



Republic of the Philippines
Bangsamoro Autonomous Region in Muslim Mindanao

BANGSAMORO COMMISSION FOR THE PRESERVATION OF CULTURAL HERITAGE

Don Teodoro V. Juliano Avenue, Rosary Heights XII, Cotabato City



CERTIFICATION OF TRADITIONAL LEADERS ORGANIZATION'S APPLICATION FORM

Serial No: _____

Organization's Data

Full Name of the Organization:			
Acronym:			
Principal Address:		Sultanate/Royal House of:	
Area of Operation:		Total Number of Members:	
Date Organized:		Official Mobile Number:	
Date and Manner of Election or Selection of Officers:		Official E-mail Address:	
Contact Person:		Position/Designation:	

List of Officers (Additional Sheet/s may be used, if necessary)

Position	Full Name	Address

Brief Summary of Track Record of Traditional Leaders Organization (Additional Sheet/s may be used, if necessary)

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DECLARATION

1. Do all members of your organization are traditional leaders within BARMM?	Yes _____ No _____
2. Does your organization uphold and adhere to the Constitution and obey all laws and legal orders promulgated by the duly constituted authorities?	Yes _____ No _____
3. Is your organization supported by, or does it accept financial contribution from, any foreign government or other agencies?	Yes _____ No _____
4. Do you waive your right to data privacy under the provision of Republic Act No. 10173 or the Data Privacy Act of 2012 for the processing of the data you provided concerning your organization?	Yes _____ No _____

Submitted by (Head of the Organization or his/her authorized representative)

Full Name:		Position/Designation:	
Residence Address:		Date of Birth:	
Government Issued ID & No:		Contact Number:	
Signature:		Date Accomplished:	

Endorsed by (Head of Traditional Leader it represents)

Full Name:		Noble Title:	
Residence Address:		Date of Birth:	
Signature:		Contact Number:	

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____, in _____, Philippines by the above-named person who has satisfactorily proven to me his/her identity and known to me as the same person who personally signed the foregoing instrument and avowed under penalty of law to the whole truth of its contents.

Doc No. _____;
Page No. _____;
Book No. _____;
Series of _____.

NOTARY PUBLIC

RECEIPT (to be accomplished by authorized BCPCH personnel)

Name of BCPCH Personnel:		Position/Designation:	
Date and Time Received:		Signature:	
Remarks:			