*Annex 2 - Notarized Application Form*

**APPLICATION FOR AUTHORITY**

**TO CONDUCT SOLICITATION/FUND RAISING CAMPAIGN**

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| ***Type of Application:*** | * Regular
 | * Emergency
 |
| ***Status of Application:*** | ***Type of Applicant:*** |  |
| * New Application
 | * Government Agency
 |  |
| * Renewal (pls. indicate previous issued permit No. and Date)
 | * Central Office
* Attached Agency
* Regional Office
 | * GOCC
* State Universities/ Colleges
* LGUs
 |
| ***Scope/Coverage:**** National
* Regional (more than one (1)

 City/municipality/province) | * NGO/CSO/Faith-based organization/ Groups
* SWDA
 |  |
| * Person
 |  |

***Methodology to be used:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I. Identifying Information**

|  |  |
| --- | --- |
| 1. Name of Person/Corporation/ Organization/ Association/Groups\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. Agency Head (If applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4. Position Title/Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. Telephone/Cell phone/Fax Numbers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 6. E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7. Registration/Permit No: | 8. Date of Issuance of Registration/Permit |
| 71. SEC/CDA (or other applicable Government Registration) No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 8.1 SEC/CDA (or other applicable Government Registration) Issued\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7.2. DSWD Registration/License No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 8.2. DSWD Registration/License Issued\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**II. Project Proposal** (Please attached accomplished Annex 5 - Project Proposal)

***Note***: Please use additional sheet/s, if necessary.

**III. Attestation, Affirmation and Consent**

* I, in my personal capacity desiring to solicit funds, and as required by Presidential Decree No. 1564 or the “Solicitation Permit Law”, applies for the required solicitation permit. And, under pain of civil and/or criminal action, do hereby:
* I/We, as representative/s of an organization/agency desiring to solicit funds, and as required by Presidential Decree No. 1564 or the “Solicitation Permit Law”, applies for the required solicitation permit. And, under pain of civil and/or criminal action, do hereby:
* Attest for my/our organization/agency’s integrity, and capability to conduct solicitation/fund raising activity, commitment to the rule of law, and support to the Money Laundering and Terrorism Financing Prevention Program (MLTFPP) of the government and non-support or connection to any actions/activities against the government per Republic Act No. 11479 or the “Anti-Terrorism Act of 2020” by ensuring that solicited funds are properly managed and utilized.
* Affirm that all information indicated on this application form and its supporting documents are completely true, correct, and devoid of any misrepresentation. The DSWD Standards Bureau/DSWD Field Office Standards Section shall validate the same. Once found that any information is found fraudulent, solicitation permit issued to me/our organization will be at once canceled and I/we will not be able to apply for the same in the future.
* Acknowledge that the DSWD Standards Bureau/DSWD Field Office Standards Section, shall conduct monitoring and auditing of my/our public solicitation activities, and implementation of program/project/services to beneficiaries for the utilization of solicited funds, thus hereby bind myself/ourselves to extend full cooperation thereto; and,
* Consent to the use, promotion or otherwise posting by the DSWD of all relevant information on the solicitation efforts, implementation of programs/projects/services and/or its progress, for purposes of transparency and accountability to encourage similar efforts from the public.
* Providing of information in this form is voluntary given and that failure in my/our part to provide the information requested may cause delays in processing the permit and/or may result in refusal/denial of issuance of the Solicitation Permit.

|  |  |  |  |
| --- | --- | --- | --- |
| AFFIANT – Authorized Representative |  | Signature |  |
|  | Name |  |
|  | Position/Designation |  |
|  | Date Executed |  |
|  | Place Executed |  |

**SUBSCRIBED AND SWORN** to before me, on the above date and place, affiant exhibiting the following identification document:

|  |  |
| --- | --- |
| Government ID Type and No. |  |
| Place and date of issue |  |
| Valid until |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Doc no. |  | Signature |  |
| Page no. |  | Name of Notary Public |  |
| Book no. |  | Address |  |
| Series of |  | Commission valid until |  |