



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.

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. A COPY IS AVAILABLE AT 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

APPLICATION TYPE: INDIVIDUAL INSTRUCTOR SOLE PROPRIETOR JURIDICAL ENTITY (i.e., CORPORATION/PARTNERSHIP)

NAME OF INDIVIDUAL INSTRUCTOR, SOLE PROPRIETOR, OR JURIDICAL ENTITY: (Please use the name indicated in the DTI/SEC Registration, if applicable)	TAX IDENTIFICATION NUMBER:
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NAME OF AUTHORIZED REPRESENTATIVE: (Please submit SPA or Secretary's Certificate, if applicable)	POSITION / DESIGNATION: (if applicable)
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(LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX, if applicable)

ADDRESS: (Please use the address indicated in the DTI/SEC Registration, if applicable)

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

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

TELEPHONE NUMBER:	MOBILE NUMBER:	EMAIL ADDRESS:	WEBSITE: (if any)
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BUSINESS DETAILS (To be filled out by Sole Proprietors and Juridical Entities only.)

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 BY:

SIGNATURE OVER PRINTED NAME (POSITION/DESIGNATION)

DATE & TIME (MM/DD/YYYY)

SIGNATURE OVER PRINTED NAME (POSITION/DESIGNATION)

DATE & TIME (MM/DD/YYYY)

REMARKS:**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 Instructor/ 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, Sole Proprietor, or authorized representative of the Corporation/ Partnership (Photocopy)
3. Proof of authority if an authorized representative accomplishes the Form:
 - 3.1 For Individual Instructor/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 (*Sole Proprietors and Juridical Entities only*):
 - 4.1 For 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), *if applicable*.
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/ Partnership) or Annex B: Affidavit of No Pending Case (Individual)*]
7. Seal of NPC Registration with QR Code (Photocopy), *if applicable*.
8. Requirements for Instructors:
 - 8.1 List of Instructors and their respective qualifications and expertise in the field of data privacy or such other fields that may be relevant to the course applied for. This includes available proof of teaching experience, including training materials, if any.
 - 8.2 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)*].
 - 8.3 If the applicant is applying as an Individual Instructor:**
 - Updated curriculum vitae indicating respective qualifications and expertise in the field of data privacy or such other fields that may be relevant to the course applied for. This includes available proof of teaching experience, including training materials, if any.
 - 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/ PARTNERSHIP)

I _____, of legal age, and in my capacity as duly authorized representative of _____ (the “[Corporation/ Partnership]”), a corporation/ partnership 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/Partnership] 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/ Partnership] 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 _____.

Doc No. ____
Book No. ____
Page No. ____
Series of 20__.