



Republic of the Philippines
PHILIPPINE POSTAL CORPORATION

APPLICATION FOR POSTAL ID CARD

PLEASE READ THE GENERAL TERMS AND CONDITIONS AT THE BACK BEFORE ACCOMPLISHING THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PID Form No. _____
 Revision (No.) (Date) _____

Application Control No. : _____
 Accepting Post Office Code : _____
 Accepting Post Office Name : _____
 OR No. : _____ OR Date : _____

POSTAL REFERENCE NO. (Leave blank if New Application)

PART I - TO BE FILLED OUT BY THE APPLICANT

A . APPLICATION TYPE

PURPOSE <input type="checkbox"/> INITIAL <input type="checkbox"/> RENEWAL	CARD TYPE <input type="checkbox"/> BASIC <input type="checkbox"/> PREMIUM	DELIVERY <input type="checkbox"/> REGULAR <input type="checkbox"/> RUSH	<input type="checkbox"/> CARD REPLACEMENT <input type="checkbox"/> Amendment of Name <input type="checkbox"/> Replacement of Lost Card <input type="checkbox"/> Amendment of Biographic Data	<input type="checkbox"/> Amendment of Authenticating Finger <input type="checkbox"/> Replacement of Damaged Card <input type="checkbox"/> Others
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B. APPLICANT DETAILS

APPLICANT'S NAME (FIRST NAME) ✓		(MIDDLE NAME)	(LAST NAME) ✓		(SUFFIX)
GENDER ✓	DATE OF BIRTH (MM/DD/YYYY) ✓	PLACE OF BIRTH (CITY/MUNICIPALITY) ✓	(PROVINCE) ✓	(COUNTRY) ✓	
FATHER'S NAME (FIRST NAME)		(MIDDLE NAME)	(LAST NAME)		(SUFFIX)
MOTHER'S MAIDEN NAME (FIRST NAME) ✓		(MIDDLE NAME)	(LAST NAME) ✓		(SUFFIX)
NATIONALITY	OCCUPATION	CIVIL STATUS ✓ <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced/Annulled			
GSIS No.(If GSIS member)	SSS No.(If SSS member)	TIN No.(If Available)			
CRN No.(If Available)	PHILHEALTH No.(If member)	HDMF No.(If member)			
EYES (COLOR)	HAIR (NATURAL COLOR)	COMPLEXION	TELEPHONE NUMBER	MOBILE NUMBER ✓	
DISTINGUISHING FACIAL FEATURES	WEIGHT (KILOS)	HEIGHT (CENTIMETERS)	EMAIL ADDRESS		

C. ADDRESS DETAILS

PREFERRED MAILING ADDRESS (CHOOSE ONE) PRESENT WORK

PRESENT ADDRESS

(RM/FLR/UNIT NO. / BLDG. NAME) (HOUSE/ LOT & BLK NO.) (STREET NAME)

(SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY) ✓

(CITY/MUNICIPALITY) ✓ (PROVINCE) ✓ (COUNTRY) ✓ (POST CODE) ✓

WORK ADDRESS

EMPLOYMENT STATUS ✓ COMPANY TYPE ✓

Contractual Regular / Permanent Household Self Employed OFW Government Private Others _____

(COMPANY/RM/FLR/UNIT NO. / BLDG. NAME) (HOUSE/ LOT & BLK NO.) (STREET NAME)

(SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY) ✓

(CITY/MUNICIPALITY) ✓ (PROVINCE) ✓ (COUNTRY) ✓ (POST CODE) ✓

D. APPLICANT'S CERTIFICATION

"Notwithstanding the confidentiality of the data that I have supplied herein, I hereby give my consent that the same be secured and accessed for subsequent validation, verification, and other purposes consistent with the objectives of this card enrolment. I further affirm that by affixing my signature on this form, all statements/data appearing in this form and on the operator's screen, which were shown to me at or about the time I affixed my signature herein, are true, correct and complete to the best of my knowledge and belief. Further, while applying for this card, I likewise fully agree to and understand all the terms of its issuance as governed by Postal rules and regulations."

FINGERPRINTS IF APPLICANT CANNOT SIGN:

RIGHT THUMB RIGHT INDEX

WITNESS' SIGNATURE

APPLICANT'S SIGNATURE DATE SIGNATURE OVER PRINTED NAME

_____ _____ _____

PART II - TO BE FILLED OUT BY PHLPOST

SUPPORTING DOCUMENTS PRESENTED: <input type="checkbox"/> NSO Birth Certificate <input type="checkbox"/> Barangay Certificate <input type="checkbox"/> Others _____	APPROVED BY: _____ SIGNATURE OVER PRINTED NAME DATE
SCREENED BY: _____ SIGNATURE OVER PRINTED NAME DATE	DATA CAPTURE SCHEDULE: Capturing Post Office Name / Code : _____ Date / Time : _____
TEAR HERE	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>PHLPOST PHILIPPINE POSTAL CORPORATION</p> <h2>APPLICATION FOR POSTAL ID CARD</h2> <p>ACKNOWLEDGEMENT SLIP (CLIENT COPY)</p> </div> <div style="width: 35%;"> <p>Application Control No. : _____ Accepting Post Office Code : _____ Accepting Post Office Name : _____ OR No. : _____ OR Date : _____</p> </div> </div>	
POSTAL REFERENCE NO.(Leave blank if New Application) NAME (FIRST NAME) (MIDDLE NAME) (LAST NAME) (SUFFIX)	DATA CAPTURED BY: _____ SIGNATURE OVER PRINTED NAME DATE
APPROVED BY: _____ SIGNATURE OVER PRINTED NAME DATE	DATA CAPTURED BY: _____ SIGNATURE OVER PRINTED NAME DATE