



16 CLAN BLAAN TRIBE WATCHMAN COUNCIL OF ELDERS

CUSTOMARY SELF-GOVERNANCE

ADDRESS: PUROK 16 CLAN BAGONG PAG-ASA, SINAWAL, GENERAL SANTOS CITY, MINDANAO ISLANDS

ID No: _____
Tribe Identity: _____

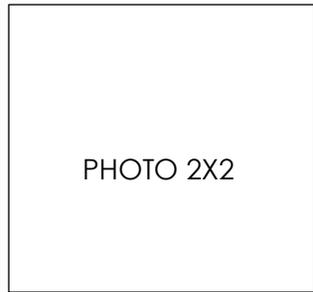


PHOTO 2X2

Personal Data Sheet

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____
ADDRESS: _____ PLACE OF BIRTH: _____
BIRTHDAY: ____/____/____ AGE: _____ SEX: _____ BLOOD TYPE: _____
STATUS: _____ NATIONALITY: _____ RELIGION: _____

NAME OF BENEFICIARIES:

1. _____ RELATION: _____
2. _____ RELATION: _____
3. _____ RELATION: _____

IN CASE OF EMERGENCY:

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____

ADDRESS: _____ MOBILE NO: _____

MARRIAGE OF PARENTS: MONTH _____ DAY _____ YEAR _____ PLACE _____

CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Birth Attendant/Hilot, etc.):

1. _____ Physician; 2. _____ Nurse; 3. _____ Midwife; 4. _____ Hilot (Traditional Birth Attendant); 5. Time _____

CERTIFICATION OF INFORMATION

I hereby certify that all information supplied are true and correct to my own knowledge and belief

NAME: _____ ADDRESS: _____

RELATIONSHIP TO THE CHILD: _____ DATE: _____ SIGNATURE: _____

I hereby swear and certify that all information I provided above are true and correct in behalf of my knowledge...

APPLICANT SIGNATURE ABOVE PRINTED NAME W/MOBILE NO

Date of Entry

PREPARED BY: _____

RECEIVED BY: _____ REGISTERED BY: _____

NOTED: The purpose of this special registration of live birth is to recover IPs that do not have Live Birth or Identity as ICCs for properly communication between Common Law, Civil Law, Religious Law and **Customary Law under R.A. 8371 IPRA LAW, SECTION 29.** Protection of Indigenous Culture, Traditions and Institutions. — The State shall respect, recognize and protect the right of ICCs/IPs to preserve and protect their culture, traditions and institutions. It shall consider these rights in the formulation and application of national plans and policies.



MORAL PLEDGE BECOME A BENEFICIARY

1,500-10,000 WITH I.D., UNIFORM AND BANK ACCOUNT FOR INDIVIDUAL!

300,000 WITH PROCLAMATION & OATH CUSTOMARY OFFICE OF WATCHMAN COUNCIL OF ELDERS!

1,000,000 WITH CUSTOMARY AUTHORITY FOR COLLABORATION PRIVATE COMPANIES ETC.!

“CUSTOMARY SELF-GOVERNANCE PLEDGE CONTRIBUTION FOR A PROJECT PROPOSAL, ARCHITECTURAL DESIGN, MASTERPLAN OF THE CIFA 1,2,3, AND MOBILIZATION FUND OF THE COLLABORATION W/ INTER-AGENCY FOR LAND DEVELOPMENT AND CONSTRUCTION BUILDING”

TERMS AND CONDITIONS

1. Beneficiary are considered after signing a Application Form and
2. Remittances shall be made only in the Offices and of WATCHMAN INITIATIVE AFFAIRS. Collections given through the other beneficiaries are their sole responsibility/(ies)
3. Misrepresentation made by the beneficiary without the proper permission from WATCHMAN will result to the suspension/removed of his/her connection in the Advocacy depending on the weightiness of their mistakes

AGREEMENT

I have carefully read and agree to comply with the WATCHMAN INITIATIVE AFFAIRS. Policies and procedures which are incorporated into and made a part of these Terms and Conditions (these documents shall be collectively referred to as the “Agreement”). I understand that these I must be in good standing, and not in violation of the Agreement and I agree to abide by all such amendments.

My signature below is indication that I shall agree all the TERMS AND CONDITION OF WATCHMAN INITIATIVE AFFAIRS.

BENEFICIARY DESIGNATION WRITE (X)

WATCHMAN COUNCIL OF ELDERS

WATCHMAN CUSTOMARY LEGION FORCE

WATCHMAN MINISTERIAL CHIEF MINISTER

WATCHMAN BENEFICIARY

WATCHMAN PRIVATE COMPANY COLLABORATION

APPLICANT SIGNATURE WITH DATE

SPECIAL REGISTRATION