


PASEGURUHAN NG MGA NAGLILINGKOD SA PAMAHALAAN
(Government Service Insurance System)

Financial Center, Roxas Boulevard, Pasay City

ID Picture
 (Taken within the
 last 3 months)

MEMBERSHIP INFORMATION SHEET
PERSONAL DATA:

Name: _____

Last name
First Name
Middle Name

Sex: _____ Civil Status: _____ TIN: _____

Date of Birth: _____ Place of Birth: _____

(Month/Day/Year)
Town/District
City/Province

Residence/Mailing Address:

House, Apt. or Bldg No./St. Name
Barangay or Barrio
Town/City
Province
Zip Code
EMPLOYMENT DATA:

 Office: _____ Date of Original Appointment: _____
(Month/Day/Year)

Office Address:

No.
Street
Town/City
Province

Position Title: _____ Status of Appointment: _____

 Present Salary: _____ Date of Effectivity of Present Salary: _____
(Month/Day/Year)
For DEPED Employees only: Division No.: _____ Station No.: _____ Employee No.: _____

Home Tel. No.: _____ Celphone No.: _____

Office Tel. No.: _____ eMail Address: _____

 Signature of Member

Attested:

 Signature over Printed Name of
 Personnel/Administrative Officer

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