

REPUBLIC OF THE PHILIPPINES

APPLICATION FOR BOND OF ACCOUNTABLE OFFICIALS AND EMPLOYEES OF THE
REPUBLIC OF THE PHILIPPINES

I, _____ of _____
hereby apply for bond as a _____ in the service of _____
(Bondable Position)
_____ at _____
(Name of Office, Bureau or Government-Owned or controlled corporations)
Province of _____

APPLICANTS TO HOLD BONDABLE POSITIONS MUST ANSWER ALL QUESTIONS IN FULL
(ALL REPLIES CONFIDENTIAL)

1. Place and date of birth _____
2. Civil status: Single, Married, or Widower/Widow _____
How many persons are dependent on you for support? _____
3. What salary will you receive? _____
4. Have you any income other than your salary? If so, how much, and from what source derived? _____
5. If engaged in any other business, give particulars and names of partners or associates, if any _____
6. Indicate Tax Account Number _____, attach latest statement of Assets and Liabilities.
7. Name three references: _____
8. Have you ever been discharged from any position? If so, state particulars _____
9. Do you carry life insurance? If so, how much, in what company, and to whom payable? _____
10. Have you ever applied before for bond from any fidelity and guaranty company? If so, when and where? _____
11. Do you have any criminal or administrative records? _____ If so, state briefly the nature thereof _____
12. Are you a member of any fraternal, social or political society? State the name and nature of each society. _____
13. What is the estimated total amount of all the monthly living expenses of yourself and family? _____

The answers to the foregoing questions are true to the best of my knowledge and belief, and in witness whereof, I affix my signature below, this _____ day of _____ 19_____

IN THE PRESENCE OF:

(Witness)

(Signature of Applicant)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 19_____
The applicant presented to me his/her residence certificate No. A-_____ issued at _____
_____ on _____, 19_____.

Doc. No. _____
Page No. _____
Book No. _____
Series No. _____

(Signature of Officer Administering Oath)

The following description of the applicant is required to be filled and certified by a competent physician of the Department of Health in Manila or in the provinces. One copy of his bust picture must be pasted on the space provided therefor hereon.

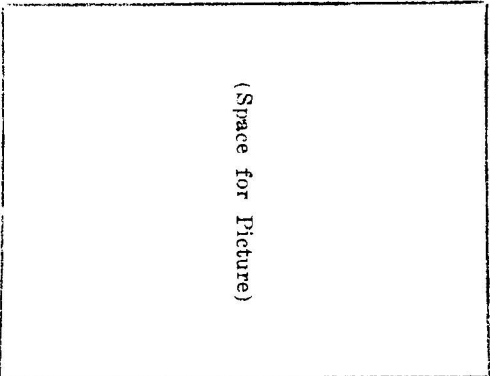
1. Height
2. Weight
3. Complexion
4. Face with or without smallpox
5. Color of eyes
6. Color of Hair
7. Color of Mustache
8. Color of Beard
9. Birth and other marks on the—
 - (A) Face
 - (B) Body
 - (C) Hands
 - (D) Arms
 - (E) Legs and feet

I CERTIFY to the correctness of the foregoing description of

.....
(Name of Physician, Department of Health)

.....
(Official Designation)

043886, 19.....



**CERTIFICATION OF VERIFICATION
AND OBSERVATION**

THIS IS TO CERTIFY that I verified the truthfulness of the answers to the questions contained on the face of this form and found them to be correct in so far as can be ascertained. I further certify having inquired into the character, honesty, integrity, and efficiency of the within applicant and found him to be worthy of trust, confidence and reliance. Hence, the recommendation of the undersigned as expressed in his 1st Indorsement contained on General Form 57-A to which this Form (General Form 58-A) is Attached.

.....
(Head of Office or Agency)

Date, 19.....