

# Application Form for Registration of Collective Negotiations Agreement (CNA)

## Union/Agency Information

<b>1. Union Name:</b>		Acronym:
<b>Address:</b>		
ZIP Code:	Telephone/Fax:	
<b>President:</b>	Designation:	
<b>2. Agency Name:</b>		
Acronym:		
<b>Address:</b>		
ZIP Code:	Telephone/Fax:	
<b>Agency Head:</b>	Designation:	

C N A	Term		Date Registered	Remarks
	Effectivity	Expiry		
1 <sup>st</sup>				
2 <sup>nd</sup>				
3 <sup>rd</sup>				
4 <sup>th</sup>				

## Documentary Requirements/CNA Provisions

No.	Requirements	Compliance		Remarks
		Yes	No	
1	<b>Certificate of Accreditation (CTC)</b>			Certificate No.
2	<b>CNA (Notarized/Original - 4)</b>			
3	<b>Registration Fee (PhP500.00)</b>			O.R. No.
4	<b>Statement of Posting (Notarized/Original)</b>			Date Signed
				Posting Period
				Date Ratified
				Number of Ratifying Signatures
5	<b>Proof of Ratification (Notarized/Original)</b>			Total Rank-and-File
6	<b>HRMO Certification (Original)</b>			
*	<b>Grievance Machinery</b>			Art.____, Sec.____
**	<b>Cost-Cutting Measures</b>			Art.____, Sec.____

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Action Officer

\_\_\_\_\_

Date