



PHILIPPINE CHARITY SWEEPSTAKES OFFICE



LETTER OF INTENT

_____ Date

HON. JOSE FERDINAND M. ROJAS II
General Manager
Philippine Charity Sweepstakes Office
Gate 3, PICC, Secretariat Bldg., CCP Complex, Pasay City, MM

Sir:

Our corporation/cooperative, _____, would like to signify our interest and intention to apply for authority to conduct and participate in the PCSO Loterya ng Bayan (PLB) in the following area/s:

Attached herewith are the documents appurtenant to this letter of intent.

Very truly yours,

Signature over Printed Name/Designation

APPLICATION FOR AUTHORITY TO CONDUCT THE PCSO LOTERYA NG BAYAN

IDENTIFICATION OF APPLICANT-CORPORATION/COOPERATIVE

BUSINESS NAME/NAME OF THE CORPORATION:			
TAX IDENTIFICATION NUMBER:		DATE REGISTERED WITH THE SEC OR CDA:	
COMPLETE PRINCIPAL OFFICE/BUSINESS ADDRESS: (Building, Number, Street, Barangay, City/Municipality, Province/Region, Zip Code)			
CONTACT INFORMATION	Telephone No./s:		Fax No./s:
Mobile Number/s:		Email Address:	Telex No./s:
BRANCH OFFICE ADDRESS/ES:			CONTACT NO./S:



PHILIPPINE CHARITY SWEEPSTAKES OFFICE



APPLICATION FOR AUTHORITY (cont.)

IDENTIFICATION OF APPLICANT-CORPORATION/COOPERATIVE (cont.)

CAPITALIZATION	Authorized:	Paid-Up:
NATURE OF BUSINESS:		
PHILHEALTH NUMBER:	SSS NUMBER:	
TIN NUMBER:	TOTAL NUMBER OF EMPLOYEES:	

IDENTIFICATION OF THE OFFICERS OF THE APPLICANT CORPORATION/COOPERATIVE

<u>NAME OF CORPORATE/COOPERATIVE OFFICERS</u>	<u>POSITION</u>	<u>NATIONALITY</u>	<u>CONTACT NUMBER/S</u>

**Please use separate sheet if needed*

UNDERTAKING

We hereby affirm that all information supplied in the above application are true and correct. We recognize and accept the authority and power of the Philippine Charity Sweepstakes Office (PCSO) or its duly designated representatives or agents to ascertain the validity and veracity of any and all information stated herein and in the attached documents supporting this application, and thus allow PCSO to verify the same and/or secure such other information as may be required, cognizant of the fact that proof of any false or misleading information supplied, shall constitute grounds for the outright rejection/disapproval of this application.

Signature over Printed Name of the Head of Corporation

NOTE:

Please ensure that all the information required in this application has been completely and sufficiently provided, and that all the documents required in the hereto attached checklist have been supplied. Insufficient and incomplete applications shall not be processed.