REPUBLIC OF THE PHILIPPINES Office of the President





Sun Plaza Building, 1507 Shaw Boulevard corner Princeton St., Mandaluyong City 1552 www.pcso.gov.ph

	LETTER (OF INTENT			
		 Date			
MELQUIADES A. ROBLES General Manager Philippine Charity Sweepsta Sun Plaza Bldg., 1507 Princeto Corner Shaw Boulevard, Manager	on Street				
Dear GM Robles,					
Our corporation signify our interest and intention Small Town Lottery (STL) in the		uthority to cond	would like to uct and participate in the PCSO		
Attached herewith are the	he documents a	opurtenant to th	is letter of intent.		
		Very truly you	rs,		
	r Printed Name / Designation				
APPLICATION FOR AUTHO	ORITY TO CON	DUCT THE PC	SO SMALL TOWN LOTTERY		
BUSINESS NAME / NAME OF CO	FICATION OF APP RPORATION:	LICANT - CORPO	DRATION		
TAX IDENTIFICATION NUMBER:		DATE REGISTERED WITH THE SEC:			
COMPLETE PRINCIPAL OFFICE / (Building, Number, Street, Baranga			n, Zip Code)		
CONTACT INFORMATION	Telephone No./s:		Fax No./s:		
Mobile Number/s:	E-mail Address/e	es:	Telex No./s:		
BRANCH OFFICE ADDRESS/ES:			CONTACT NO./S		

NATURE OF BUSINESS:

IDENTIFICATION OF APPLICANT – CORPORATION					
PHILHEALTH NUMBER:	SSS NUMBER:				
TIN NUMBER:	TOTAL NUMBER OF EMPLOYEES:				
TIN NOMBER.	TOTAL NOWIDER OF LIVIT LOTELS.				

IDENTIFICATION OF THE OFFICERS OF THE APPLICANT – CORPORATION							
NAME OF CORPORATION OFFICERS	POSITION	NATIONALITY	CONTACT NUMBER/S				

^{*}Please use separate sheet if necessary

<u>UNDERTAKING</u>

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 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.**

^{*}This form can be downloaded at www.pcso.gov.ph