



Republic of the Philippines  
DEPARTMENT OF LABOR AND EMPLOYMENT  
Regional Office No. \_\_\_\_\_

**APPLICATION FOR UNION REGISTRATION  
(INDEPENDENT)**

**PART I. INFORMATION ABOUT THE REPORTING ORGANIZATION**

To be accomplished by the applicant. Supply all required information. Misrepresentation, false statement or fraud in this application or any supporting document is a ground for denial or cancellation of registration.

Date Accomplished (mm/dd/yyyy)

Name of Applicant Organization

Address

Contact Nos.

E-mail: \_\_\_\_\_

Landline No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Name of President

(First Name)

(M.I.)

(Last Name)

Address

Contact Nos.

E-mail: \_\_\_\_\_

Landline No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Gender

Date Organized (mm/dd/yyyy)

Date of CBL Ratification (mm/dd/yyyy)

Name of Establishment

Address

Industry Classification

(Pls. Refer to PSC in the TSSD)

Coverage of the Bargaining Unit

Supervisory

Rank and File

If Educational Institution:

Teaching

Non-Teaching

No. of Employees in the Company

Male

Female

TOTAL

No. of Employees in the Bargaining Unit

Male

Female

TOTAL

No. of Union Members

Male

Female

TOTAL

I attest to the truth of the foregoing.

\_\_\_\_\_  
President  
(Signature over printed name)

Subscribed and sworn to before me at \_\_\_\_\_, Philippines, this \_\_\_\_\_  
day of \_\_\_\_\_ 20 \_\_\_\_\_ with I.D. No. \_\_\_\_\_ issued by  
\_\_\_\_\_ on \_\_\_\_\_.

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