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| 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** |
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| 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. |
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| 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. |
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| I authorize the CCCI to post my professional information on a publicly ‐ available register of certified professional should my application be successful. |
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| 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. |
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| 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. |
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| Name of Applicant: |   |  |
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| Mobile No: |   |  |
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| E-mail: |   |  |
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| Signature: |   |  |
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| Date : |   |  |
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