

## 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)

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

	MPLISH THIS FORM OF ENTRIES LEGIBLY IN		PPROPRIATE BOXES	WITH CHECK	n √ n	
TYPE OF X PPLICATION:	NEW RENEWA		ease proceed OI m Nos. 24-32	LD RISK NUMBER: For Renewal	3	
1. NAME         GUINOCOR         RYSAN         CAYUNDA           Surname         Given Name         Name Ext. (e.g., Jr.)         Middle Name						
2. ADDRESS VSU, PANGASU	GAN, CITY OF BAYBAY	LEYTE, LEYTE				
3. DATE OF BIRTH (mm/dd/) 06/21/1981					2X2 ID PHOTO	
5. SEX		STATUS	8. CONTACT NUMBER 535650600			
6. TIN	X,		9. EMAIL ADDRESS rysanguinocor@vsu.edu.ph			
226104421	1/	SEPARATED SEPARATED		MONTHLY EXPEN	ISES	
84,836.00	U. MONTHET HOOME (Guarres, and Maries), and Maries, an					
termination, end of term, fin  YES X NO  If yes, give details:	ished contract or pl	rice in any of the following mased out (abolition) in the p	ublic or private sect	or?		
13. a. Have you ever been for YES X No If yes, give details:		dministrative offense?	b. Have you ever b  YES  If yes, give  Case  Date I  Status of Ca	criminal case before any court?		
					licanti	
14. CHARACTER REFEREN	4. CHARACTER REFERENCE (Individual must not be related up to the fourth degree by consanguinity or affinity to ap				ACT NUMBER	
DR.JOSE L. BACUSMO			, BAYBAY CITY 535650600			
DR. PACENCIA P. MIL	AN	BRGY, PANGASUGAN,		535650600		
PROF. JESUSITO LIM BRGY. PANGASUGAN, BAYBAY CITY 535650600						
15. I declare that the answ misrepresentation ma against me.	wer to the foregoing de in this applicati	g questions are true to the lon and supporting docume	best of my knowled ents shall cause th	dge and belief. I fu e filing of adminis	ally understand that any strative/criminal case(s)	
Government Issued ID : PRC CARD : 57467 RYSAN CAYUNDA GUINOCOR / 04/20/2022  Date/Place of Issue : 12/22/2020 TACLOBAN CITY, Signature over Printed Name /Date Accomplished						
16. SUBSCRIBED A ID as indicated above.	ND SWORN to befor	e me this	, affiant ex	hibiting his/her validly	v issued Government	
Doc. No. Page No. Book No. Series of	; ;			Signature of Office	ser/Person Administering Oath	