**OMNIBUS SWORN STATEMENT**

REPUBLIC OF THE PHILIPPINES )

CITY/MUNICIPALITY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_) S.S.

**AFFIDAVIT**

|, ***[Name of authorized representative of Applicant],*** of legal age, ***[Civil Status]***, ***[Nationality]***, and residing at [***Address of Affiant]***, after having been duly sworn in accordance with law, do hereby depose and state that

1. *Select one, delete the other*

*If a sole proprietorship*

I am the sole proprietor of ***[Name of Company]*** with office address at ***[address of Company],***

*If a partnership, corporation, cooperative, or joint venture*

I am the duly authorized and designated representative of [***Name of Company]*** with office address at ***[address of Company]*** *(each of the partners of the joint venture must submit separately)*,

1. *Select one, delete the other*

*If a sole proprietorship*

As the owner and sole proprietor of ***[Name of Company]***, I have full power and authority to do execute and perform any and all acts necessary to represent it in the application for accreditation of port service providers pursuant to PPA Administrative Order No 10-2018,

*lf a partnership, corporation, cooperative, or joint venture*

I am granted full power and authority to do execute and perform any and all acts necessary and/or to represent the ***[Name of Company]*** in the application for accreditation of port service providers pursuant to PPA Administrative Order No. 10-2018, as shown in the attached *[state title of attached document showing proof of authorization (e.g. duly notarized Secretary's Certificate issued by the corporation or the members of the joint venture)],*

1. That the ***[Name of Company]*** intends to apply for accreditation of port service providers of the Philippine Ports Authority pursuant to PPA Administrative Order No 10-2018, and is not blacklisted and has no terminated/cancelled contracts with PPA,
2. That the ***[Name of Company]***, must not have any incorporator, organizer, stockholder, member of the board of directors, trustee, officer, or key personnel with a derogatory record with the PPA, any court tribunal, or other quasi-judicial agency, or any other government agency,
3. That each of the documents submitted in satisfaction of the documentary requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct,
4. That the ***[Name of Company]*** shall abide with the existing laws, suies and regulations, such as those issued by the Authority and the Department of Labor and Employment (DOLE), in connection with the implementation of PPA Administrative Order No 10-2018,
5. That the ***[Name of Company]*** has no outstanding accounts with the Philippine Ports Authority,
6. That the ***[Name of Company]*** must not have any incorporator, organizer, stockholder, member of the board of directors, trustee, officer, or key personnel related within the fourth civil degree of consanguinity or affinity to any member of the board of directors, officer, of any regular employee of the PPA,
7. That the ***[Name of Company]*** must have been engaged to the port service for no less than two (2) years immediately prior to the application date,
8. That the ***[Name of Company]*** is authorizing the Authority or its duly authorized representative(s) to verify the statements, documents and information submitted herewith to substantiate our application.

The following persons, including telephone numbers and email addresses, may be contacted to provide further information with regard to this application

NAME TEL NUMBER E-MAIL ADDRESS

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN WITNESS WHEREOF, | have hereunto set my hand this \_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_**, 20**\_\_ at, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Philippines.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Name of Applicant/Authorized Signatory)***