

UNIVERSITY OF THE PHILIPPINES APPLICATION FOR IDENTIFICATION CARD OF RETIREES

Employee No.		Name of Employee (Last Name, Given Name, Middle Name)			
Sex: Male Female Single Widow Date of Birth: Place of Birth:		TIN No: GSIS BP No: PAG-IBIG No.: PHILHEALTH No.:			
Permanent Address					
Telephone No Mobile No E-mail Address:					
Name of Spouse:					
Telephone No Mobile No					
Person to Notify in Case of Emergency					
Name:					
Address:					
Tel. NoMobile No					
	Ce	rtification		Right Thumb Mark	
I hereby certify that the above mentioned data are co			orrect.		Please Attach Recent Photograph
	S	ignature			
THIS IS TO CERTIFY THAT THE ABOVE-NAMED PERSONNEL HAS RETIRED FROM THE UNIVERSITY AS					
DESIGNATION:					
COLLEGET/UNIT:					
LENGTH OF SERVICE IN U.P.					
RETIRED [] COMPULSORY RETIREMENT under R.A effective					
[] OPTIONAL RETIREMENT under R.A effective					