



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

Form 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

APPLICATION NO.

INSTRUCTIONS: 1. ACCOMPLISH THIS FORM CORRECTLY 2. PRINT ENTRIES LEGIBLY IN CAPITAL LETTERS 3. MARK APPROPRIATE BOXES <input type="checkbox"/> WITH CHECK			
TYPE OF APPLICATION:	<input 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 _____ Surname Given Name Name Ext. (e.g., Jr.) Middle Name			PASSPORT PHOTO
2. ADDRESS			
3. DATE OF BIRTH (mm/dd/yyyy)			
4. PLACE OF BIRTH			
5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	7. CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED	8. CONTACT NUMBER	
6. TIN	9. EMAIL ADDRESS		
10. MONTHLY INCOME (Salaries, allowances, business income and the like)		11. ESTIMATED MONTHLY EXPENSES	
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 type="checkbox"/> NO If yes, give details: _____			
13. a. Have you ever been charged of any administrative offense and/or criminal offense? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details: _____		b. Have you ever been found guilty of any administrative and/or criminal case before any administrative body, tribunal or court? <input type="checkbox"/> YES <input 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
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 : _____ ID/License/Passport Number : _____ Date/Place of Issue : _____ Signature over Printed Name /Date Accomplished _____			
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 _____.			
		Name, Designation & Signature of Officer/Person Administering Oath	

17. AMOUNT OF ACCOUNTABILITY <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 40%;"></td> <td style="text-align: center; border-bottom: 1px solid black;">AMOUNT OF ACCOUNTABILITY</td> </tr> <tr> <td colspan="2">(a) Public Funds</td> </tr> <tr> <td>(1) As Collecting Officer</td> <td>P</td> </tr> <tr> <td>(2) As Disbursing Officer</td> <td>.....</td> </tr> <tr> <td>(3) As Signing Officer</td> <td>.....</td> </tr> <tr> <td>(4) Investment Officer (GS Investments)</td> <td>.....</td> </tr> <tr> <td colspan="2">(b) Public Property</td> </tr> <tr> <td>(1) Inventories (per GAAM)</td> <td>P</td> </tr> <tr> <td>(2) Property, Plant & Equipment (Net Book Value)</td> <td>.....</td> </tr> <tr> <td colspan="2">(c) Forms and other valuables</td> </tr> <tr> <td>(1) Internal Revenue Stamps</td> <td>P</td> </tr> <tr> <td>(2) Postage and other Stamped Stock</td> <td>.....</td> </tr> <tr> <td>(3) Official Receipt</td> <td>.....</td> </tr> <tr> <td>(4) Others Forms and valuables</td> <td>.....</td> </tr> <tr> <td>TOTAL AMOUNT</td> <td>P</td> </tr> </table>		AMOUNT OF ACCOUNTABILITY	(a) Public Funds		(1) As Collecting Officer	P	(2) As Disbursing Officer	(3) As Signing Officer	(4) Investment Officer (GS Investments)	(b) Public Property		(1) Inventories (per GAAM)	P	(2) Property, Plant & Equipment (Net Book Value)	(c) Forms and other valuables		(1) Internal Revenue Stamps	P	(2) Postage and other Stamped Stock	(3) Official Receipt	(4) Others Forms and valuables	TOTAL AMOUNT	P	18. NAME OF OFFICE OR AGENCY 19. ADDRESS OF OFFICE OR AGENCY <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> Municipality/City Province </div> 20. STATION/DIVISION (Place of assignment) 21. TITLE OF POSITION OR DESIGNATION 21. STATUS OF APPOINTMENT 22. DATE OF DESIGNATION OR ASSUMPTION OF ACCOUNTABILITY <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Year Month Day </div> 23. BOND PERIOD COVERAGE <div style="margin-top: 5px;"> <input type="checkbox"/> One (1) year <input type="checkbox"/> Two (2) years <input type="checkbox"/> Three (3) years </div>
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THIS BLOCK TO BE FILLED ONLY IN CASE OF BOND CANCELLATION																															
24. OFFICE OR AGENCY AND STATION 																															
25. NAME OF OFFICERS TO BE RELIEVED <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Surname Given Name Middle Name </div>	26. PRESENT POSITION OR DESIGNATION 																														
27. AMOUNT OF BOND 	28. RISK NUMBER AND EFFECTIVITY DATE 																														
29. DATE OF RELIEF <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Year Month Day </div>	30. CAUSE OF RELIEF 																														
31. THIS IS TO CERTIFY THAT, as Head of Agency of _____, I verified the truthfulness of the answers to the questions contained on the face of this form and found them correct insofar as can be ascertained and that the applicant is a safe and conservative risk. Hence, the undersigned is recommending approval and authorizing the request for <div style="margin-left: 40px;"> <input type="checkbox"/> Application for Bonding <div style="margin-left: 20px;"> <input type="checkbox"/> New <input type="checkbox"/> Renewal </div> <input type="checkbox"/> Cancellation of Bond </div> of _____ <div style="text-align: right; margin-top: 20px;"> _____ <small>Signature over Printed Name of Head of the Agency/Date Accomplished</small> </div>																															
THIS BLOCK TO BE FILLED BY BTr ONLY																															
32. AMOUNT OF BOND RECOMMENDED 	33. AMOUNT OF BOND PREMIUM PAYABLE 																														
This is to certify that I have carefully evaluated the request for _____ of Fidelity Bond of _____ <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> _____ <small>Name & Signature of BTr Officer</small> </div> <div style="width: 45%; text-align: right;"> <div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <input type="checkbox"/> APPLICATION <input type="checkbox"/> RENEWAL <input type="checkbox"/> CANCELLATION </div> _____ <small>DATE</small> </div> </div>																															