



National  
Capital  
Region

## CONSUMER WELFARE DESK APPLICATION FORM

Fill up this application form in 2 copies and submit to the Department of Trade & Industry – National Capital region.

Please Print or Type all Information

### BUSINESS

Name of Business Establishment:

Address (Pls. Attach sketch at the back):

City / Municipality:

Type of Business:     Single Proprietorship     Partnership     Corporation

Tel. No. :

Fax No.:

Business Hours:

Membership to Associations:

Name of Owner / Manager:

### CONTACT PERSON

Name:

Position / Designation:

Educational Attainment:     High School     College

Employment Status:     Permanent / Regular     Contractual

Residence Address:

Tel. No.:

Signature:

1X1  
Photo

I/We hereby certify that all information declared hereto are true and correct to the best of my knowledge and any misdeclaration contained herein will mean the non-approval of my / our application.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Owner / Manager