



COMMISSION ON ELECTIONS

Palacio del Gobernador
Intramuros, Manila



ANNEX A

APPLICATION FORM FOR THE ACCREDITATION OF VERIFIER-CERTIFIER CIVIL SOCIETY ORGANIZATIONS (VC-CSOs) IN THE VERIFICATION AND CERTIFICATION OF LIST OF VOTERS FOR THE 2025 NLE

PART I. CSO PROFILE						
COMPLETE REGISTERED NAME OF CSO						
OTHER NAME/ACRONYM OF CSO						
PRINCIPAL ADDRESS						
CONTACT DETAILS	LANDLINE					
	MOBILE					
	EMAIL					
	WEBSITE					
	SOCIAL MEDIA LINK/S					
HEAD OF CSO	NAME					
	POSITION/ DESIGNATION					
DATA PROTECTION OFFICER	NAME					
	POSITION/ DESIGNATION					
INFORMATION ON BRANCHES OR SATELLITE OFFICES <i>(Use separate sheet of paper if there are more than 2 branches, following the format)</i>	NUMBER OF BRANCHES/ SATELLITE OFFICES					
	ADDRESS					
	CONTACT NUMBER/S					
	COORDINATOR/STAFF - IN-CHARGE OF BRANCH OR SATELLITE OFFICE					
CSO REGISTRATION INFORMATION	REGISTRATION/ LICENSE/ ACCREDITATION NO.	TYPE OF REGISTRATION/ LICENSE/ ACCREDITATION	DATE ISSUED			
	VALID UNTIL/ EXPIRY DATE	ISSUING ENTITY				
PURPOSE/S <i>(As stated in the Articles of Incorporation/ Organization By-Laws/ Mandates, etc.)</i>						
PART II. ORGANIZATIONAL PROFILE						
1. BOARD OF DIRECTORS/TRUSTEES <i>(Use separate sheet if necessary)</i>						
NAME	POSITION/ DESIGNATION	NO. OF YRS. OF SERVICE W/ CSO	NATIONALITY	REGISTERED VOTER (Y/N)	ADDRESS	CONTACT NUMBER AND EMAIL

2. SENIOR OFFICERS/KEY PERSONNEL *(Use separate sheet if necessary)*

NAME	POSITION/ DESIGNATION	NO. OF YRS. OF SERVICE W/ CSO	NATIONALITY	REGISTERED VOTER (Y/N)	ADDRESS	CONTACT NUMBER AND EMAIL

Total Number of Board of Directors/Trustees, Senior Officers and other Key Personnel	
Total Number of other officials or personnel	
Total number of active volunteers	
Total number of membership	

PART III. OPERATIONAL PROFILE

GEOGRAPHICAL AREA/S OF COVERAGE	NATIONWIDE (Y / N)	
	IF REGIONAL ONLY <i>(Indicate Region/s Covered)</i>	
DATE OF FOUNDING/ ESTABLISHMENT OF THE CSO		
NUMBER OF YEARS IN OPERATION		

LIST OF GOVERNMENT AGENCIES THAT THE CSO HAS ACTIVE COLLABORATION/PARTNERSHIP WITH IN THE LAST 5 YEARS <i>(Use separate sheet if necessary)</i>	AGENCY	INCLUSIVE DATE/PERIOD	TITLE OF ACTIVITY/PARTNERSHIP/ PROGRAM

LIST OF NON-GOVERNMENT ORGANIZATIONS/OTHER CSOs THAT THE CSO HAS ACTIVE COLLABORATION/PARTNERSHIP WITH IN THE LAST 5 YEARS <i>(Use separate sheet if necessary)</i>	NGO/CSO	INCLUSIVE DATE/PERIOD	TITLE OF ACTIVITY/PARTNERSHIP/ PROGRAM

LIST OF INTERNATIONAL ORGANIZATIONS THAT THE CSO HAS ACTIVE COLLABORATION/PARTNERSHIP WITH IN THE LAST 5 YEARS <i>(Use separate sheet if necessary)</i>	INTERNATIONAL ORGANIZATION	INCLUSIVE DATE/PERIOD	TITLE OF ACTIVITY/PARTNERSHIP/ PROGRAM

PROJECTS/ PROGRAMS IN THE LAST 10 YEARS *(Please list all relevant projects/programs. Use separate Sheet if Necessary)*

	TITLE OF PROJECT/PROGRAM	INCLUSIVE DATE/PERIOD	CLIENTELE/ BENEFICIARIES
1. RELATED TO ELECTIONS			

2. RELATED TO CITIZEN PARTICIPATION/COMMUNITY ORGANIZATION			
3. RELATED TO FREEDOM OF INFORMATION/EDUCATION			
UPCOMING PROJECTS/PROGRAMS FOR 2025-2027 <i>(Please list all relevant upcoming projects/programs. Use separate sheet if necessary)</i>			
NATURE OF UPCOMING PROJECT/ PROGRAM	TITLE OF UPCOMING PROJECT/ PROGRAM	TARGET DURATION/ INCLUSIVE PERIOD	TARGET CLIENTELE/ BENEFICIARIES
SOURCE OF OPERATIONAL FUNDS <i>(Please indicate the names of major/substantial sponsors/donors or partners providing financial support to the CSO to maintain its operations, within the last 5 years)</i>			
NAME OF SOURCE/S <i>(Please use separate sheet if necessary)</i>	LOCAL OR FOREIGN? <i>(INDICATE "Local" or "Foreign")</i>	AFFILIATED WITH A POLITICAL PARTY/CANDIDATE OR GOVERNMENT OFFICIAL? <i>(INDICATE Y / N)</i>	PRIMARY BUSINESS ADDRESS/OFFICE OF SOURCE
PART IV. SCOPE OF COMMITMENT IN THE VERIFICATION AND CERTIFICATION OF LIST OF VOTERS			
ABLE TO PARTICIPATE/OPERATE NATIONWIDE? (Y / N)			
IF UNABLE TO PARTICIPATE/OPERATE NATIONWIDE, INDICATE THE REGION/S THAT THE CSO CAN COVER:			
ESTIMATED NUMBER OF STAFF/ PERSONNEL/ VOLUNTEERS THAT WILL PARTICIPATE IN THE PROJECT			
ABLE TO ASSIST THE COMMISSION IN EDUCATION AND DISSEMINATION OF INFORMATION REGARDING THE VERIFICATION AND CERTIFICATION OF LIST OF VOTERS? (Y / N)			
DOES THE ORGANIZATION HAVE A DATA OR INFORMATION POLICY IN PLACE? (Y / N)			
DOES THE ORGANIZATION COMMIT TO UPHOLD THE DATA PRIVACY POLICY OF THE COMMISSION AND THE DATA PRIVACY ACT AND OTHER RELEVANT LAWS? (Y / N)			

AUTHORIZATION:

<p>I hereby:</p> <ul style="list-style-type: none"> (a) Authorize the COMELEC to inspect the premises of the office(s) of the CSO Applicant, if necessary; and (b) Authorize any concerned person to disclose to COMELEC any fact material to the validation of any information provided by the CSO Applicant in this application or in any of the documents submitted in support hereof.

SWORN STATEMENT:

I hereby certify the following:

- (a) That the CSO has authorized this application for accreditation, and has authorized the person actually filing the application to represent and bind the CSO;
- (b) That all supporting and required documents are authentic, true and correct;
- (c) That none of the members of the board, senior officers and key personnel of the CSO has been convicted in any case, or is currently a defendant/accused/respondent in any pending election offense case or case related to the use of public funds or to data privacy;
- (d) That the CSO is aware of, and understands and agrees to abide by the guidelines for accreditation of Verifier-Certifier CSOs (VC-CSOs) in the Verification and Certification of List of Voters for the 2025 National and Local Elections; and
- (e) That, should the CSO's application be approved, the CSO shall execute a Memorandum of Agreement (MOA) clearly specifying the extent of its role and participation in the verification and certification of the list of voters, as well as a Non-Disclosure Agreement (NDA) with COMELEC in relation to the handling, protection and disposal of data related to registered voters.

I HEREBY DECLARE UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING ATTESTATIONS ARE TRUE AND CORRECT:

(NAME AND SIGNATURE OF THE HEAD OF CSO OR AUTHORIZED REPRESENTATIVE)

DATE

SUBSCRIBED AND SWORN TO BEFORE ME this _____, in _____, Philippines. Affiant presenting his/her Competent Proof of Identity _____ with No. _____ which was issued/will be expiring on _____.

NOTARY PUBLIC

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