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ANNEX B of AFPR G 200 - 054

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF NATIONAL DEFENSE
GENERAL HEADQUARTERS, ARMED FORCES OF THE PHILIPPINES
Camp General Emilio Aguinaldo, Quezon City

SECURITY DECLARATION

(to be read and signed by all military personnel, civilian employees, foreign students and research contract personnel)

I, _____, of legal age, (employed, assigned, student or under contract) of _____ do hereby declare or affirm:

1. That I shall be responsible for preserving the security of all classified information which may be imparted to me as a result of my employment/training/research with the Armed Forces of the Philippines and undertake to comply with such regulations concerning security to be laid down;

2. That I shall not divulge any classified information gained by me as a result of my employment/training/research to any unauthorized person, either in verbal or written form;

3. That I shall not, without authority of the Chief of Staff, Armed Forces of the Philippines, now or in the future, publish any classified information which I have acquired or to which I have had access owing to my employment/training/research in the _____ whether orally or in any document, article, book, play, film or otherwise;

4. That on leaving the _____ I shall surrender any sketch, plan, model, article, note, security tag/badge or document, hard or soft copy, made or acquired by me in the course of my official duties/training/research declared to be classified material/information, same such as I have been duly authorized to retain by the _____.

5. That failure on my part to safeguard classified information can make me liable to lose my security clearance and to prosecution under the Revised Penal Code and Commonwealth Act 616, and to be declared as security risk.

I hereby certify that I have read and fully understood AFPR G 200-014 and I am aware of my responsibilities in safeguarding Armed Forces of the Philippines classified information.

I fully understand that the provisions of this Security Declaration apply not only during the period of my employment/training/research, but also after my employment/training/research with the AFP shall have ceased, that I am liable to prosecution under the Revised Administrative Code, Commonwealth Act 616 and other existing laws, regulations of the Republic of the Philippines, if either by intent or negligence, I allow classified information to pass into unauthorized hands.

SIGNATURE OVER PRINTED NAME

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____
20____.

Administering Officer

Copy furnished:
1 - Security Officer
2 - Concerned individual

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ANNEX A of AFPR G 200-054 dtd 22 September 2014:

GHQ, OJ2
200-054 Form

File Nr : _____

PERSONAL HISTORY STATEMENT

INSTRUCTIONS

1. Answer all questions completely; if question is not applicable, write "NA". Write "UNKNOWN" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the back of this form for extra details on any question for which you do not have sufficient space.
2. Type, print, or write carefully; illegible or incomplete forms will not receive consideration.

WARNING

1. The correctness of all statements of entries made herein will be investigated.
2. Any deliberate omission or distortion of material facts is a sufficient ground for denial of clearance.
3. The statements made herein are classified CONFIDENTIAL. Revelation or use other than the authorized purpose is prohibited by AFPR G 200-054.

I. PERSONAL DETAILS

- A. NAME: _____
(Last) (First) (Middle/Maternal)
- B. RANK: _____ AFPSN: _____ BR/SVC: _____
- C. PRESENT JOB/ASSIGNMENT: _____
- D. BUSINESS OR DUTY ADDRESS: _____
- E. HOME ADDRESS (Include street & number): _____

- F. BIRTHDATE: _____ PLACE: _____
- G. CHANGE IN NAME (If by Court Action, give details): _____

- H. NICKNAMES: _____ NATIONALITY: _____
- I. TAX IDENTIFICATION NR: _____ TEL NO. _____
- J. MOBILE PHONE NR: _____ E-MAIL ADDRESS: _____
- K. PASSPORT NR: _____ DATE OF EXPIRATION: _____

(Signature of Applicant)

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ANNEX A of AFPR G 200-054 dtd 22 September 2014, cont'n:

II. PERSONAL CHARACTERISTICS:

- A. DESCRIPTION: Sex: _____ Age: _____ Height: _____ (M) Weight: _____(kgs)
Build (Heavy, Medium, Light): _____
Complexion (Dark, Fair, Light): _____ Color of Eyes: _____
Color of Hair: _____ Scars or Marks & Other Distinguishing Features: _____

- B. PHYSICAL CONDITION:
Present State of Health (Excellent, good, Poor): _____
Recent Serious Illness: _____
Blood Type: _____

III. MARITAL HISTORY

- A. MARITAL STATUS: _____
(Single, Married, Separated or Widowed)
- B. NAME OF SPOUSE: _____
(Full Name)
Date & Place of Marriage: _____
Date of Birth: _____ Place of Birth: _____
Occupation/Employer/Place of Employment: _____

- Contact Number: _____ Citizenship: _____ If dual, _____
(Other Citizenship)

C. CHILDREN:

Name	Date of Birth	Citizenship/Address	Name of Father/ Mother
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use back page for additional information)

IV. FAMILY HISTORY AND INFORMATION:

- A. FATHER: _____
(Full Name)
Date & Place of Birth _____

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Signature of Applicant

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ANNEX A of AFPR G 200-054 dtd 22 September 2014, cont'n:

Complete Address: _____

Occupation/Employer/Place of Employment: _____

Citizenship: _____ If dual, write both citizenship. If naturalized, give date and place where naturalized _____

B. MOTHER: _____
(Full Name)

Date & Place of Birth _____

Complete Address: _____

Occupation/Employer/Place of Employment: _____

Citizenship: _____ If dual, write both citizenship. If naturalized, give date and place where naturalized _____

C. BROTHERS AND SISTERS:

NAME	DATE OF BIRTH	CITIZENSHIP (IF DUAL, WRITE BOTH)	COMPLETE ADDRESS	OCCUPATION	EMPLOYER/ADDRESS

D. STEP-PARENT OR GUARDIAN: _____
(Full Name)

Date & Place of Birth _____

Complete Address: _____

Occupation/Employer/Place of Employment: _____

Citizenship: _____ If dual, write both citizenship. If naturalized, give date and place where naturalized _____

E. FATHER-IN-LAW: _____
(Full Name)

Date & Place of Birth _____

Complete Address: _____

Occupation/Employer/Place of Employment: _____

Citizenship: _____ If dual, write both citizenship. If naturalized, give date and place where naturalized _____

F. MOTHER-IN-LAW: _____
(Full Name)

(Signature of Applicant)

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ANNEX A of AFPR G 200-054 dtd 22 September 2014, cont'n:

Date & Place of Birth _____

Complete Address: _____

Occupation/Employer/Place of Employment: _____

Citizenship: _____ If dual, write both citizenship. If naturalized, give date and place where naturalized _____

V. EDUCATIONAL BACKGROUND

A. Elementary	Location	Date of Attendance	Year Graduated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. High School	Location	Date of Attendance	Year Graduated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. College	Location	Date of Attendance	Course Taken/ Year Graduated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Post Graduate	Location	Date of Attendance	Course Taken/ Year Graduated
_____	_____	_____	_____
_____	_____	_____	_____

E. Other Schools/Training Attended and Date of Attendance:

F. Civil Service Eligibility/ Date Acquired, if any, and Other Similar Qualifications Acquired:

(Signature of Applicant)

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ANNEX A of AFPR G 200-054 dtd 22 September 2014, cont'n;

VI. MILITARY HISTORY:

- A. Date Enlisted in the AFP: _____
- B. Date of Commission: _____
- C. Source of Commission: _____

D. Important Unit Assignments since Enlistment/CAD:

INCLUSIVE DATES	UNIT/OFFICE	CHIEF OF OFFICE

E. Military Schools Attended:

School/Location	Date of Attendance	Nature of Training	Rating

(Signature of Applicant)

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ANNEX A of AFPR G 200-054 dtd 22 September 2014, cont'n:

F. Decorations, Awards or Commendations Received:

(Use additional sheets if necessary)

VII. PLACES OF RESIDENCE SINCE BIRTH:

Table with 2 columns: Inclusive Dates, Address. Includes 5 rows of empty space for data entry.

VIII. EMPLOYMENT:

Table with 4 columns: Inclusive Date, Type of Employment, Name & Address of Employer, Reason for Leaving. Includes 5 rows of empty space for data entry.

(Signature of Applicant)

Have you ever been dismissed or forced to resign from a position: No () Yes () If yes, explain

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IX. FOREIGN COUNTRIES VISITED:

<u>Date of Visit</u>	<u>Country Visited</u>	<u>Purpose of Visit</u>	<u>Address Abroad</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

X. CREDIT REPUTATION:

A. Are you entirely dependent on your salary? Yes () No () If no, state other sources of income: _____

B. Name and address of banks or other credit institutions with which you have accounts/loans: _____

D. Have you filed a statement of your Assets and Liabilities with any government Agency? Yes () No () If so, what Agency and when? _____

D. Have you filed your latest Income Tax Returns? _____
Amount paid for the last Calendar Year: _____

E. Three (3) credit references in the Philippines:

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____

XI. ARREST RECORD AND CONDUCT:

A. Have you ever been investigated/arrested, indicted or convicted for any violation of law? Yes () No (). If so, state name of court, nature of offense and disposition of case. _____

B. Has any member of your immediate family been investigated/arrested, indicted or convicted for any violation of law? Yes () No (). If so, state name of court, nature of offense and disposition of case. _____

(Signature of Applicant)

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ANNEX A of AFPR G 200-054 dtd 22 September 2014, cont'n:

C. Have you ever been charged of any administrative case? Yes () No () If so, explain:

D. Have you ever been arrested or detained pursuant to the provisions of PD 1081 and its implementing orders (GO, PD, LOI)? Yes () No () If so, state the nature of the case and the place of your detention.

E. Do you use intoxicating liquor or illegal drugs? Yes () No () If so, to what extent?

XII. GENERAL REPUTATION:

A. Give five (5) character references (known three years or longer, who are not your relatives):

Name	Address
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

B. List down three (3) neighbors at your present residence.

Name	Address
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

XIII. ORGANIZATIONS:

C. List of organizations or social groups which you have been a member of

(Signature of Applicant)

<u>Organization</u>	<u>Address</u>	<u>Date of Membership</u>	<u>Position Held</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

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XIV. MISCELLANEOUS:

D. Hobbies, sports and past times.

E. Language and dialects (indicate ability as fluent, fair or poor):

<u>Language/Dialect</u>	<u>Speak</u>	<u>Read</u>	<u>Write</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

F. Are you willing to undergo periodic lie detector test? _____

G. Copy exactly the following paragraph in your own handwriting:

As Luis E Rapazo III of 105th Xavier Ave. guzzled his way through three bottles of brandy, Josephine Z Quinsing, a partner in the law firm of San Diego and Ballesteros located at 2879 Valley Forge St., Quizon City turned to Richard Ting Sr., a Chinese food expert from O.W. Kwantung Company Ltd., 346 Hadji Jairula Hussein Blvd., and said: "I can't speak for my government but I'm quite sure your country and mine better get together for closer understanding."

(Signature of Applicant)

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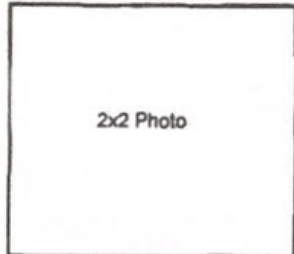
I certify that the foregoing answers are true and correct to the best of my knowledge and belief and I agree that any misstatement or omission as to a material fact will constitute ground for immediate denial of my application for clearance.

Signed at _____ Date: _____

(Witness)

(Signature of Applicant)

(Witness)



THUMB MARKS:



(Left)



(Right)

SUBSCRIBED AND SWORN to before me this _____ of _____
Philippines, Affiant exhibited to me his/her Community Tax Certificate Nr. _____
issued at _____ on _____.

(Administering Officer)

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SKETCH OF THE LOCATION OF RESIDENCE

(Signature of Applicant)

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