FORM 8

ECLIP IS Form 002
(FY_____)

PROVINCIAL/HUC/ICC LIST OF FR and/or FVE ECLIP ENROLLEES

REGION:_____
PROVINCE/HUC/ICC:_____

No.	Name of FR and/or FVE	Address	Group type		Type of Assistance	Amount	With Pending Cases *(If yes, please specify the venue, docket no., case title)*
			FR	FVE			
					Ex: Firearms Remuneration *(_)		
					GRAND TOTAL:		-

*(**Indicate number of firearms, applicable to firearms only**)

Summary of the number of partner-stakeholder/s (beneficiary/ies) and financial assistance requested:

Immediate Assistance	Livelihood Assistance	Firearms Remuneration	Reintegration Assistance	FR	FVE
*Ex: 1	1	1	1	1	1

I hereby certify that the list is a full, true and correct statement of beneficiaries and this is in support of the liquidation of financial assistance to be granted to the FR/s and/or FVE/s.

Prepared by:

_____
ECLIP Focal Person

Approved by:

_____