



REPUBLIC OF THE PHILIPPINES
KAGAWARAN NG PANANALAPI
KAWANIHAN NG INGATANG-YAMAN
(BUREAU OF THE TREASURY)

Attachment 3: Annex D
Fidelity Bond Application Form
(Revision No. xxx Date xxxxx)

RISK NUMBER
(to be accomplished by BTr Officer)

REQUEST FOR APPLICATION FOR BONDING AND/OR CANCELLATION OF
FIDELITY BOND OF ACCOUNTABLE PUBLIC OFFICER

INSTRUCTIONS:		1. ACCOMPLISH THIS FORM CORRECTLY		3. MARK APPROPRIATE BOXES <input type="checkbox"/> WITH CHECK <input checked="" type="checkbox"/>	
		2. PRINT ENTRIES LEGIBLY IN CAPITAL LETTERS			
TYPE OF APPLICATION:	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> CANCELLATION, please proceed to Item Nos. 24-32	OLD RISK NUMBER:		For Renewal	
1. NAME SALAS ROSARIO ALGODON <small>Surname Given Name Name Ext. (e.g., Jr.) Middle Name</small>				2X2 ID PHOTO	
2. ADDRESS VSU, PANGASUGAN, CITY OF BAYBAY LEYTE, LEYTE					
3. DATE OF BIRTH (mm/dd/yyyy) 03/20/1963		4. PLACE OF BIRTH MACARTHUR LEYTE			
5. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE		7. CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED			
6. TIN 116626796		<input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED		8. CONTACT NUMBER 535650600	
10. MONTHLY INCOME (Salaries, allowances, business income and the like) 79,659.00				9. EMAIL ADDRESS rosario.salas@vsu.edu.ph	
11. ESTIMATED MONTHLY EXPENSES 30,000.00					
12. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details: _____					
13. a. Have you ever been found guilty of any administrative offense? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details: _____			b. Have you ever been found guilty of criminal case before any court? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details: _____ Case No/s: _____ Date Filed: _____ Status of Case/s: _____		
14. CHARACTER REFERENCE (Individual must not be related up to the fourth degree by consanguinity or affinity to applicant)					
NAME		ADDRESS		CONTACT NUMBER	
VICTOR B. ASIO		BRGY. PANGASUGAN, BAYBAY CITY		535650600	
ARSENIO D. RAMOS		BRGY. PANGASUGAN, BAYBAY CITY		535650600	
ZENAIDA C. GONZAGA		BRGY. PANGASUGAN, BAYBAY CITY		535650600	
15. I declare that the answer to the foregoing questions are true to the best of my knowledge and belief. I fully understand that any misrepresentation made in this application and supporting documents shall cause the filing of administrative/criminal case(s) against me. Government Issued ID : DRIVERS LICENSE ID/License/Passport Number : h12-20-003682 Date/Place of Issue : 03/20/2020 BAYBAY CITY, Signature over Printed Name /Date Accomplished ROSARIO ALGODON SALAS / 04/20/2022					
16. SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued Government ID as indicated above. Doc. No. _____; Page No. _____; Book No. _____; Series of _____; Signature of Officer/Person Administering Oath					