

**MEMORANDUM**

**FOR :** **HEADS OF OFFICES, BUREAUS, SERVICES AND UNITS**  
DSWD Central Office

**THE REGIONAL DIRECTORS**  
DSWD Field Offices

**FROM :** **THE UNDERSECRETARY FOR FINANCE**  
General Administration and Support Services

**SUBJECT :** **FINANCIAL MANAGEMENT GUIDELINES NO. 29 (2022):  
PROCEDURES ON THE APPLICATION AND/OR CANCELLATION  
OF FIDELITY BOND OF ACCOUNTABLE OFFICERS**

**DATE :** **27 SEPTEMBER 2022**

Fidelity Bond refers to bond secured by an accountable officer from the Bureau of the Treasury (BTr) in compliance with the Public Bonding Law and applicable requirements to assure the Government of the Republic of the Philippines of the faithful performance of all the duties and responsibilities imposed by law upon such accountable officer, and the faithful accounting of all public funds and property coming into his/her possession, custody or control.

In accordance with BTr Treasury Circular No. 2-2019 and 1-2022, the Revised Omnibus Regulations Governing the Fidelity Bonding of Accountable Public Officers and Supplemental Guidelines, all public officers whose duties require the possession, custody or control of public funds or properties shall be bonded.

However, when accountable public officers are no longer accountable by reasons rendering them not bondable to their present position, the agency is required to request for bond cancellation to the BTr. The cancellation of the bond for any cause allowed before expiration date, has the effect of limiting the liability of the Fidelity Fund to the transactions within the period covered up to the time of its cancellation. The bond premium paid for the accountable officer whose bond is cancelled shall not be transferable and non refundable.

Further, Section 9.0 Penal Clause of the Treasury Circular No. 2-2009 states that unjustified failure of an accountable public officer to comply with the requirements to apply for Fidelity Bond pursuant to this circular and the Public Bonding Law shall subject the responsible official/employee to applicable criminal, and/or administrative liability under the Revised Penal Code and PD No. 1445.

In view of the above, the following procedures should be observed in the application and/or cancellation of fidelity bond of accountable officers:

**A. REQUEST FOR FIDELITY BOND**

1. The following officials and employees are accountable public officers and shall be bonded:

- a. Head of the Agency who is immediately and primarily responsible for all government funds and property pertaining to Agency;
  - b. Heads of Offices/Bureaus/Services who are authorized/delegated to approve disbursements vouchers per DSWD Administrative Order 16 series of 2019, Delegation and Delineation of Authority or subsequent authorization/delegation;
  - c. Designated as authorized signatories, counter or alternate signatories in government bank accounts, issuance of checks or Authority to Debit Account (ADA);
  - d. Regular and special disbursing officers;
  - e. Collecting officers;
  - f. Cashiers;
  - g. Property and supply officers;
  - h. Those in custody of accountable forms; and
  - i. Accountable public officers discharging their duties in the foreign country.
2. The accountable/bondable public officers shall submit the following documentary requirements to the FMS-Cash Division at the Central Office or concerned unit at the Field Office (FMS-CD/CU) immediately upon assumption/designation:

**2.1. New application for fidelity bond**

- a. Appointment;
- b. Special Order (SO);
- c. Properly filled up Personal Information Form (**Annex A**) to be accomplished through Google Forms (link will be shared by the FMS-CD/CU to the official email address of the Accountable Officer);
- d. Two (2) passport size identification pictures taken within the last three (3) months prior to date of application; and
- e. Certificate of No Pending Administrative Case (CeNoPAC) through the Human Resource Management Information System with the assistance of the Personnel Administration Division, whenever applicable

**2.2 Renewal of fidelity bond**

- a. CeNoPAC;
- b. Updated SO reflecting maximum accountability for Special Disbursing Officer (SDO);
- c. Properly filled up Personal Information Form to be accomplished through Google Forms (link is shared to the official email of the Accountable Officer);
- d. Two (2) passport size identification pictures taken within the last three (3) months prior to date of application; and
- e. Copy of previous Confirmation Letter (on file with FMS-CD/CU)

**2.2. Increase of fidelity bond**

- a. Appointment/SO;
- b. Updated SO reflecting maximum accountability for Special Disbursing Officer (SDO);
- c. CeNoPAC; and
- d. Copy of previous Confirmation Letter (on file with FMS-CD/CU)

3. Based on the properly filled up Personal Information Form, the FMS-CD/CU will facilitate the submission and approval of Fidelity Bond Application Form (FBAF)



- (Annex B)** through the BTr Online Fidelity Bonding System (OFBS) within three (3) days from date of application. This will then be printed and forwarded to the accountable officer for signature;
4. The FMS-CD/CU, upon approval of the FBAF, prints the List of Bonded Accountable Public Officers **(Annex C)** through the OFBS and forwards it to the Head of Finance and Management Service/Division for signature together with the applicable documentary requirements.
  5. The FBAF with its supporting documents will then be forwarded for signature on item no. 31 by the Head of the Agency or authorized representative in the Central Office or Regional Director or authorized representative in the Field Office covered by Special Order/authorization.
  6. The approved FBAF with its supporting documents will then be forwarded for signature on item no. 16 by the Secretary in the Central Office or Regional Director in the Field Office or through a notary public authorized to administer oath.
  7. The concerned offices/bureaus/services shall facilitate the preparation of Disbursement Voucher and Obligation Request and Status in close coordination with the FMS-CD/CU corresponding to the payment of bond premium chargeable to the concerned office's budget;
  8. The FMS-CD/CU shall request Authority to Accept Payment (ATAP) **(Annex D)** from the BTr with the submission of the approved documents. The ATAP will be issued by the BTr when the FBAF and supporting documents are found complete and in order, which will be attached to the payment of bond premium thru the LDDAP-ADA;
  9. Submit to BTr District Office or Provincial Office (DO/PO) through email the scanned copy of the ATAP and validated LDDAP-ADA for issuance of Confirmation Letter **(Annex E)**. The effectivity of fidelity bond commences upon payment of bond premium for over-the-counter payments, approval of CL for online payments and maturity of existing fidelity bond for advance payments;
  10. The FMS-CD/CU shall provide the bonded accountable officers with the copy of the CL and BTr approved FBAF.

## B. CANCELLATION OF FIDELITY BOND

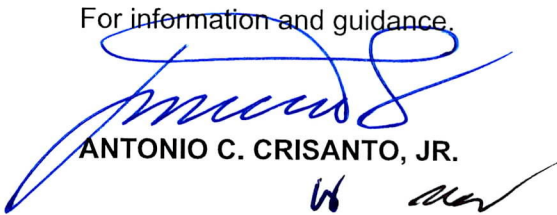
1. The Human Resource Management and Development Service at the Central Office or Human Resource Management and Development Division at the Field Office shall inform in writing the FMS-CD/CU within five (5) working days upon receipt of notification or letter of the accountable officer who is no longer bondable as a result of the following:
  - a. retirement;
  - b. separation from the service through resignation, transfer to other government agency, etc;
  - c. promotion;
  - d. suspension from office; or
  - e. any other cause rendering them not bondable to their present position.



2. The FMS-CD/CU shall cause the accomplishment of Item Nos. 24-31 of the FBAF to effect cancellation of fidelity bond, either manually or through the OFBS, whichever is applicable, with the following required details/information:
  - a. Office or agency and station;
  - b. Name of officers to be relieved;
  - c. Present position;
  - d. Amount of bond;
  - e. Risk number and effectivity date;
  - f. Date of relief; and
  - g. Cause of relief.
3. The FBAF will be printed in two (2) copies for signature of the Head of the Agency or authorized representative in the Central Office or Regional Director or authorized representative in the Field Office covered by Special Order/authorization.
4. The FMS-CD/CU will scan the approved FBAF and submit a scanned copy via email to the BTr DO/PO supported with the copy of the previous BTr CL. The BTr Chief Treasury Operations Officer/Officer in-Charge of the DO/PO shall approve the request for bond cancellation through an issuance of CL.
5. The designated Regular/Special Disbursing Officer (R/SDO) shall surrender to the Accounting Division/Unit all the duly signed and accomplished Cash Disbursement Records (CDR) (Appendix 40 of GAM Vol. II) covering all cash advances granted to the R/SDO before effectivity of retirement/resignation/transfer. No clearance shall be issued by the Accounting Division/Unit for non-submission of the required CDR.

The FMS-CD/CU shall maintain an updated monitoring records and files of bonded officials and employees within its respective jurisdictions together with complete supporting documentation.

For information and guidance,



ANTONIO C. CRISANTO, JR.





# DSWD

Department of Social Welfare and Development

## Personal Information Form

This is to facilitate online processing of fidelity bond application through the Bureau of the Treasury's National Government Collection & Modified Disbursement System (NGCDS)

shlamberte@dswd.gov.ph [Switch account](#)

Draft saved

\* Required

Email \*

@dswd.gov.ph

Must be a valid email

Given Name \*

Juan Dela Cruz

Name Extension

Juan Dela Cruz

Middle Name \*

Juan Dela Cruz

Surname \*

Juan Dela Cruz

Address: Street/Bldg./Unit \*

Sample \_\_\_\_\_

Barangay \*

Sample \_\_\_\_\_

City/Municipality \*

Sample \_\_\_\_\_

District/Province \*

Sample \_\_\_\_\_

Date of Birth \*

Date

09/09/2022

Place of Birth \*

Sample \_\_\_\_\_

Gender \*

Female

Male

Prefer not to say

Other: \_\_\_\_\_

Tax Identification Number (TIN) \*

Sample \_\_\_\_\_

Civil Status \*

Single

Married

Widowed

Separated

Divorced

Other: \_\_\_\_\_

Contact Number \*

Sample \_\_\_\_\_

Email Address \*

@dswd.gov.ph \_\_\_\_\_

 Please enter a valid email address

Monthly Income \*

Salaries, allowances, business income and the like

Sample \_\_\_\_\_

Estimated Monthly Expenses \*

Sample \_\_\_\_\_

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 (abandon) in the public or private sector?

- Yes  
 No

If yes, give details here...

Your answer

Have you ever been charged of any administrative and/or criminal offense? (per TC No. 1- \*  
2022 5/30/2022)

- Yes  
 No

If yes, give details here...

Your answer

Have you ever been found guilty of any administrative and/or criminal case before any \*  
administrative body, tribunal, or court? (per TC No. 1-2022 5/30/2022)

- Yes  
 No

If yes, give details here...

Your answer

Case No/s

Your answer

Status of Case/s

Your answer

Next

Clear form



Name of Reference 1 (Given Name, Middle Initial, Surname) \*

Your answer

Address of Reference 1 \*

Your answer

Contact Number of Reference 1 \*

Your answer

Name of Reference 2 (Given Name, Middle Initial, Surname) \*

Your answer

Address of Reference 2 \*

Your answer

Contact Number of Reference 2 \*

Your answer

Name of Reference 3 (Given Name, Middle Initial, Surname) \*

Your answer

Address of Reference 3 \*

Your answer

Contact Number of Reference 3 \*

Your answer

Back

Next

Clear form

Declaration

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 card \*


- Passport
- Driver's License
- GSIS ID
- SSS UMID
- PHIC ID
- TIN Card
- Others

ID Card Number \*

Your answer

Date Issued \*

Date

dd/mm/yyyy 

Place Issued \*

Your answer

Send me a copy of my responses.

Back

Submit

Clear form



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

<b>RISK NUMBER</b> <i>(to be accomplished by BTr Officer)</i>

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

<b>INSTRUCTIONS:</b> 1. ACCOMPLISH THIS FORM CORRECTLY 3. MARK APPROPRIATE BOXES <input type="checkbox"/> WITH CHECK "✓" 2. PRINT ENTRIES LEGIBLY IN CAPITAL LETTERS																		
<b>TYPE OF APPLICATION:</b> <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> CANCELLATION, <i>please proceed to Item Nos. 24-32</i>	<b>OLD RISK NUMBER:</b> <i>For Renewal</i>	<b>Passport Photo</b>																
<b>1. NAME</b> _____ <i>Surname                      Given Name                      Name Ext. (e.g., Jr.)                      Middle Name</i>			<b>Passport Photo</b>															
<b>2. ADDRESS</b> _____ _____ _____																		
<b>3. DATE OF BIRTH (mm/dd/yyyy)</b> _____	<b>4. PLACE OF BIRTH</b> _____																	
<b>5. SEX</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>7. CIVIL STATUS</b> <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED  <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED	<b>8. CONTACT NUMBER</b> _____																
<b>6. TIN</b> _____	<b>9. EMAIL ADDRESS</b> _____																	
<b>10. MONTHLY INCOME (Salaries, allowances, business income and the like)</b> _____		<b>11. ESTIMATED MONTHLY EXPENSES</b> _____																
<b>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?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, give details:</i> _____																		
<b>13. a. Have you ever been found guilty of any administrative offense?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, give details:</i> _____ _____ _____		<b>b. Have you ever been found guilty of criminal case before any court?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, give details:</i> _____ <b>Case No/s.</b> _____ <b>Date Filed:</b> _____ <b>Status of Case/s:</b> _____																
<b>14. CHARACTER REFERENCE (Individual must not be related up to the fourth degree by consanguinity or affinity to applicant)</b> <table border="1" style="width:100%"> <thead> <tr> <th>NAME</th> <th>ADDRESS</th> <th>CONTACT NUMBER</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				NAME	ADDRESS	CONTACT NUMBER												
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<b>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.</b>  Government Issued ID : _____ ID/License/Passport Number : _____ Date/Place of Issue : _____																		
_____ Signature over Printed Name /Date Accomplished		_____ Signature of Officer/Person Administering Oath																
<b>16. SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued Government ID as indicated above.</b>  Doc. No. _____ ; Page No. _____ ; Book No. _____ ; Series of _____ ;																		

<p><b>17. AMOUNT OF ACCOUNTABILITY</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;"></td> <td style="text-align: center; border-bottom: 1px solid black;"><b>AMOUNT OF ACCOUNTABILITY</b></td> </tr> <tr> <td colspan="2"><b>(a) Public Funds</b></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>(b) Public Property</b></td> </tr> <tr> <td>(1) Inventories (per GAAM)</td> <td>P _____</td> </tr> <tr> <td>(2) Property, Plant &amp; Equipment (Net Book Value)</td> <td>_____</td> </tr> <tr> <td colspan="2"><b>(c) Forms and other valuables</b></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><b>TOTAL AMOUNT</b></td> <td>P _____</td> </tr> </table>		<b>AMOUNT OF ACCOUNTABILITY</b>	<b>(a) Public Funds</b>		(1) As Collecting Officer	P _____	(2) As Disbursing Officer	_____	(3) As Signing Officer	_____	(4) Investment Officer (GS Investments)	_____	<b>(b) Public Property</b>		(1) Inventories (per GAAM)	P _____	(2) Property, Plant & Equipment (Net Book Value)	_____	<b>(c) Forms and other valuables</b>		(1) Internal Revenue Stamps	P _____	(2) Postage and other Stamped Stock	_____	(3) Official Receipt	_____	(4) Others Forms and valuables	_____	<b>TOTAL AMOUNT</b>	P _____	<p><b>18. NAME OF OFFICE OR AGENCY</b></p> <hr/> <p><b>19. ADDRESS OF OFFICE OR AGENCY</b></p> <hr/> <p style="text-align: center;"><i>Municipality/City</i>                      <i>Province</i></p> <hr/> <p><b>20. STATION/DIVISION (Place of assignment)</b></p> <hr/> <p><b>21. TITLE OF POSITION OR DESIGNATION</b></p> <hr/> <p><b>22. DATE OF DESIGNATION OR ASSUMPTION OF ACCOUNTABILITY</b></p> <p style="text-align: center;">_____ <i>Year</i>                      <i>Month</i>                      <i>Day</i></p> <hr/> <p><b>23. BOND PERIOD COVERAGE</b></p> <p><input type="checkbox"/> One (1) year</p> <p><input type="checkbox"/> Two (2) years</p> <p><input type="checkbox"/> Three (3) years</p>
	<b>AMOUNT OF ACCOUNTABILITY</b>																														
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(4) Others Forms and valuables	_____																														
<b>TOTAL AMOUNT</b>	P _____																														

**THIS BLOCK TO BE FILLED ONLY IN CASE OF BOND CANCELLATION**

<b>24. OFFICE OR AGENCY AND STATION</b>	
<p><b>25. NAME OF OFFICERS TO BE RELIEVED</b></p> <p>_____ <i>Surname</i>                      <i>Given Name</i>                      <i>Middle Name</i></p>	<p><b>26. PRESENT POSITION OR DESIGNATION</b></p> <hr/>
<p><b>27. AMOUNT OF BOND</b></p> <hr/>	<p><b>28. RISK NUMBER AND EFFECTIVITY DATE</b></p> <hr/>
<p><b>29. DATE OF RELIEF</b></p> <p>_____ <i>Year</i>                      <i>Month</i>                      <i>Day</i></p>	<p><b>30. CAUSE OF RELIEF</b></p> <hr/>
<p><b>31. THIS IS TO CERTIFY THAT</b>, 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</p> <p><input type="checkbox"/> Application for Bonding</p> <p style="padding-left: 20px;"><input type="checkbox"/> New</p> <p style="padding-left: 20px;"><input type="checkbox"/> Renewal</p> <p><input type="checkbox"/> Cancellation of Bond</p> <p>of the above accountable public officer.</p> <p style="text-align: right; margin-top: 20px;">_____ Signature over Printed Name of Head of the Agency/Date Accomplished</p>	

**THIS BLOCK TO BE FILLED BY BTr ONLY**

<p><b>32. AMOUNT OF BOND RECOMMENDED</b></p> <hr/>	<p><b>33. AMOUNT OF BOND PREMIUM PAYABLE</b></p> <hr/>
<p>This is to certify that I have carefully evaluated the request for _____ of Fidelity Bond of the above-mentioned accountable public officer.</p> <p style="text-align: center;"> <input type="checkbox"/> APPLICATION    <input type="checkbox"/> RENEWAL    <input type="checkbox"/> CANCELLATION         </p> <p>_____ Name &amp; Signature of BTr Officer</p> <p style="text-align: right;">_____ DATE</p>	

Name of Office: Department of Social Welfare and Development (DSWD), Office of the Secretary, Central Office

LIST OF BONDED ACCOUNTABLE PUBLIC OFFICERS

Fms- CD/CP-A- Comm- 22-05-0499-S  
4146

NAME OF PUBLIC OFFICER	TYPE OF APPLICATION	DESIGNATION (e.g. Disbursing/Collecting/ Signing Officer)	PREVIOUS YEAR'S DATA		RISK NO.	AMOUNT			BOND COVERAGE 1 yr(s)	REMARKS	
			EFFECTIVE DATE From	To		ACCOUNTABILITY	BOND	PREMIUM		WITH PENDING ADMINISTRATIVE CASE (Yes or No)	WITH PENDING CRIMINAL CASE (Yes or No)
DOMINGUEZ, GLORIA GIANAN	NEW	(1) Special Disbursing Officer (SDO)				250,000.00	100,000.00	1,500.00	1	NO	NO
<b>Totals</b>						250,000.00	100,000.00	1,500.00			

Prepared By:

*SHL*  
 SHEILA H LAMBERTE  
 ADMINISTRATIVE OFFICER I  
 Signature over printed name  
 Position

Date: 05/11/2022

Reviewed By:

*GRA*  
 GRAJE ANN S. NISPEROS  
 CHIEF, CASH DIVISION  
 Signature over printed name  
 Position

Certified and Approved By:

*WCB*  
 WAYNE C. BELZAR  
 DIRECTOR IV, FINANCE AND  
 ADMINISTRATION  
 Signature over printed name  
 Designation of Authorized Official

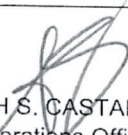
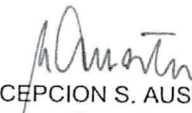
# Annex D

Republic of the Philippines  
 Department of Finance  
 BUREAU OF TREASURY - A5514  
 Office of the District/Chief Treasury Operations Officer II  
 National Capital Region (NCR)  
 Address

To: THE BRANCH MANAGER  
LAND BANK OF THE PHILIPPINES  
BATASAN PAMBANSA QUEZON CITY  
QUEZON CITY

ATAP NO. 13D2-2022-00571

## AUTHORITY TO ACCEPT PAYMENT

<b>FOR DEPOSIT TO SAVINGS ACCOUNT OF THE TREASURER OF THE PHILIPPINES</b>			
<b>PAYING ORGANIZATION</b>		<b>AREA CODE</b> 1374	
DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT (DSWD) - OFFICE OF		THE SECRETARY	
<b>PAYING ORGANIZATION CODE</b> 200010100000		<b>DATE PREPARED</b> 05/18/2022	
<b>ADDRESS</b> QUEZON CITY		<b>BILL NO. (YR-MONTH-NUMBER)</b> B--202205-571	
<b>COMPUTATION OF FIDELITY BOND PREMIUM DUE</b>			
<b>FUND CODE</b>	<b>TRANSACTION CODE</b>	<b>AMOUNT BOND</b> (at 1.5% per annum / P 150.00)	<b>AMOUNT</b>
03104344	4020219000	100,000.00	1,500.00
<b>TOTAL AMOUNT PAYABLE</b>			1,500.00
<b>PREPARED BY:</b>		<b>APPROVED BY:</b>	
 FELYN FAITH S. CASTANEDA Treasury Operations Officer II Signature Over Printed Name and Position		 CONCEPCION S. AUSTRIA Chief Treasury Operations Officer II Signature Over Printed Name and Position	
<b>FOR BANK USE ONLY</b>			
<b>DETAILS OF PAYMENT</b>			
<b>PARTICULARS</b>	<b>DRAWEE BANK / NUMBER</b>		
CASH			P
CHECK			
TOTAL PAYMENT RECEIVED			P
<b>BANK MACHINE VALIDATION OF AMOUNT AND DATE</b>			



Department of Finance  
**BUREAU OF THE TREASURY**  
National Capital Region (NCR)  
Regional Office

Annex E

Transmittal No. 13D2-2022-06-00756  
06/02/2022  
Date

**CONFIRMATION LETTER**

THE SECRETARY

Department of Social Welfare and Development (DSWD)  
, Office of the Secretary-20001 - 200010100000  
Quezon City

Sir/Madam:

This is to inform you that the request for bonding and/or cancellation of bonds of the following accountable officials and employees of your Office/ Agency has been approved and duly entered in the Registry of Bonded Public Officers maintained by NCR, Second District Office of this Bureau.  
(District/Provincial Office)

Name and position of Bonded Public Officers	Station	Risk No.	Approved Amount of BOND	Effective Date	
				Bonding	Cancellation
DOMINGUEZ, GLORIA G (1) Special Disbursing Officer (SDO) Bond coverage: 1 yr(s)	AS-GSD	13D2-2022-01660N	100,000.00	06/25/2022	06/24/2023

The bond shall be renewed on or before the anniversary date, otherwise bond is automatically cancelled.

Please notify this Office if there are changes in accountable officers or amount of accountability within the effective period of the bond.

Very truly yours,

ROSALIA V. DE LEON  
Treasurer of the Philippines

By:

  
CONCEPCION SISON AUSTRIA  
Chief Treasury Operations Officer II

cc: COA Resident Auditor