



Republic of the Philippines  
**DEPARTMENT OF LABOR AND EMPLOYMENT**  
**NATIONAL CAPITAL REGION**

**APPLICATION FOR REGISTRATION FOR INDENDENT UNION**

<b>PART I. INFORMATION ABOUT THE REPORTING ORGANIZATION</b> 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 Organization			
Address		Place/s of Operation of Union	
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.)	
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	
Name of Establishment	Address	Industry Classification (Pls. refer to PSC in the LRD)	Product Line
<b>No. of Employees</b>			
Establishment/Company Male _____ Female _____		Bargaining Unit Male _____ Female _____	
		Union Members Male _____ Female _____	
<b>Description of the Bargaining Unit (Check all appropriate boxes)</b>			
Composition: <input type="checkbox"/> Supervisory <input type="checkbox"/> Rank and File			
Structure: <input type="checkbox"/> Employer Unit <input type="checkbox"/> Occupational Unit			
Sectoral Classification: <input type="checkbox"/> Industry <input type="checkbox"/> Services <input type="checkbox"/> Agriculture			
Occupational Classification:			
<input type="checkbox"/> Technical <input type="checkbox"/> Administrative <input type="checkbox"/> Faculty			
<input type="checkbox"/> Professional <input type="checkbox"/> Manufacturing <input type="checkbox"/> Sales/Marketing			
Mode of Payment of Wages:			
<input type="checkbox"/> Monthly-paid <input type="checkbox"/> Daily-paid <input type="checkbox"/> Hourly paid <input type="checkbox"/> Task / "pakiao" <input type="checkbox"/> Commission			
I attest to the truth of the foregoing.			
_____ Authorized Representative / Position in the Union (Signature over printed name)			
SUBSCRIBED AND SWORN TO before me at _____, Philippines this ____ day of _____ 200__, by _____ with Community Tax Certificate No. _____ issued at _____ on _____.			
NOTARY PUBLIC			
Doc No. Page No. Book No. Series of 20____			

<b>PART II. PROCESSING OF REQUIREMENTS</b> (To be accomplished by the processor in the FO)	<b>Date Received:</b>
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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. Name of the organization's officer and their respective addresses
- 2. Approximate number of employees in the bargaining unit where it seeks to operate with a statement that it is not reported as a chartered local of any federation or national union
- 3. Minutes of the organizational meeting/s
- 4. List of the members who participated in the organizational meeting/s
- 5. Names of all its members comprising at least twenty percent (20%) of the employees in the bargaining unit
- 6. Annual financial reports if the applicant organization has been in existence for one year or more
- 7. Financial report not required because applicant organization has been in existence for less than one year or has not collected any amount
- 8. Constitution and by-laws accompanied by the names and signatures of ratifying members
- 9. Minutes of adoption or ratification of the constitution and by-laws and dates/s when ratification was made
- 10. 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: \_\_\_\_\_  
Evaluator  
(Signature over printed name)

Date \_\_\_\_\_

<b>PART III. ACTION ON THE APPLICATION</b>
<p><b>A. Approval /Denial</b></p> <p><input type="checkbox"/> Approved for Registration with duly signed Certificate of Registration attached</p> <p><input type="checkbox"/> Registration denied, with duly signed Notice of Denial</p> <p>Respectfully endorsed to the Director</p> <p><input type="checkbox"/> For approval of the Certificate of Registration</p> <p><input type="checkbox"/> For approval of Notice of Non-Compliance</p>

\_\_\_\_\_  
Field Office Director

\_\_\_\_\_  
Date

Approved for release.

\_\_\_\_\_  
Name of Releasing Officer

\_\_\_\_\_  
Date

<b>Registration Certificate No.</b>	<b>Date Issued:</b>	<b>Date Released:</b>
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