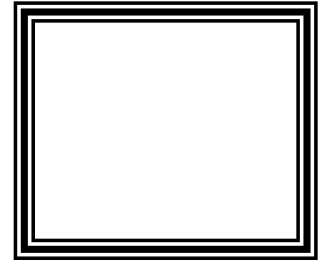


**APPLICATION**



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 Administrative/ C.C, if any : \_\_\_\_\_

Name of Spouse : \_\_\_\_\_

Highest Educational Attainment : \_\_\_\_\_

Name of Children : Date & Place of Birth : Age :

\_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_

\_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_

\_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_

\_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_

\_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_

**Educational Background of Children:**

Name : School : Course : Year :

\_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ :

\_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ :

\_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ :

\_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ :

\_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ :

**Nature of Protection/Security or Benefit Desired:**

\_\_\_\_\_

**Applicant desires to be/ is a witness in:**

\_\_\_\_\_

I. S. No./C.C. No. : \_\_\_\_\_

Title : \_\_\_\_\_

Parties : \_\_\_\_\_

Nature of Offense : \_\_\_\_\_

Venue : \_\_\_\_\_

Stage of Proceedings : \_\_\_\_\_

Handling Prosecutor : \_\_\_\_\_

Participation in the crime, if state witness \_\_\_\_\_

Name of Parole/Probation Officer, if prisoner : \_\_\_\_\_

Threats to Witness (Brief Description) : \_\_\_\_\_

Disclosures:

1. Have you filed an application for WPP coverage in the past?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what was the action taken?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has there been any administrative, civil or criminal case filed against you?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you been convicted of a crime?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

I hereby certify that the foregoing 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**



Right Thumbmark





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  
\_\_\_\_\_ is material for the successful  
prosecution of the complaint filed in I. S. No. / Crim. Case No.  
\_\_\_\_\_ entitled \_\_\_\_\_.

Done this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
**Investigating Prosecutor**  
(Signature over printed Name)