



eCARD ENROLMENT FORM

INSTRUCTIONS: Ensure that the form is properly and completely filled out, leaving no information blank and **WITHOUT ANY ERASURE**. Please use **BLOCK** or **CAPITAL LETTERS** in filling-out the form. Use only **BLACK INKED writing material**.

WARNING: Direct or indirect commission of fraud, collusion, falsification, misrepresentation of facts, or any other kind of anomaly in the accomplishment of this form, or in obtaining any benefit under this application shall be subject to administrative, civil and/or criminal action. **THIS FORM IS NOT FOR SALE.**

MEMBER'S INFORMATION

PERSONAL INFORMATION		RESIDENCE ADDRESS/ CONTACT INFORMATION											
Last Name		Room/Floor/ Unit No & Building Name (if applicable)											
First Name		House or Lot and Block No.											
Middle Name		Street Name											
Suffix (i.e. Sr, Jr, III etc.)		Subdivision											
Complete Maiden Name (if married female)		Barangay/District/ Locality											
Date of Birth (YYYY-MM-DD)		Municipality/City and Province											
Place of Birth: Municipality or City		Postal Code	Country										
Place of Birth: Province		Home Phone No (Country Code + Area Code + No.)											
Place of Birth: Country		Mobile/Cellphone No. (Country Code + No.)											
Gender		eMail Address											
Marital Status		Agency/Office Name											
BIR Tax Identification No (TIN)		Agency/Office Address											
<table border="1" style="width:100%; text-align:center;"> <tr> <td style="width:12.5%; height:20px;"> </td> <td style="width:12.5%; height:20px;"> </td> <td style="width:12.5%; height:20px;"> </td> <td style="width:12.5%; height:20px;"> </td> <td style="width:12.5%; height:20px;"> </td> <td style="width:12.5%; height:20px;"> </td> <td style="width:12.5%; height:20px;"> </td> <td style="width:12.5%; height:20px;"> </td> <td style="width:12.5%; height:20px;"> </td> <td style="width:12.5%; height:20px;"> </td> </tr> </table>												Office Phone No (Area Code + No.)	
FATHER'S COMPLETE NAME		MOTHER'S COMPLETE MAIDEN NAME											
Last Name		Maiden Last Name											
First Name		First Name											
Middle Name		Middle Name											
Suffix (i.e. Sr, Jr, III etc.)		Suffix (i.e. Sr, Jr, III etc.)											

ADDITIONAL INFORMATION

Height in centimeters (<i>Conversion: 1 ft = 12in or 30.48 cm; 1in = 2.54cm</i>)	Weight in kilogram (<i>Conversion: 1kg = 2.2 lbs</i>)	Prominent Facial Features (<i>mole, birthmark, scars and etc</i>)
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PREFERRED SERVICING BANK

Upon issuance of the Common Reference Number (CRN), I understand that GSIS will endorse for printing my UMID in accordance with my preferred bank below:

Union Bank of the Philippines (UBP)
 Land Bank of the Philippines (LBP)/ Branch _____

STATEMENT OF CONSENT

I declare that I am fully aware that the above data shall be used for securing my Common Reference Number (CRN) for the Unified Multi-Purpose ID (UMID) System or updating my personal data and that it shall form part of the CRN Registry. I trust that the above data shall remain confidential hence I give my consent that the same data to be secured and accessed for subsequent validation, verification, and other purposes consistent with the objectives of the UMID System under Executive Order No. 420 as amended by Executive Order No. 700. I further affirm that all statements/data, which appear in this registration form and made by me are true and complete to the best of my knowledge and belief.

DATA PRIVACY CONSENT

I hereby confirm my understanding of the Privacy Policy of the GSIS pursuant to the requirements of R.A. 10173, otherwise known as the DPA, its Implementing Rules and Regulations and other issuances of the National Privacy Commission and consent to the manner of and safety measures to be observed in the collection, use, access, disclosure, processing and disposal of my personal and sensitive personal data by the GSIS.

Business Partner No. (10-digit number)	GSIS ID No (11-digit number)	Common Reference No (12-digit number)
Enrolment Status: <input type="checkbox"/> Active Member <input type="checkbox"/> EC Disability <input type="checkbox"/> Survivorship Pensioner <input type="checkbox"/> Old Age Pensioner <input type="checkbox"/> EC Survivorship <input type="checkbox"/> Legal Guardian of survivorship beneficiaries (minors, mentally incapacitated and etc)		
IDs Presented: <input type="checkbox"/> eCard No _____ <input type="checkbox"/> Others 1) _____ 2) _____		
Enrolled By:		Validated By:
Date:		Date:

CERTIFICATION

I hereby certify that the enrollee herein is physically impaired and that the following cannot be captured:

Signature Biometrics Picture Others _____

 Name and Signature of Enrolment Officer

 Name and Signature of Witness (relative or companion of enrollee)