



Republic of the Philippines
Province of Benguet
Municipality of Itogon

SPECIAL ACCREDITATION COMMITTEE

FORM 2 - RENEWAL OF ACCREDITATION
(SB Res. No. 232, series 2011)

Name: _____

Address: _____

Tel.No./ Cell. No: _____

Accreditation under SB Resolution No. _____

Date of Accreditation: _____

Sectors Represented: (Please check applicable box)

Management Organization
 Business Enterprise
 Cooperative
 People's Civic Organization
 Others (specify) _____

Registering Agency (Please check appropriate box)

Securities and Exchange Commission
 Department of Labor and Employment
 Cooperatives Development Authority
 Department of Social Welfare & Development
 Others (Please Specify) _____

Purpose/ Objective (Please use additional sheet if necessary)

Projects: including (sources/ schemes)

Project Financing(sources/schemes)

Number of Members: _____

WE HEREBY CERTIFY TO THE CORRECTNESS OF ABOVE INFORMATION:

ATTESTED:

(Name & Signature of the Secretary)

(Name & Signature of the President)