



PASEGURUHAN NG MGA NAGLILINGKOD SA PAMAHALAAN

(Government Service Insurance System)

Financial Center, Roxas Boulevard, Pasay City

MEMBERSHIP INFORMATION SHEET

ID Picture
(Taken within the
last 3 months)

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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