***GENERAL INFORMATION OF SCIENCE FOUNDATION***

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| Foundation | : | |  | | | | |
| Address | : | |  | | | | |
| *Contact Number/s* | : | |  | | | *Email Address/es*: |  |
| *Applicable Year* | | : | |  | | *DOST Certification Number:* |  |

|  |  |  |
| --- | --- | --- |
| **Name of Donor** | **Type of Donation**  (state if in kind, cash, shares of stocks, etc., and whether restricted or unrestricted) | **Amount Equivalent in Pesos** |
|  |  |  |
| **Total** | |  |

*I/We hereby certify the truth of the foregoing. I/We further authorize the DOST and other agencies to verify the authenticity of all the documents presented. I/We understand that any willful omission/false statement shall be a basis for the cancellation of the application for certification.*

*I/We hereby agree that I/we shall abide by the duties and obligations of the certification.*

*I/We further agree that in case of failure to comply with and/or violation of the duties and obligations governing the certification, the issued certification shall be suspended and/or revoked, and that those who committed such violations may be penalized criminally or civilly in the discretion of the court.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Chief Accountant:*** |  | ***Auditor:*** |  | ***Head of Organization:*** |
|  |  |  |  |  |
| *Signature over Printed Name* |  | *Signature over Printed Name* |  | *Signature over Printed Name* |
|  |  |  |  |  |
| *License / PTR Number* |  | *License / PTR Number* |  | *Designation* |
|  |  |  |  |  |
| *Date Signed* |  | *Date Signed* |  | *Date Signed* |