

**FDCP NATIONAL REGISTRY FOR ENTERTAINMENT PRESS
APPLICATION FORM**

FOR FDCP USE ONLY		2 x 2 Picture with White Background
<input type="checkbox"/> QUALIFIED <input type="checkbox"/> NOT QUALIFIED	FDCP Number: _____	
Reason of Non-Qualification: _____		
Screened by: _____		
Signature Over Printed Name _____ Date _____		

FILL UP FORM USING BLACK INK AND CAPITAL LETTERS
I. APPLICANT INFORMATION

Name: <i>Surname</i> <i>Given Name</i> <i>Middle Name</i> <i>Suffix</i>				Professional Name: _____	
Date of Birth: _____	Place of Birth: _____	Nationality: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____ <input type="checkbox"/> Prefer not to disclose		
Permanent Address: _____ <small>(number / street / baranggay / city / postal code)</small>			Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Widow (ER) <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		
Email Address: _____			Occupational Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed		
Telephone Number: _____		Mobile Number: _____		Tax Identification Number (TIN): _____	
SSS Number: _____		Pag-Ibig Number: _____		Philhealth Number: _____	

II. PRESS RELEASES (LAST 3 MONTHS) – WITH PROOF OF PUBLICATION ATTACHED

No.	Date of Release	Article Title / Subject	Publication / URL Link	Publisher Contact Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Present Employer (if any): _____	Monthly income: <input type="checkbox"/> 10,000 below <input type="checkbox"/> 10,001 - 20K <input type="checkbox"/> 20,001 - 30K <input type="checkbox"/> 30,001 - 40K <input type="checkbox"/> 40,001 - 50K <input type="checkbox"/> 50K - Above
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I hereby certify that the above information given true and correct
and authorize FDCP National Registry to secure my details for their database

Conforme: _____
Applicant Signature Over Printed Name

Received by: _____ Signature Over Printed Name / Date	Recommending Approval: _____ Signature Over Printed Name / Date	Approved by: _____ Signature Over Printed Name / Date
National Registry Officer	National Registry Officer	Executive Director / National Registry