

## 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<br>(to be accomplished by BTr Officer) |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |

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

| INSTRUCTIONS   |  | THIS FORM CORE                       |  | APPROPRIATE BO                                 | XES WITH CHECK                                      | "\"   |
|--|--|--------------------------------------|--|--|---|---|
| TYPE OF<br>APPLICATION:  | X NEW                                    | RENEWAL                              | CANCELLATION, please proceed  lo Item Nos. 24-32  For Renewal  |  |   |   |
| 1. NAME<br>CENIZA  | name                                     | MARIA JULIE                          | Т  |  | CAÑETE<br>Middle Name                               |   |
| 2. ADDRESS VSU   | , PANGASUGAN, CIT                        | Y OF BAYBAY LEY                      | TE, LEYTE  |  |   | 2X2 ID PHOTO                                      |
| . DATE OF BIRTH (mm/dd/yyyy) 4. PLACE OF BIRTH CLARIN, BOHOL   |  |                                      |  |  | 2A2 ID PHO10  |   |
| 5. SEX 7.C/  |  |                                      | CIVIL STATUS SINGLE WIDOWED  |  | T NUMBER  |   |
| 6. <b>TIN</b><br>104767464   |  |                                      | RIED SEPARATED   | ED   |   | 1   |
| 10. MONTHLY INCOME (Salaries, allowances, business income and the like<br>162,000 00                   |  |                                      | ss income and the like)  | 9) 11. ESTIMATED MONTHLY EXPENSES<br>50,000 00 |   |   |
| termination, end   | of term, finished c                      | ontract or phase                     | d out (abolition) in the p   | public or private                              | sector?   | from the rolls, dismissal,                        |
| 13. a. Have you ever been found guilty of any administrative offense?  YES X NO  If yes, give details: |  | sistrative offense?                  | b. Have you ever been found guilty of criminal case before any cour  YES X NO  If yes, give details:  Case No/s. |  |   |   |
|  |  |                                      |  | Date Filed:                                    |   |   |
|  | DEFERENCE (last                          | i id at must see b                   | a rainted up to the fourth   | dagree by consa                                | aquinity or affinity to appli                       | canti   |
| 4. CHARACTER REFERENCE (Individual must not be related up to NAME                                      |  | ADDRE                                | ADDRESS COM  |  | ACT NUMBER  |   |
| Dit Di tille Lacetta di till   |  |                                      | BRGY, PANGASUGAN, BAYBAY CITY,<br>BRGY, PANGASUGAN, BAYBAY CITY,   |  |   |   |
| DR BEATRIZ BELONIAS BRGY, PANGASUGAI   |  |                                      | RGY PANGASUGAN   | BAYBAY CITY 535650600                          |   |   |
| <ol> <li>I declare that<br/>misrepresent<br/>against me.</li> </ol>                                    | at the answer to to<br>tation made in to | he foregoing qu<br>his application a | estions are true to the and supporting docume  | best of my kno-<br>ents shall cause            | wledge and belief. I full<br>the filing of administ | ly understand that any<br>rative/criminal case(s) |
| Government<br>ID/License/F<br>Date/Place   | assport Number                           | GSIS ID<br>CRN-006<br>02/16/20       | -0118-<br>22 <u>MAASIN</u> CITY  |  | IA JUNEY CANETE C                                   |   |
| 16. SUBS   |  | ORN to before me                     | e this   | , affiar                                       | nt exhibiting his/her validly                       | issued Government                                 |
| Doc. No.<br>Page No.<br>Book No.<br>Series of  |  |                                      |  |  |   | er/Person Administering<br>Oath                   |

Page 1 of 2