

**FM-BLES 03-3.8**

Revision Code: 1

Effectivity Date: July 1, 2002

## CERTIFICATE OF APPEARANCE

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This is to certify that Mr./Ms. \_\_\_\_\_, of the Bureau of Labor and Employment Statistics appeared in this office to (pls. underline) deliver/follow-up/collect/verify the questionnaire/s for:

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

EIN/UIN: \_\_\_\_\_

Name of Establishment/Labor Organization: \_\_\_\_\_

Address: (as located by enumerator)

Floor/Bldg./# Street Name: \_\_\_\_\_

Barangay/City/Municipality: \_\_\_\_\_

Zip Code/Province: \_\_\_\_\_

Contact Person/s:

**In Sample Respondent**

**In Head Office**

Signature: \_\_\_\_\_

\_\_\_\_\_

Name : \_\_\_\_\_

\_\_\_\_\_

Position: \_\_\_\_\_

\_\_\_\_\_

Tel. No.: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Remarks:  C/O Head Office  New location  Others, specify \_\_\_\_\_