



## TRAINING PROVIDER APPLICATION FORM

The NPC will process your personal data, including name, contact details, and government-issued identifiers, alongside primarily required business information, to evaluate your suitability as a training provider under the Data Privacy Competency Program. Your personal data will be securely stored and may be shared with internal NPC personnel and other regulatory authorities as required by law. You may exercise your rights as data subjects, such as the rights to access or correct your personal data. For inquiries, please contact [competency@privacy.gov.ph](mailto:competency@privacy.gov.ph).

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. A COPY IS AVAILABLE AT [www.privacy.gov.ph](http://www.privacy.gov.ph)

DPCP REGISTRATION NUMBER

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PLEASE READ THE INSTRUCTIONS BEFORE FILLING OUT THIS FORM.  
KINDLY USE UPPERCASE LETTERS AND USE BLACK INK ONLY.

### PART I - TO BE FILLED OUT BY TRAINING PROVIDER

COURSE APPLIED FOR:  DATA PRIVACY FOUNDATIONAL COURSE

LEGAL PERSONALITY:  INDIVIDUAL (i.e., SOLE PROPRIETORSHIP)  JURIDICAL ENTITY (i.e., CORPORATION/PARTNERSHIP)

BUSINESS NAME: (Please use the name indicated in the DTI/SEC Registration)

BUSINESS ADDRESS: (Please use the address indicated in the DTI/SEC Registration)

(RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK NO.) (STREET NAME) (SUBDIVISION) (BARANGAY)

(CITY/MUNICIPALITY) (PROVINCE) (ZIP CODE)

NAME OF OWNER / AUTHORIZED REPRESENTATIVE: (Please submit SPA or Secretary's Certificate, if applicable)

POSITION / DESIGNATION:

(LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX, if applicable)

TELEPHONE NUMBER:

MOBILE NUMBER:

EMAIL ADDRESS:

WEBSITE: (if any)

### BUSINESS DETAILS

START OF OPERATIONS:

DTI / SEC REGISTRATION NUMBER:

DATE OF REGISTRATION:

TAX IDENTIFICATION NUMBER:

(MM/DD/YYYY)

(MM/DD/YYYY)

### CERTIFICATION

I hereby certify that the information given, and all statements made in this form are true and correct. Likewise, I hereby authorize the National Privacy Commission to process the provided personal and company data as part of its operations.

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

\_\_\_\_\_  
POSITION/DESIGNATION

\_\_\_\_\_  
DATE  
(MM/DD/YYYY)

### PART II - TO BE FILLED OUT BY NPC

SCREENED AND RECEIVED BY:

REVIEWED AND APPROVED BY:

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME  
(POSITION/DESIGNATION)

\_\_\_\_\_  
DATE & TIME  
(MM/DD/YYYY)

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME  
(POSITION/DESIGNATION)

\_\_\_\_\_  
DATE & TIME  
(MM/DD/YYYY)

## INSTRUCTIONS

1. Fill out the Training Provider Application Form.
2. Please indicate "N/A" if the required data is not applicable.
3. Please affix initials on all erasures or alterations in the Form.
4. Please indicate the exact date (MM/DD/YYYY) the business started its operations.
5. For Tax Identification Number (TIN), please fill out as follows:
  - **For Individual/Sole Proprietorship**, indicate Personal TIN.
  - **For Corporation/Partnership**, indicate the Business TIN.
6. Please submit a physical copy of the Form, together with the Documentary Requirements, to the NPC (General Records Unit) located at 5th Floor, Philippine International Convention Center, Vicente Sotto Avenue, Pasay City, Metro Manila, 1307. Please address your submission to the Data Privacy Competency Program Committee (DPCPC).

## DOCUMENTARY REQUIREMENTS

1. Training Provider Application Form (Original).
2. One (1) government-issued ID of the Individual or authorized representative of the Corporation/ Partnership (Photocopy)
3. Proof of authority if an authorized representative accomplishes the Form:
  - 3.1 **For Individual/Sole Proprietorship**
    - Special Power of Attorney (SPA) executed by the individual authorizing the representative to complete and submit the Form (Original)
    - One (1) government-issued ID of the authorized representative (Photocopy)
  - 3.2 **For Corporation/Partnership**
    - Notarized Secretary's Certificate containing a board resolution conferring authority to the representative to complete and submit the Form (Original)
    - One (1) government-issued ID of the authorized representative (Photocopy)
4. Proof of Business Registration:
  - 4.1 **For Individual/Sole Proprietorship**
    - Certified True Copy of the DTI Certificate of Registration (Original)
  - 4.2 **For Corporation/Partnership**
    - Certified True Copy of SEC Certificate of Incorporation (Original)
    - Certified True Copy of Articles of Incorporation/ Partnership (Original)
5. Certified True Copy of the Certificate of Good Standing with the DTI or SEC (Original).
6. Notarized affidavit of no pending civil, criminal, or administrative action, investigation, suit, or conviction of any offense before any courts or other quasi-judicial agencies (Original) [*See Annex A: Affidavit of No Pending Case (Corporation) or Annex B: Affidavit of No Pending Case (Individual)*]
7. Seal of NPC Registration with QR Code (Photocopy).
8. List of Instructors and their respective qualifications on their expertise in the field of data privacy or such other fields that may be relevant to the course applied for; and for each Instructor, a notarized affidavit of no pending civil, criminal, or administrative action, investigation, suit, or conviction of any offense before any courts or other quasi-judicial agencies (Original) [*See Annex B: Affidavit of No Pending Case (Individual)*].

REPUBLIC OF THE PHILIPPINES )  
CITY OF \_\_\_\_\_ ) S.S.

**AFFIDAVIT OF NO PENDING CASE (CORPORATION)**

I \_\_\_\_\_, of legal age, and in my capacity as duly authorized representative of \_\_\_\_\_ (the "Corporation"), a corporation duly organized and registered under the laws of the Republic of the Philippines, with principal office at \_\_\_\_\_ - \_\_\_\_\_, after being sworn in accordance with law, depose, and state that:

1. The Corporation is executing this Affidavit of No Pending Case as a requirement posed by the National Privacy Commission (NPC) for its Data Privacy Competency Program;
2. The Corporation has no pending civil, criminal, or administrative action, investigation, suit, or conviction of any offense before any courts or other quasi-judicial agencies;

This Affidavit is executed to attest to the truth of all the foregoing declarations and for whatever legal purpose this Affidavit may serve.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ in \_\_\_\_\_, Philippines.

\_\_\_\_\_  
**AFFIANT**  
(Signature over Printed Name)

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_  
Affiant exhibiting to me his or her competent proof of identity \_\_\_\_\_  
\_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_.

Doc No. \_\_\_\_  
Book No. \_\_\_\_  
Page No. \_\_\_\_  
Series of 20\_\_.

REPUBLIC OF THE PHILIPPINES )  
CITY OF \_\_\_\_\_ ) S.S.

**AFFIDAVIT OF NO PENDING CASE (INDIVIDUAL)**

I \_\_\_\_\_, of legal age, and a resident of \_\_\_\_\_  
\_\_\_\_\_, Philippines, after being sworn in  
accordance with law, depose, and state that:

1. I am executing this Affidavit of No Pending Case as a requirement posed by the National Privacy Commission (NPC) for its Data Privacy Competency Program;
2. I have no pending civil, criminal, or administrative action, investigation, suit, or conviction of any offense before any courts or other quasi-judicial agencies;

This Affidavit is executed to attest to the truth of all the foregoing declarations and for whatever legal purpose this Affidavit may serve.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_, 20\_\_ in \_\_\_\_\_, Philippines.

\_\_\_\_\_  
**AFFIANT**  
(Signature over Printed Name)

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_  
Affiant exhibiting to me his or her competent proof of identity \_\_\_\_\_  
\_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_.

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