



APPLICATION FORM

EXEMPTION FROM PAYMENT OF SALARY DIFFERENTIAL

Please supply all required information. Misrepresentation, false statement or fraud in this application or in any supporting document is ground for denial of application or revocation of certificate.

I. TYPE OF APPLICATION:			
<input type="checkbox"/> New		<input type="checkbox"/> Renewal	
II. BUSINESS INFORMATION			
a. Type of business organization			
<input type="checkbox"/> Sole proprietorship		<input type="checkbox"/> Corporation	<input type="checkbox"/> Barangay Micro Business Enterprise (BMBE)
<input type="checkbox"/> Partnership		<input type="checkbox"/> Cooperative	
b. Name of establishment			
c. Address			
d. Contact number			
e. E-mail address			
f. Nature of business			
g. Number of employees		Female	Male
h. Description of business operation:			
III. CRITERIA ON AVAILMENT OF EXEMPTION <i>(Please check item VII for list of requirements)</i>			
<input type="checkbox"/> Distressed establishment			
<input type="checkbox"/> Sole proprietorship or partnership		<input type="checkbox"/> Non-stock, non-profit organization	
<input type="checkbox"/> Corporation or cooperative		<input type="checkbox"/> Bank or quasi-bank	
<input type="checkbox"/> Regularly employing not more than ten (10) workers			
<input type="checkbox"/> Retail		<input type="checkbox"/> Service	<input type="checkbox"/> Other enterprise
<input type="checkbox"/> Micro-business enterprise engaged in the production, processing, or manufacturing of products or commodities including agro-processing, trading, and services, whose total assets are not more than Three Million Pesos (P3,000,000.00) in accordance with the Barangay Micro Business Enterprises (BMBE's) Act of 2002			
<input type="checkbox"/> Already providing similar or more than the benefits required under RA 11210 and its IRR pursuant to:			
<input type="checkbox"/> Collective bargaining agreement (CBA)		<input type="checkbox"/> Company practice	<input type="checkbox"/> Company policy
IV. UNDERTAKING			
I, <u>(name of owner or authorized representative)</u> , declare that the statements made in this application and its supporting documents are true and correct to the best of my knowledge and that the same was made known to all workers of the establishment.			
Name and signature of owner or authorized representative		Date	
V. ATTESTATION			
I, <u>(name of workers' representative)</u> , attest that the application was made known to all workers without any intention of circumventing the law and that the details provided herein and its supporting documents are true and correct to the best of my knowledge.			
Name and signature of workers' representative		Date	
VI. AUTHORIZED CONTACT PERSON			
a. Name			
b. Designation			
c. Contact number			
d. E-mail address			

VII. REQUIREMENTS

All of the following:

- Two (2) copies of DOLE-prescribed Application Form and all other applicable requirements,
- Copy of Certificate of Registration from:
 - Department of Trade and Industry (DTI),
 - Securities and Exchange Commission (SEC), if applicable, or
 - Cooperative Development Authority (CDA), if applicable, and
- Copy of the latest Business Permit issued by the Local Government Unit.

Additional requirements, as applicable, for the following:

Distressed establishments

- Audited Financial Statement/s duly received by the Bureau of Internal Revenue and/or the Securities Exchange Commission or the Cooperative Development Authority
 - One (1) full accounting period if corporation or cooperative, or
 - Two (2) full accounting periods if sole proprietorship or partnership; or
- Certification from the Bangko Sentral ng Pilipinas that it is under receivership or liquidation.

Retail/service establishments and other enterprises regularly employing not more than ten (10) workers

- Owner or President's Affidavit as to the number of employees for a calendar year

Micro enterprises whose total assets are not more than Three Million Pesos (Php3,000,000.00)

- Barangay Micro Business Enterprise Certification

Establishments already providing similar or more than the benefits provided in RA 11210 and its IRR

- Certified True Copy of existing Collective Bargaining Agreement or policy or
- Employer and Workers Representative's Certification of existing company practice