

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

Attachment 1 Fidelity Bond Application Form (Revision No. 02 Date: May 30,2022)

RISK NUMBER			
(to be accomplished by BT	r Officer)		

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

INSTRUCTIONS:	ACCOMPLISH T PRINT ENTRIES				APPROPRIATE BOX	ES WITH CHECK	"\"	
TYPE OF APPLICATION:	X NEW	_	RENEWAL CANCELLATION, please proceed oLD RISK NUMBER:					
1. NAME GILOS VICENTE					xl. (e.g., Jr.)	AGUILAR Middle Name		
2. ADDRESS NO.	20, KILLBOURNE DRI	VE, PANGASU	GAN, CITY OF	BAYBAY LEYTE, L	EYTE			
3. DATE OF BIRTH (mm/dd/yyyy) 4. PLACE OF BIRTH 05/24/1969 HILONGOS LEYT							PASSPORT SIZE ID PHOTO	
5. SEX MALE	FEMALE	7.CIVIL S	TATUS	WIDOWED	8. CONTACT NUMBER 9385009164			
6. TIN		X M		_	9. EMAIL ADDRESS		M. C.	
118836612			ARRIED	SEPARATED				
71,511.00	 MONTHLY INCOME (Salaries, allowances, business income and the like, 71,511.00 				11. ESTIMATED MONTHLY EXPENSES 30,000.00			
YES If yes, give	X NO	tract or pha	sed out (abo	olition) in the pu	blic or private se	ctor?		
13. a. Have you ever been charged of any administrative and/or criminal offense? YES NO If yes, give details: Case No/s. Date Filed:			or criminal	b. Have you ever been found guilty of any administrative and/or criminal case before any administrative body, tribunal or court? YES X NO If yes, give details: Case No/s. Date Filed:				
Status of Case/s:					Status of Case/s:			
- Jun	us or ousers.				Canada di			
14. CHARACTER RE		lual must not	be related u			nity or affinity to applica		
ARLENE C. C	NAME		145 CDDII	ADDRES		9237491726	TACT NUMBER	
MIRALUNA S.			112 SPRING VILLAGE,MIN					
QUEEN-EVER		17 30 700	DEPED, SOUTHERN LEYTE, MANTAH BRGY, PANGASUGAN, BAYBAY CITY			5650600		
	lion made in this		and supp				ully understand that any strative/criminal case(s)	
ID/License/Pas Date/Place of I	sport Number	: 000023 : 05/31/2	0 022 ORMO	OC CITY		JILAR GILOS / 02/13 ture over Printed Name /D		
16. SUBSO ID as indicated	RIBED AND SWO above.	RN to before	me this		, affiant e	exhibiting his/her validly	issued Government	
Doc. No. Page No. Book No. Series of						Signature of Office	ceri/Person Administering Oath	