REPUBLIC OF THE PHILIPPINES
PROVINCE OF CAVITE
CITY OF DASMARIÑAS

KOLEHIYO NG LUNGSOD NG DASMARIÑAS
City College of Dasmariñas

APPLICATION FORM FOR KLD LOGO USAGE

Applicant Information	
Name of Applicant	
Affiliation/Organization	
Position/Designation	
Contact Number	
Email address	

Project/ Purpose Details	
Project Title/Purpose	
Target Audience	
Brief Description of Project/Purpose	
Intended use of the Logo (e.g. website, print materials, merchandise, digital media)	

Logo Usage Guidelines	
	I have read and understood the KLD Logo Usage Guidelines.
	I agree to comply with all the KLD Logo Usage Guidelines provisions.
	I agree not to alter, modify, or distort the logo in any way.
	I understand that unauthorized use of the logo may result in disciplinary action.

Declaration

I hereby certify that the information provided above is true and correct to the best of my knowledge.

_____
APPLICANT'S SIGNATURE OVER PRINTED NAME
Date:

Endorsed:	**Recommending Approval:**	**Approved:**
KENNETH A. AUXILLOS-CUALBAR	**CECILIA RAQUEL C. ALVARAN**	**DR. ERNESTO L. BASTIDA JR.**
Head, IPTLDP	Director, CKM	VP, RFMREA
Date Signed:	Date Signed:	Date Signed:

Control Number: _____