



RETIREES ID APPLICATION FORM

I. INSTRUCTIONS: Fill all applicable spaces legibly. Reproduction of this form is allowed.

II. PERSONAL DATA

Name _____ Retired Rank (for uniformed Personnel) _____

Acct. Code _____ Unit Code _____ Region _____ Last Unit/Assignment _____

Date of Birth _____ Current Address _____ Contact No./s _____

Date Retired _____ TIN _____ SSS/GSIS No. _____

Philhealth No. _____ Height (ft) _____ Weight (kg) _____ Blood Type _____

Eye Color _____ Hair Color _____ Religion _____ Identifying Mark/s _____

Person to Contact in Emergency _____ Relation _____ Contact No./s _____

III. CERTIFICATION

I hereby certify that all the information above are true and correct to the best of my knowledge and belief.

<p>PASSPORT-SIZED COLORED PICTURE (1/2" X 2") IN BLUE BACKGROUND</p> <p>NO HEAD GEAR/ MOUSTACHE/ EYEGLASSES</p>	<p>Right Thumb Mark of Retirees (In Black Ink)</p>	<p>CERTIFIED CORRECT:</p> <p>_____ Chief, RBAS/Admin Officer</p> <p>_____ Date</p>
<p>REQUIREMENTS FOR RETIREES'S ID</p> <ul style="list-style-type: none">* NEW – fully-accomplished form and authenticated copy of Retirement Order* RENEWAL – full-accomplished form and expired ID* REPLACEMENT – fully-accomplished form, old ID and authenticated copy of Retirement Order* LOST - fully-accomplished form and affidavit of Loss	<p>FOR MBD-RBS PROCESSOR'S USE ONLY</p> <p>_____ Date Processed</p> <p>_____ Name/Signature of Processor</p> <p>_____ Date Released</p>	