| PHLPO  | Republic of the Philippines PID Form No Revision (No.) (Date) Application Control No.:   |   |  |  |  |               |
|--|--|---|--|--|--|---------------|
| APPLICATIO   | ON FOR   | POSTAL  | ID CAR   |  | pplication Control No.:<br>ccepting Post Office Code:<br>ccepting Post Office Name:                        |               |
| ALL FIELDS WITH () ARE REC   |  |   |  |  | R No: OR Date:   |               |
|  |  |   | ERS AND USE BLACK INK  | 1 1  | OSTAL REFERENCE NO. (Leave blank if New Application)   |               |
|  | PA   |   | ED OUT BY THE AP   | PLICAN   | NT   |               |
| DUDDOSC  |  |   | ICATION TYPE   |  |  |               |
| PURPOSE DELIVERY CARD REPLACEMENT  |  |   |  | ent of Name Amendment of Authenticating Finger   |  |               |
| RENEWAL  | RUSH   |   | dment of Biographic Data   |  | Replacement of Damaged Care     Others   | 1             |
| APPLICANT'S NAME (FIRST NAME)  |  | B. APPLI<br>(MIDDLE NAME)   | CANT DETAILS   | (1.45  | ST NAME)   | (SUFFIX)      |
|  |  |   |  | (LAG   |  |               |
| GENDER V DATE OF BIRTH (MM/DD)   | YYYY) PLACE OF BIRTH (CI   | TY/MUNICIPALITY)  |  | (PROVINC   |  |               |
| FATHER'S NAME (FIRST NAME)   |  | (MIDDLE NAME)   |  | (LAS   | ST NAME)   | (SUFFIX)      |
| MOTHER'S MAIDEN NAME (FIRST NAME) 🔪  |  | (MIDDLE NAME)   |  | (1.45  | ST NAME) 🗡   | (SUFFIX)      |
|  |  | l í   |  |  | , , , , , , , , , , , , , , , , , , ,  |               |
| NATIONALITY OCCU   | PATION   | CIVIL STATUS  | Married  |  | Widowed Separated Div  | orced/Annulle |
| GSIS No.(If GSIS member)   |  | SSS No.(If SSS member)  |  | 1 1  | TIN No.(If Available)  | I             |
| CRN No.(If Available)  |  | PHILHEALTH No.(If member  | )  |  | HDMF No.(If member)  |               |
| EYES (COLOR)   | HAIR (NATURAL COLOR)   | COMPLEXIO   | N I  | TELEPHON   | E NUMBER V MOBILE NUMBER V   |               |
|  |  |   |  |  |  |               |
| DISTINGUISHING FACIAL FEATURES   | WEIGHT (KILOS)   | HEIGHT (CEI   | ITIMETERS)   | EMAIL ADD  | IRESS  |               |
|  |  | C. ADDF   | ESS DETAILS  |  |  |               |
| (CITY/MUNICIPALITY)         WORK ADDRESS         EMPLOYMENT STATUS         Contractual         COMPANY/RM/FLR/UNIT NO./BLDG. NAN         III         IIII         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII |  | E / LOT & BLK NO.)  | OFW  |  | ent  |               |
| Notwithstanding the confidentiality of t<br>consent that the same be secured and<br>other purposes consistent with the obj<br>by affixing my signature on this form,<br>correct and complete. While applying f<br>all the terms of its issuance as govern<br>binibigay ko ang aking pahintulot na<br>nakasaad sa itaas sa pagpapatunay,<br>proseso ng paggawa ng Postal ID. Ang<br>lahat ng impormasyong makikita sa for<br>rin at sumasang-ayon ako sa mga alitu  | accessed for subsequent val<br>ectives of this card enrollme<br>all statements/data appearin<br>or this card, I likewise fully a<br>ed by Postal rules and regula<br>u gamitin ang mga kompide<br>agbeberipika at iba pang pa<br>aking lagda sa form na ito<br>m na ito ay totoo, tama at ki | dation, verification, and<br>nt. I further affirm that<br>g in this form are true,<br>gree to and understand<br>tions.<br>syal na impormasyong<br>mamaraang kaugnay sa<br>ay nagpapatibay na ang<br>mpleto. Naiintidihan ko | Further, all stater<br>operator's screen, wh<br>at or about the time<br>herein, are true, corre<br>best of my knowledge<br>Higit pa rito, ang akin<br>ay nagpapatunay<br>impormasyong makikit<br>ng operator ay totoo,<br>aking buong kaalaman | ch were s<br>affixed n<br>ct and con<br>and belief<br>g lagda sa<br>na ang<br>a sa komp<br>tama at | a form na ito<br>lahat ng<br>yuter screen<br>kumpleto sa   | RIGHT INDE    |
| ng Postal ID card.<br>APPLICANT'S SIGNATURE  |  |   | APPLICANT'S SIC  | NATURE   |  |               |
| SIGNATURE OVER PRINTED NAME  | DATE   |   | SIGNATURE OVER PRI   | NTED NAM   | ME DATE SIGNATURE OVER PRIN  | TED NAME      |
|  |  | PART II - TO BE F   | ILLED OUT BY PHL   | POST   |  |               |
| SUPPORTING DOCUMENTS PRES SUPPORTING DOCUMENTS PRES SUPPORTING DOCUMENTS PRES Others   | ENTED:<br>Barangay Certificate   |   | SIGNATURE OVER PRINT   | ED NAME  | E DATE   |               |
|  |  | DATA CAPTURE SCHE<br>Capturing Post Office Name   | DULE   |  | DATA CAPTURED BY:  | DAT           |
| SCREENED BY:   |  |   |  |  | SIGNATURE OVER PRINTED NAME  |               |
| SIGNATURE OVER PRINTED NA<br>TEAR HERE<br><b>PHLPOST</b><br><b>APPLICATI</b><br>ACK  | PI   | HILIPPINE POS   | L ID CAF   | pines<br><b>ION</b>  | Application Control No.:<br>Accepting Post Office Code:<br>Accepting Post Office Name:<br>OR No : OR Date: |               |
| POSTAL REFERENCE NO. (Leave blank if New   |  |   | DDLE NAME)   | (LAST  | NAME) (SUFFIX)   |               |
| APPROVED BY:   |  | DATA CAPTURE SCHEI  |  |  | DATA CAPTURED BY:  |               |
|  |  | Capturing Post Office Name  | e / 600e:  |  |  |               |

NOT FOR SALE

## **GENERAL TERMS AND CONDITIONS:**

**a.** The Improved Postal ID is issued exclusively by PHLPost as proof of address and identity of the cardholder.

**b.** The card is the property of the cardholder.

c. The card is non-transferable.

d. A unique Postal Reference Number (PRN) is assigned to each cardholder.

**e.** The card is valid for three (3) years for Filipinos and foreign residents with Diplomatic Visa for foreign government officials/ personnel serving in foreign embassies or consulates in the Philippines, Long Stay Visitor Visa Extension, Temporary Resident Visa and Special Resident Retiree's Visa while one (1) year for foreign residents holding Alien Certificate Registration Identity Card and any equivalent document allowing the applicant to stay in the Philippines for three (3) months or more issued by the Bureau of Immigration and or Department of Foreign Affairs.

f. The cardholder is responsible for the proper use of his/her card at all times and must keep the card secure.

**g.** Alteration or intentional damage to the card, using another person's card, or allowing the card to be used by another person is not allowed and it may result in confiscation and/or termination of the card as well a legal action/s by government enforcement agencies and PHLPost.

**h.** If card is lost, stolen or damaged, the cardholder must report to the Postal Payment Delivery Division, Business Lines Department (PPDD-BLD) by SMS, email, call and/or mail within five (5) working days:

| Mailing address: | <b>The Postal Payment Delivery Division</b><br>Business Lines Department<br>5/F Manila Central Post Office Bldg.<br>Magallanes Drive<br>1000 Manila, Metro Manila | Mobile No:<br>Website: | (0917) 5215373<br>(0998) 8847629<br>(0925) 3212291<br>www.phlpost.gov.ph |
|------------------|---|------------------------|--|
| E-mail Address:  | phlpostal.payment@gmail.com<br>ppsddiv.bld.phlpost@gmail.com  |                        |  |

**i.** The cardholder may request for replacement of the lost, stolen or damaged card to any post office, subject to compliance to the requirements for replacement and payment of applicable fees and charges.

**j.** The PHLPost is not responsible for any unauthorized use of the card or for any loss arising from the failure of the cardholder to comply with item G of this guideline.

**k.** If the cardholder is found to have provided false information, falsified documents or has willingly applied for a Postal ID through fraudulent means, he/she may be subjected to legal action/s and/or sanction/s.

**I.** By applying for and/or using the card, the cardholder agrees to the terms of its issuance as governed by the PHLPost regulations.

**m.** Privacy Statement. The personal information that PHLPOST being provided is necessary to complete this application and/or transaction. Said information will be kept confidential and secure, and shall not be used without the express consent of the data subject.

