

_____ Date

**CERTIFICATION AS TO AFFILIATION WITH
THE NATIONAL PLANTERS' ORGANIZATION**

TO WHOM IT MAY CONCERN:

This is to certify that _____
(Planters' Association/Cooperative)

of _____ is a Bona Fide
(Address of Planters' Association/Cooperative)

member/affiliated with:

		% AFFILIATION (100% if one (1) Affiliation)
1) CONFED	[]	
2) NFSP	[]	
3) UNIFED	[]	
4) PANAYFED	[]	
5) LUZONFED	[]	
6) Others (specify)		

as of this date hereof.

This certification is being issued in compliance with SRA Circular Letter No. _____,
Series of 2010-2011, dated _____.

**Corporate Secretary
(Signature Over Printed Name)**