PROVINCIAL, CITY, MUNICIPAL CHAPTERS, BRANCHES, AND DIVISIONS, IF ANY**  
(Additional sheet/s may be used, if necessary.)

Name	Local Government Unit	Effective Duration	Postal Address

**DECLARATION**

1. Do all members of your organization belong to the settler communities within BARMM?	Yes _____	No _____
2. Is your organization a religious sect or denomination?	Yes _____	No _____
3. Does your organization pursue its goals through violence or other unlawful means?	Yes _____	No _____
4. Does your organization uphold and adhere to the Constitution and obey all laws and legal orders promulgated by the duly constituted authorities?	Yes _____	No _____
5. Is your organization supported by, or does it accept financial contribution from, any foreign government or other agencies?	Yes _____	No _____
6. Do you waive your right to data privacy under the provisions of Republic Act No. 10173 or the Data Privacy Act of 2012 for the processing of the data you provided concerning your organization?	Yes _____	No _____

**SUBMISSION**

(Head of the Organization or his/her authorized representative)

Full Name		<b>Signature:</b>
Position/Designation		
Date of Birth		
Residence Address		<b>Date:</b>
Valid ID & No.		

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_, Philippines by the above-named person who has satisfactorily proven to me his/her identity and known to me as the same person who personally signed the forgoing instrument and avowed under penalty of law to the whole truth of its contents.

Doc. No. \_\_\_\_\_;  
Page No. \_\_\_\_\_;  
Book No. \_\_\_\_\_;  
Series of \_\_\_\_\_.

*Notary Public*

**ACTION TAKEN BY OSC PERSONNEL**

Stamping of Receipt by Authorized OSC Personnel	Review by Authorized OSC Personnel	
	Recommendation for Approval:	Recommendation for Disapproval (With specific grounds):
	_____ (Signature over Printed Name)	
	_____ (Position/Designation)	
	Date: _____	Time: _____

**ACTION TAKEN BY OSC EXECUTIVE DIRECTOR**

Approved _____	Disapproved _____	_____ (Signature over Printed Name)
	Reason:	
	Date: _____	Time: _____