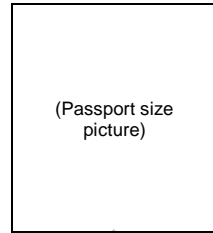


Submission: Upon applying for the issuance of  
Acknowledgment of Registration and/or  
Authority to Operate to:  
Original – ISD I  
Duplicate – SDC



\_\_\_\_\_  
Name of Pawnshop

\_\_\_\_\_  
Address

### PERSONAL DATA SHEET for Pawnshops

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

I hereby certify that the information contained in this document and its supporting schedule of my own knowledge is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

SUBSCRIBED AND SWORN to before me in the City/Municipality of \_\_\_\_\_, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, personally known to me to be the person who executed and signed the foregoing before me and acknowledged that he executed the same.

NOTARY PUBLIC  
Until December 31, \_\_\_\_\_  
PTR No. \_\_\_\_\_ / *(place/date issued)*  
Roll of Attorney No. \_\_\_\_\_  
IBP No. \_\_\_\_\_  
*(address of Notary Public)*

Doc. No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of 20 \_\_\_\_\_

**PERSONAL INFORMATION :**

1. NAME :

2. TIN :  3. UPDATED AS OF:

4. OTHER NAMES USED, IF ANY :

5. MANAGEMENT LEVEL :  Director  Officer  Proprietor

6. DATE ELECTED/APPOINTED :

7. RESIDENCE ADDRESS :

TELEPHONE NO. :  E-MAIL ADDRESS :

8. BUSINESS ADDRESS :

TELEPHONE NO. :  E-MAIL ADDRESS :

9. CIVIL STATUS :  Single  Married  Annulled/Legally Separated  Widow

10. SEX :  Male  Female

11. CITIZENSHIP :  12. DATE OF BIRTH :

13. PLACE OF BIRTH :

14. FOR ALIENS ONLY : ACR NO.  Date

DEPARTMENT OF LABOR AND EMPLOYMENT REGISTRATION : Number  Date

STATUS OF STAY :  Resident  Non-Resident

15. Have you ever been convicted, judicially or administratively, of an offense, or judicially declared insolvent, spendthrift, or incapacitated to contract?

Yes  No If yes, please state:

PARTICULAR NATURE OF CRIME/OFFENSE/VIOLATION	COURT OF JURISDICTION	DATE INFORMATION/COMPLAINT FILED

*(Please indicate "N/A" for fields that are not applicable.)*