



REPUBLIC OF THE PHILIPPINES
Office of the President

PHILIPPINE CHARITY SWEEPSTAKES OFFICE

Sun Plaza Building, 1507 Shaw Boulevard corner Princeton St., Mandaluyong City 1552

www.pcsso.gov.ph



LETTER OF INTENT

_____ Date

Chairman / General Manager

Philippine Charity Sweepstakes Office

Sun Plaza Bldg., 1507 Princeton St. Cor Shaw Blvd, Mandaluyong City

Sir:

Our corporation/cooperative, _____
would like to signify our interest and intention to apply for authority to conduct and participate in the PCSO Small Town Lottery (STL) 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 SMALL TOWN LOTTERY

| 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: |



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> |
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**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.