Attachment 1



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

Fidelity Bond Application Form (Revision No. 02 Date: May 30,2022)

RISK NUMBER (to be accomplished by BTr Officer)

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

INSTRUCTORS:	1. ACCOMPLISH T 2. PRINT ENTRIES				APPROPRIATE BO	EXES WITH CHECK	"/"	
TYPE OF APPLICATION:	X NEW	RENEWAL	CA	NCELLATION, pl	ease proceed om Nos. 24-32	OLD RISK NUMBER: For Renewal		
1. NAME MARIA JULIET CAÑETE Surname Given Name Name Ext. (e.g., Jr.) Middle Name								
2. ADDRESS VSU, F	PANGASUGAN, CIT	Y OF BAYBAY L	EYTE, LEYTE				PASSPORT SIZE ID PHOTO	
			CE OF BIRTH RIN, BOHOL					
5. SEX MALE			7.CIVIL STATUS SINGLE WIDOWED			CT NUMBER 00		
6. TIN 104767464		X MA	RRIED	SEPARATED		et.ceniza@vsu.edu.ph		
 MONTHLY INCOME (Salaries, allowances, business income a 175,766.00 				and the like)		11. ESTIMATED MONTHLY EXPENSES 50,000.00		
YES If yes, give do 13. a. Have you ever to offense? YES		any administ	rative and/o	or criminal	b. Have you ever criminal case to YES	ver been found guilty of before any administrative	any administrative and/or e body, tribunal or court?	
if yes, give details:					If yes, give details:			
Date Filed:					Date Filed:			
Statu	s of Case/s:				Status	of Case/s:		
14. CHARACTER REF	ERENCE (Individ	dual must not	be related up	p to the fourth de	gree by consang	quinity or affinity to applica	int)	
NAME				ADDRE			TACT NUMBER	
DR, DANIEL LESLIE S, TAN DR, DILBERTO O, FERRAREN					BAYBAY CITY BAYBAY CITY			
DR. BEATRIZ BELONIAS					BAYBAY CITY			
15. I declare that the misrepresentation against me. Government Iss ID/License/Past Date/Place of Issuer State (Place of Issuer)	on made in thi	: GSIS II	and supp	porting docum	MARIA JUL	owledge and belief. I for se the filing of admini		
16. SUBSCRIBED AND SWORN to before me this ID as indicated above.					, affiant exhibiting his/her validly issued Government			
Doc. No. Page No. Book No. Series of						Signature of Offi	cer/Person Administering Oath	