

APPLICATION

Date of Application	:	
Name of Applicant	:	
Address/ Residence	:	
·		
Telephone No.	:	
Provincial Address	:	
Telephone No.	:	
Date of Birth	: .	
Place of Birth	:	
Nationality	:	
Occupation	:	
Monthly Income	:	
If none, specify source of livelihood	:	
Highest Educational Attainment	:	
Medical History a. Present Illness	: :	
b. Medication	:	
c. Procedure Done	:	
d. Hospitalization	: .	
Pending Administrativ C.C, if any	e/ : .	

Name of Spouse	:			
Highest Educational Attainment	l :			
Name of Children	:	Date & Plac	ce of Birth :	Age :
	_ :		: <u> </u>	
	_ :		: .	
	_ :		: .	
	_ :		: ₋	
	_ :		: ₋	
Educational Backgro	ound of C	Children:		
Name	:	School	: Course	: Year
	_ :		:	:
	_ :		:	:
	•		:	:
	_ ·			
	_ •		:	
	:		:	:
Nature of Protection	ı/Securit	y or Benefit Desir	red:	
Applicant desires to	be/ is a v	witness in:		
I. S. No./C.C. No.	:			
Title	:			
Parties	:			
Nature of Offense	•			

Venu	e	:					
Stage	of Proceedings	•					
Hand	lling Prosecutor	:					
Partio	cipation in the cr	ime, if s	state witn	ness			
Name	e of Parole/Proba	ation Of	fficer, if p	risoner :			
Threa	ats to Witness (B	rief Des	scription)	:			
Discl	osures:						
1.	Have you filed a	n appli	cation for	WPP cov	erage in t	he past?	
	Yes			_ No			
	If yes, what was	the act	ion taken	?			
2.	Has there been you?	any adı	ministrat	ive, civil (or crimina	al case file	ed against
	Yes			_ No			
	If yes, please spe	ecify.					

3. Have you been convicted of a crin	ne?
Yes	No
I hereby certify that the foregoing	g answers are true and correct to the
best of my knowledge and belief. It is	understood that any false statement
given in this application is a ground	for its denial or termination of my
coverage.	
	Signature of Applicant
	0 11
Right Thumbmark	

SWORN STATEMENT

	I,				, resident of	
	years of age, nce with law, hereby			having be	en sworn ii	1
1.	That I am one of the Case No	Crim. Cas	e No	1	now pending	3
2.	(Describe in detail commission of the	l your know	rledge and/	or inform	ation on the	
		of				f
				Applican	t	
	c of the Philippines					
Residen	UBSCRIBED AND 20 ince Certificate No and License/ Passport	competent	applicant e issued evidence of	xhibited to on identity	o me his/ he consisting o	r t f



Republika ng Pilipinas KAGAWARAN NG KATARUNGAN Department of Justice Manila



WITNESS PROTECTION SECURITY and BENEFIT PROGRAM

CERTIFICATE OF MATERIALITY

This is to certify that the testimony to be given by	7
is material for the successful	l
prosecution of the complaint filed in I. S. No. / Crim. Case No.	•
entitled	
Done this day of	
Investigating Prosecutor	
(Signature over printed Name)	