



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

APPLICATION FOR CBA REGISTRATION

INSTRUCTIONS: Parts I & II shall be accomplished by the applicant. Supply all required information.

PART I. General Information

Date Accomplished (mm/dd/yyyy)

A. Parties

A.1. Name of Establishment / Company

Address

Contact Nos.

E-mail: _____

Landline No: _____

Mobile No: _____

A.2. Name of Union/Bargaining Agent

Address

Contact Nos.

E-mail: _____

Landline No: _____

Mobile No: _____

Name of Federation (if affiliated)

Registration Certificate No./Certificate of Local Creation No.

Date Registered

A.3. Representation status acquired through

- Certification/Consent Election
 Voluntary Recognition
 Request for SEBA Certification

Date (mm/dd/yyyy)

Date certified as winner (CE)

Date when V.R. was recorded by DOLE

Date of Order approving Request for SEBA Certification

A.4. Type of Industry where the parties operate

A.4. Product Line

B. No. of Employees

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

C. Duration / Period / Status of Agreement

C.1. Ratification

Date Ratified

Number of Ratifying Signatures

C.2. Duration / Effectivity

From:

To:

D.3. Status of Agreement

First Renegotiated

Renewal

First Renewal

Second Renewal

Third Renewal

Fourth Renewal

*No Registration Fee for Renegotiated CBA

PART II. Joint Attestation / Certification

We jointly certify that:

1. The CBA was posted in two (2) conspicuous places for at least five (5) days before its ratification;
Date of posting _____ Date of Ratification _____
2. The CBA was ratified by the majority of the employees in the bargaining unit of the employer;
Total employees in the bargaining unit _____ Total employees who ratified _____
(Please attach documents containing the ratifying signatures)

Done this _____ day of _____ 20 _____ at _____
_____.

Signature Over Printed Name
(Union President)

Signature Over Printed Name
(Company Representative)

ID Presented _____

ID Presented _____

ID No. _____

ID No. _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 20 _____ at _____, the parties herein exhibiting to me their Identification Cards.

NOTARY PUBLIC

Doc. No. _____

Page No. _____

Book No. _____

Series of _____