



(Note: Please do not leave any question unanswered. If not applicable, please write "N/A")

**CO-SIGNER'S STATEMENT**

**TO: INSURANCE GROUP  
GOVERNMENT SERVICE INSURANCE SYSTEM**

I am agreeable to sign with the applicant \_\_\_\_\_ (*Name of Lotto/Lotto Express Agent*) for the Surety bond he/she is securing from GSIS in the amount of **PESOS: Seven Hundred Thousand (Php 700,000.00)** and in favor of the **PHILIPPINE CHARITY SWEEPSTAKES OFFICE**. I am fully aware of the responsibility which I will assume in signing as Co-signer and I am also aware that you will verify on the truthfulness of the following statement in consideration thereof.

You are hereby authorized to obtain information you wish to secure about myself, in connection with the issuance of the surety bond being applied for and I agree that this document shall remain as GSIS property whether or not the bond application is approved.

**PERSONAL CIRCUMSTANCES:**

Name: \_\_\_\_\_ Residence: \_\_\_\_\_  
 Cellphone No. \_\_\_\_\_ Telephone No. \_\_\_\_\_ Email: \_\_\_\_\_  
 Civil Status: \_\_\_\_\_ If married, name of spouse: \_\_\_\_\_  
 Living with spouse? \_\_\_\_\_ If not, address of spouse: \_\_\_\_\_  
 No. of Dependents: \_\_\_\_\_

**Total Amount of Gross Annual Income: P** \_\_\_\_\_

a.) Salaries and Wages P \_\_\_\_\_ b.) From Business P \_\_\_\_\_  
 c.) Other Income (per annum) P \_\_\_\_\_ Source of Other Income: P \_\_\_\_\_

**IF EMPLOYED:**

If employed, please state: Name of Employer \_\_\_\_\_  
 Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_ Nature of Work \_\_\_\_\_  
 \_\_\_\_\_ Present Position: \_\_\_\_\_ Nature of Business: \_\_\_\_\_  
 \_\_\_\_\_ No. of years in present position: \_\_\_\_\_ No. of years in Employment: \_\_\_\_\_  
 Name and TITLE of immediate SUPERIOR: \_\_\_\_\_  
 PREVIOUS EMPLOYMENT: Name of Employer \_\_\_\_\_  
 Address: \_\_\_\_\_ Position held: \_\_\_\_\_

**IF IN BUSINESS:**

If engaged, please state:  
 Nature or kind of business: \_\_\_\_\_ Firm or Trade Name: \_\_\_\_\_  
 Is it registered with DTI/SEC? \_\_\_\_\_  
 Whether sole ownership/partnership/corporation: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 Capital Personally Invested: P \_\_\_\_\_ No. of years in Business: \_\_\_\_\_

**TRADE REFERENCES:**

1.) \_\_\_\_\_ Address: \_\_\_\_\_  
 2.) \_\_\_\_\_ Address: \_\_\_\_\_

**REAL ESTATE OWNED:**

TCT/CCT No.	LOCATION	FAIR MARKET VALUE (Land and Improvement)	WITH ENCUMBRANCE (Yes/No)
_____	_____	P _____	_____
_____	_____	P _____	_____
_____	_____	P _____	_____
_____	_____	P _____	_____

**Co-Signer's Statement (page 2)**

PERSONAL PROPERTIES	DATE ACQUIRED	FAIR MARKET VALUE	WITH ENCUMBRANCE (Yes/No)
_____	_____	P _____	_____
_____	_____	P _____	_____
_____	_____	P _____	_____
_____	_____	P _____	_____

**BANK ACCOUNTS:**

Where kept? Savings \_\_\_\_\_ Amount: P \_\_\_\_\_  
 Current \_\_\_\_\_ Amount: P \_\_\_\_\_

**LIFE INSURANCE:**

Insurance Company	Date POLICY Issued	Amount	Cash Value
_____	_____	P _____	P _____
_____	_____	P _____	P _____
_____	_____	P _____	P _____

**PERSONAL REFERENCES:**

Name	Address	Firm or Office
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Relation to the Bond Applicant :** \_\_\_\_\_

**No. of years he has known the Bond Applicant:** \_\_\_\_\_

I affirm that each of the answers given to the foregoing questions is true and correct.

**CONSENT DECLARATION STATEMENT**

*I hereby confirm that I have read and understand fully the GSIS Privacy Statement (https://www.gsis.gov.ph/gsis-privacy-statement ) pursuant to the requirements of Republic Act No. 10173, otherwise known as the Data Privacy Act, and thereby give my consent to the manner of collection, use access, disclosure and processing of my sensitive personal information by the GSIS.*

Signed in \_\_\_\_\_, Philippines, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
**Signature of Co-signer**

\_\_\_\_\_) S.S.  
 \_\_\_\_\_)

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
 in \_\_\_\_\_, affiant exhibited to me his/her Government Issued ID (GSIS, SSS, UMID, PAG-IBIG, Philhealth, TIN, OSCA, Passport, Driver's License, etc.) with the following particulars:

NUMBER	ISSUED ON	ISSUED AT
_____	_____	_____

Doc. No. \_\_\_\_\_;  
 Page No. \_\_\_\_\_;  
 Book No. \_\_\_\_\_;  
 Series of \_\_\_\_\_.

**NOTARY PUBLIC**