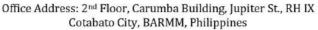


Republic of the Philippines Bangsamoro Autonomous Region in Muslim Mindanao

## Office of the Chief Minister Office for Settler Communities





## **Application for Settler Organization's Certification**

	Oi	RGAN	NIZATION'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					(1)		2		
Date and Manner of Election or Selection of Officers (check boxes if appropriate)	Date:		By secret ballot		By sho hands	w of		Others:	
	/ *************************************		OF OFFICERS						
Full Na		ieet/	/s may be used, if necessary.)  Position/Designation			Address			
SEP OF CHISALOS	economic	1	- Contient Designation						
	$\Box$								
		_							
200	EF SUMMARY OF TRACK REC	1000	OF ADVOCACIES	FOR		contin			
Indicate a minimum of three (3 evidence of involvement and a	) verifiable projects, activitie	s, or g the	initiatives of your rights and welfare	organ	nization, ettler cor	or of at nmuniti	least the	hree (3) of your members, as ne BARMM, starting from the	
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120-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-									
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	RY OF PLATFORM OF GOVER tantial description should be								
96						- 727-22		100 10 10 10 10 10 10 10 10 10 10 10 10	
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ORG	SANIZATION'S PROVINCIAL, C (Additio		CHAPTERS, BRANCH be used, if necessary		NS, IF ANY		
Name	Local Govern		Effective Duration	72-W1	Postal Address		
2. Is your organization a re	organization belong to the se digious sect or denomination pursue its goals through viole	,	es within BARMM?	Yes _ Yes _ Yes _	No No No		
4. Does your organization promulgated by the d	uphold and adhere to the Cor uly constituted authorities? ported by, or does it accept fi	stitution and ob	ey all laws and lega	l orders Yes _	200		
government or other a 6. Do you waive your right Data Privacy Act of 20		ovisions of Repul	blic Act No. 10173 o				
organization?	W- / 20 -	SUBMIS		25 26 26			
Full Name	(Head of the Org	anization or his/	her authorized repre	esentative)	Signature:		
Position/Designation				=====	20 <del>.2</del> 11.22-2		
Date of Birth							
Residence Address					Date:		
Valid ID & No.							
Juliu io Cittoi				<u> </u>			
	e-named person who has signed the forgoing instru		owed under pena	· Marie and a second se			
Stamping of Receipt by	AC Authorized OSC Personnel	TION TAKEN BY	OSC PERSONNEL  Review by	Authorized OSC	Personnel		
		Recommendat	tion for Approval:	Recom	mendation for Disapprova grounds):	ıl (With	
			/Signat	ure over Printed	Name)		
		(Signature over Printed Name)					
		(Position/Designation)					
		Date:		· · · · · · · · · · · · · · · · · · ·	Time:		
	ACTION	TAKEN BY OSC	EXECUTIVE DIRECTO	)R			
Approved	Disapproved						
	Reason:						
	Name)						
		Date:	10-144		Time:		