|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CHAMBER ASSESSMENT, CERTIFICATION, AND ACCREDITATION SYSTEM (ACAS)  **P E R S O N A L D E C L A R A T I O N** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  |  | |  | | |  | | |  | | |  | | |  | | | |  | | | |
| I certify that I am the person applying to the Cebu Chamber of Commerce & Industry (CCCI) ACAS Unit for competency assessment, that I am the person named in the submitted documents and that the information I have given is true and correct. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| I understand that any Certificate or Approval that may result from this application will be cancelled if I have made any false or misleading representations or declaration in this application through error or omission. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  |  | |  | | |  | | |  | | |  | | |  | | | |  | | | |
| I authorize the CCCI to post my professional information on a publicly ‐ available register of certified professional should my application be successful. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  |  | |  | | |  | | |  | | |  | | |  | | | |  | | | |
| I, the undersigned, certify that the information contained in this application form or accompanying documents is correct to the best of my knowledge and beliefs. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  |  | |  | | |  | | |  | | |  | | |  | | | |  | | | |
| I understand that I will be liable to certain penalties if I fail to comply with the obligation to declare, or provide complete or correct information. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  |  | | |  | | |  | | |  | | |  | | |  | | | |  | | | |
|  | | |  |  | | |  | | |  | | |  | | |  | | |  | | | |  | | | |
| Name of Applicant: |  | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | | |  | | | |
| Mobile No: |  | | | | | | | | | | | | | | | | | | | |  | | | |
|  |  | | | |  | | |  | |  | | |  | | |  | | |  | | | |  | | | |
| E-mail: |  | | | | | | | | | | | | | | | | | | | |  | | | |
|  |  |  | | | |  | | |  | | |  | | |  | | |  | | | |  | | | |
|  |  |  | | | |  | | |  | | |  | | |  | | |  | | | |  | | | |
| Signature: |  | | | | | | | | | | | | | | | | | | | |  | | | |
|  |  | | | |  | | |  | |  | | |  | | |  | | |  | | | |  | | | |
| Date : |  | | | | | | | | | | | | | | | | | | | |  | | | |
|  |  | | |  | |  | | |  | | |  | | |  | | |  | | | |  | | | |

