



# FDCP NATIONAL REGISTRY

## FOR FILM WORKERS APPLICATION FORM



FOR FDCP USE ONLY

<input type="checkbox"/> QUALIFIED	FDCP NUMBER
<input type="checkbox"/> NOT QUALIFIED	

REASON OF NON-QUALIFICATION

SCREENED BY:

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

\_\_\_\_\_  
DATE



### I - APPLICANT INFORMATION

SURNAME		GIVEN NAME		MIDDLE NAME	SUFFIX
DATE OF BIRTH	PLACE OF BIRTH	NATIONALITY	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
PERMANENT ADDRESS			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 NO.		
DO YOU HAVE SSS?	<input type="checkbox"/> YES* <input type="checkbox"/> NO	*IF YES, KINDLY SUPPLY	SSS NUMBER :		
DO YOU HAVE PAG-IBIG?	<input type="checkbox"/> YES* <input type="checkbox"/> NO	YOUR NUMBER	PAG-IBIG NUMBER :		
DO YOU HAVE PHILHEALTH?	<input type="checkbox"/> YES* <input type="checkbox"/> NO		PHILHEALTH NUMBER :		

### II - PROFESSIONAL DETAILS

PROFESSIONAL NAME	OCCUPATION/LINE OF WORK
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### III - ENGAGEMENTS IN THE LAST THREE (3) YEARS (WITH PROOF OF ENGAGEMENT ATTACHED)

PROJECT / TITLE	NATURE OF WORK	CATEGORY	YEAR
1			
2			
3			
4			
5			

PRESENT EMPLOYER (IF ANY)	MONTHLY INCOME <input type="checkbox"/> 10,000 BELOW <input type="checkbox"/> 20,001 - 30,000 <input type="checkbox"/> 40,001 - 50,000 <input type="checkbox"/> 10,001 - 20,000 <input type="checkbox"/> 30,001 - 40,000 <input type="checkbox"/> 50,001 ABOVE		
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I HEREBY CERTIFY THAT THE ABOVE INFORMATION GIVEN TRUE AND CORRECT

\_\_\_\_\_  
APPLICANT SIGNATURE OVER PRINTED NAME

### IV - ATTACHMENTS

FOR FDCP USE ONLY	<input type="checkbox"/> CV OR FILMOGRAPHY	REMARKS: _____
	<input type="checkbox"/> PHOTOCOPY OF TWO (2) GOV'T ID	
	<input type="checkbox"/> PROOFS OF ENGAGEMENT	

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DATE & TIME



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## ACKNOWLEDGEMENT STUB



SURNAME		GIVEN NAME		MIDDLE NAME	SUFFIX
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DATE & TIME