Employers Confederation of the Philippines (ECOP)

** THE 2019 KAPATID AWARDS**

APPLICATION FORM

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sir / Madam:

Our Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby expresses

*(Name of Company)*

 interest to participate and vie for the 2019 KAPATID Awards.

 *We agree to:*

1. Abide by the rules and regulations of the KAPATID Awards;
2. Submit supporting documents on our programs / activities consistent with the criteria;
3. Constitute a delegation of management and employees’ representatives during the screening interviews of the Executive Committee and Board of Judges;

We understand that the Awards Executive Committee and/or Secretariat have the power to nullify or reject our application, even if already selected or included as finalist, for failure to abide by the agreements set forth in this application.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name and Signature of President / CEO/Authorized Officer

Company Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_

Contact Person for the Award: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please fax this form to the ECOP Research and Advocacy Department at 895-8576 or email to* *marianne.rosas@ecop.org.ph* *or* *research@ecop.org.ph* *.*