

BUSINESS & PERSONAL AFFILIATION DISCLOSURE FORM

___ BOT ___ OFFICER ___ STAFF

I. PERSONAL INFORMATION:

NAME:	
POSITION:	
CURRENT ADDRESS:	
PERMANENT ADDRESS:	
CONTACT NOS.:	
EMAIL ADDRESS:	

II. BUSINESS OWNERSHIP:

Business Structure: ___ Sole proprietorship ___ Partnership ___ Corporation

BUSINESS NAME:	
BUSINESS ADDRESS:	
NATURE OF BUSINESS:	
YEAR ESTABLISHED:	

Business Structure: ___ Sole proprietorship ___ Partnership ___ Corporation

BUSINESS NAME:	
BUSINESS ADDRESS:	
NATURE OF BUSINESS:	
YEAR ESTABLISHED:	

Business Structure: ___ Sole proprietorship ___ Partnership ___ Corporation

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NATURE OF BUSINESS:	
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Business Structure: ___ Sole proprietorship ___ Partnership ___ Corporation

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NATURE OF BUSINESS:	
YEAR ESTABLISHED:	

Business Structure: ___ Sole proprietorship ___ Partnership ___ Corporation

BUSINESS NAME:	
BUSINESS ADDRESS:	
NATURE OF BUSINESS:	
YEAR ESTABLISHED:	

III. GROUP/ORGANIZATION AFFILIATION:

GROUP /ORGANIZATION NAME:	
GROUP /ORGANIZATION ADDRESS:	
NATURE OF BUSINESS:	
DATE JOINED:	
POSITION IN THE GROUP/ ORGANIZATION:	
DUTY/ROLE IN THE GROUP/ ORGANIZATION:	

GROUP /ORGANIZATION NAME:	
GROUP /ORGANIZATION ADDRESS:	
NATURE OF BUSINESS:	
DATE JOINED:	
POSITION IN THE GROUP/ ORGANIZATION:	
DUTY/ROLE IN THE GROUP/ ORGANIZATION:	

GROUP /ORGANIZATION NAME:	
GROUP /ORGANIZATION ADDRESS:	
NATURE OF BUSINESS:	
DATE JOINED:	
POSITION IN THE GROUP/ ORGANIZATION:	
DUTY/ROLE IN THE GROUP/ ORGANIZATION:	

GROUP /ORGANIZATION NAME:	
GROUP /ORGANIZATION ADDRESS:	

NATURE OF BUSINESS:	
DATE JOINED:	
POSITION IN THE GROUP/ ORGANIZATION:	
DUTY/ROLE IN THE GROUP/ ORGANIZATION:	

GROUP /ORGANIZATION NAME:	
GROUP /ORGANIZATION ADDRESS:	
NATURE OF BUSINESS:	
DATE JOINED:	
POSITION IN THE GROUP/ ORGANIZATION:	
DUTY/ROLE IN THE GROUP/ ORGANIZATION:	

**IV. ENTITY OR COMPANY CONTROLLED (MANAGERIAL POSITION AND UP) BY RELATED INTERESTS
UP TO SECOND DEGREE OF CONSANGUINITY AND AFFINITY**

NAME OF RELATED INTEREST	
POSITION IN THE COMPANY	
COMPANY ADDRESS:	
NATURE OF BUSINESS	

I certify that the information given on this form, to the best of my knowledge and belief, is true, correct and accurate. I understand that I may be subject to discipline and/or prosecution if I have omitted or falsified information.

Signature

Date