



REGISTRATION FORM

DATA PROTECTION OFFICER

FOR COVERED INDIVIDUAL PROFESSIONALS

(This form is computer-generated from the NPC Registration System)

NOTE: The personal information submitted herein shall be used for the Data Processing System (DPS) Online Registration.

Once this form has been validated by the NPC, you will receive a link at the e-mail address that you indicate below; the link will enable you to proceed with the Online Registration of your DPS. An access code shall then be sent to your registered Philippine mobile number below.

All the information submitted herein shall be used for the purpose stated above, the other legitimate interests of the NPC, and any other processing as may be required by law. Security measures are in place to protect all information in this document.

This form need not be notarized.

PROFESSION(S): (indicate all that apply) _____

Identification Information:

- Professional Regulation Commission (PRC) License No. _____; OR
- Roll of Attorneys No: _____; OR
- Any Government Issued ID – for Non-Licensed Professionals:
ID TYPE: _____
ID No.: _____
Expiration (dd/mm/yyyy): _____

Name: _____
LAST NAME FIRST NAME M.I.

Business Address: _____

City: _____ Province: _____

Zip: _____ Country: _____

Email Address: _____

Mobile No. +63 (9 _____)

DO NOT LEAVE ANY FIELD BLANK.

DECLARATION

I declare that this Registration Form is accomplished by the undersigned and is a true, correct and complete statement of the information contained herein and is done pursuant to the provision of the pertinent laws, rules and regulations of the Republic of the Philippines. I also authorize the National Privacy Commission to verify/validate the contents stated herein.

Signature over Printed Name