Republic of the Philippines

# Office of the President

**NATIONAL COMMISSION ON INDIGENOUS PEOPLES**

###### Region XII

##### (PO/CSC Address)

IPO Application Form No. Region \_\_\_\_-#\_\_\_\_\_-2012

Date of Filing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2012 NCIP Application Form)

**APPLICATION FORM OF IPS FOR IPO**

1. This Application Form shall be accomplished in English and certified and sworn to by the authorized representative of the IPS and sitting as IPO elder/leader(s) – manager(s);
2. The authorized representative shall submit three (3) complete and duly accomplished sets, one (1) original and two (2) duplicate copies. Copies of the application shall be for the applicant IPS, the concerned CSC and the OEHR for database and monitoring;
3. Filing of the application shall be made with the nearest Provincial Office or Community Service Center in the absence of a Provincial Office;
4. Only Application Forms accomplished in accordance with these instructions shall be considered as compliant with NAO 2, Series of 2012;
5. The information in this application form may be used as evidence against the IPO an its IP elder/leader – managers and members for any violation of existing customary and existing laws, rules and regulations of the IPO and as provided in the IPRA, its Guidelines and other relevant laws;
6. Other Internal rules and regulations shall be submitted within 30 days from submission of this Application Form, otherwise the IPO is deemed dissolved such as frequency of meetings in a year, submission of annual financial statements to the IPS, submission of quarterly reports to the NCIP on activities undertaken, duration of existence as IPO;
7. Please print legibly and use additional sheets if necessary.
8. Resolution attached stating that the IPS is affirming the applicant being registered is their duly organized IPO
9. Attached Certificate of Affirmation (COA) to IPO issued by NCIP
10. Name of IPO:
11. Complete Principal Office Address:
12. Website/URL Address:
13. Email Address:
14. Telephone Number(s):
15. Fax Number(s):
16. Primary purpose and goal of the IPO in relation to the collective aspiration of the ICC/IP community

General:

Specific:

1. Duration or Term of Existence:
2. Frequency of Official Community Meetings in a year (please state dates)

1. Roles and functions of IPO and IPS as far as coordination on working relations and the primary purpose and goal

1. Location and area of operations

1. Target Beneficiaries

1. Targeted major programs, activities and projects of the IPO

1. Total No. of Elder/Leader – Managers

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| --- | --- | --- | --- | --- | --- |
| Name of Elders/Leaders | Address | Proof(s) of Actual Residence in the Area for 5 Years (Certification # \_\_\_\_\_ from Elders/Leaders, from NCIP, etc.) | Proof(s) of Indigenous Community Membership (Certification # \_\_\_\_\_ from Elders/Leaders, NCIP COC) | Resolution # \_\_\_\_\_ (attached from IPS that the elder/leader is a practitioner/advocate of the customs and traditions, and the narrative of his/her advocacy and struggle on IP rights) | Proofs of knowledge of skills/expertise necessary to carry out the objectives of the IPO |
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1. Other significant information

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| --- | --- | --- |
| Name of Managing Elders/Leaders | Manner of Selection | Total Annual Compensation During the Preceding Fiscal Year (in PhP) Prior to Selection |
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1. Total Number of Manpower Complement:

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| --- | --- | --- | --- |
| Name of Manpower Complement | Job Description | Address | Income (PhP) Preceding Year Prior to Appointment |
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1. Total Number of Members:

(List of members and addresses (attached as Annex D)

1. What is the Complaints Mechanism and/or Grievance Procedure (attached as Annex E)
2. Latest Audited Financial Statement (attached as Annex F)
3. State frequency of submission of Notarized Audited Financial Statement to IP and IPO
4. Accreditation by other government agencies, if any:

|  |  |  |
| --- | --- | --- |
| Name of Government Agency | Accreditation Number | Date Issued |
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WE, (IP Elders/Leaders – Managers of the IPO) DECLARE UNDER THE PENALTY OF PERJURY, THAT ALL MATTERS SET FORTH IN THIS APPLICATION FORM WHICH CONSISTS OF (\_\_\_\_\_\_\_) PAGES HAVE BEEN MADEIN GOOD FAITH, DULY VERIFIED BY US AND WE UNDERSTAND THAT THE FAILURE OF THE IPO TO COMPLY WITH REQUIREMENTS PROVIDED IN NAO 2, SERIES OF 2012 AND ITS INTERNAL RULES, SHALL BE CONSTRUED AS NON-OPERATION OF THE IPO AND A GROUND FOR REVOCATION OF THE IPOs CERTIFICATE OF RECOGNITION. IN THIS EVENTUALITY, THE IPO HEREBY WAIVES ITS RIGHTS TO A HEARING FOR THE SAID REVOCATION. TO THE BEST OF OUR KNOWLEDGE AND BELIEF THE HEREWITH STATEMENTS ARE TRUE AND CORRECT.

SUBSCRIBED AND SWORN TO BEFORE ME IN PHILIPPINES, AFFIANT PERSONALLY APPEARED BEFORE ME THIS \_\_\_\_\_\_\_\_\_\_ AND EXHIBITED TO ME THEIR COMMUNITY TAX CERTIFICATE NO. (SIGNATURE) ISSUED ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

DONE THIS \_\_\_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IN THE CITY/PROVINCE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**NOTARY PUBLIC FOR**

DOC. NO: Notarial Commission No.

PAGE NO. Commission expires on December 31

BOOK NO. Roll of Attorney No.

SERIES OF PTR No.

IBP No.

Office Address: