



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 xxxxxx)

RISK NUMBER

(to be accomplished by BTr Officer)

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

INSTRUCTIONS:			
1. ACCOMPLISH THIS FORM CORRECTLY		3. MARK APPROPRIATE BOXES <input type="checkbox"/> WITH CHECK "✓"	
2. PRINT ENTRIES LEGIBLY IN CAPITAL LETTERS			
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			2X2 ID PHOTO
Surname Given Name Name Ext. (e.g., Jr.) Middle Name			
2. ADDRESS			
3. DATE OF BIRTH (mm/dd/yyyy) 4. PLACE OF BIRTH			
5. SEX	7. CIVIL STATUS		8. CONTACT NUMBER
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED		
6. TIN	<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED		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 found guilty of any administrative offense?		b. Have you ever been found guilty of criminal case before any court?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, give details: _____		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		Signature over Printed Name /Date Accomplished	
ID/License/Passport Number			
Date/Place of Issue			
16. SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued Government ID as indicated above.			
Doc. No.		Signature of Officer/Person Administering	
Page No.		Oath	
Book No.			
Series of			

17. AMOUNT OF ACCOUNTABILITY

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

Municipality/City _____ Province _____

20. STATION/DIVISION (Place of assignment)

21. TITLE OF POSITION OR DESIGNATION

22. DATE OF DESIGNATION OR ASSUMPTION OF
ACCOUNTABILITY

Year _____ Month _____ Day _____

23. BOND PERIOD COVERAGE

- ☐ One (1) year
- ☐ Two (2) years
- ☐ Three (3) years

THIS BLOCK TO BE FILLED ONLY IN CASE OF BOND CANCELLATION

24. OFFICE OR AGENCY AND STATION

25. NAME OF OFFICERS TO BE RELIEVED

Surname _____ Given Name _____ Middle Name _____

26. PRESENT POSITION OR DESIGNATION

27. AMOUNT OF BOND

28. RISK NUMBER AND EFFECTIVITY DATE

29. DATE OF RELIEF

Year _____ Month _____ Day _____

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

- ☐ Application for Bonding
- ☐ New
- ☐ Renewal
- ☐ Cancellation of Bond

of the above accountable public officer.

Signature over Printed Name of Head of the Agency/Date
Accomplished

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 the above-mentioned accountable public officer.

☐ APPLICATION ☐ RENEWAL ☐ CANCELLATION

Name & Signature of BTr Officer _____

DATE _____