BUREAU OF MUSLIM CULTURAL AFFAIRS

#79 Jocfer Annex Bldg., Commonwealth Avenue, Quezon City

BMCA.CIDD.F.15 (APPLICATION FORM & CHECKLIST OF ASSOCIATION/ORGANIZATIO	REQUIREMENTS FOR REGISTRATION OF MUSLIM
Control No. : Date of Filing:	
I. Identification 1. Name of Association/Organization:	CHECKLISTS OF REQUIREMENTS 1. [] Request Letter from the Head of the Muslim Association/Organization;
2. Address:	 [] SEC Registration, Article of Incorporation & By-Laws; [] List of Officers & Members;
3. President or Head of Association/Organization:	4. [] Barangay Certification as to the existence of the Muslim Association/Organization;
 4. Contact No.:	 and other related photos; 7. [] Report of ocular inspection by NCMF Field Office, if necessary for validation; 8. [] Endorsement from NCMF Regional or Provincial Office where the Association/ Organization is located; and 9. [] Application Form duly accomplished by the Head or Authorized representative.
I HEREBY CERTIFY that the above-mentioned statemen	ts are true and correct to the best of my knowledge.
(Signature Over Printed Name) Evaluator	Applicant
Recommendation: Approve Disapprove] For Compliance
Date: Revie	wed by:
	(Signature Over printed Name)