


NOT FOR SALE

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 <b>PHILIPPINE POSTAL CORPORATION</b>		Republic of the Philippines	
<b>APPLICATION FOR POSTAL ID CARD</b>			
ALL FIELDS WITH (✓) ARE REQUIRED PLEASE READ THE GENERAL TERMS AND CONDITIONS AT THE BACK BEFORE ACCOMPLISHING THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.			
PID Form No. _____ Revision (No.) (Date) _____		Application Control No.: _____ Accepting Post Office Code: _____ Accepting Post Office Name: _____ OR No.: _____ OR Date: _____ POSTAL REFERENCE NO. (Leave blank if New Application)	
<b>PART I - TO BE FILLED OUT BY THE APPLICANT</b>			
<b>A. APPLICATION TYPE</b>			
<b>PURPOSE</b> <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> RENEWAL	<b>DELIVERY</b> <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> RUSH	<input type="checkbox"/> <b>CARD REPLACEMENT</b> <input type="checkbox"/> Amendment of Name <input type="checkbox"/> Replacement of Lost Card <input type="checkbox"/> Amendment of Biographic Data <input type="checkbox"/> Amendment of Authenticating Finger <input type="checkbox"/> Replacement of Damaged Card <input type="checkbox"/> Others	
<b>B. APPLICANT DETAILS</b>			
<b>APPLICANT'S NAME (FIRST NAME)</b> ✓ Christopher Christian		<b>(MIDDLE NAME)</b> Beldeniza	<b>(LAST NAME)</b> ✓ Cosingan <b>(SUFFIX)</b>
<b>GENDER</b> ✓ Male	<b>DATE OF BIRTH (MM/DD/YYYY)</b> ✓ 09/07/1991	<b>PLACE OF BIRTH (CITY/MUNICIPALITY)</b> ✓ Iligan	<b>(PROVINCE)</b> ✓ Lanao <b>(COUNTRY)</b> ✓ Del Norte Philippines
<b>FATHER'S NAME (FIRST NAME)</b> Franklin		<b>(MIDDLE NAME)</b> Jimenez	<b>(LAST NAME)</b> Cosingan <b>(SUFFIX)</b>
<b>MOTHER'S MAIDEN NAME (FIRST NAME)</b> ✓ Susan		<b>(MIDDLE NAME)</b> Divera	<b>(LAST NAME)</b> ✓ Beldeniza <b>(SUFFIX)</b>
<b>NATIONALITY</b> Filipino	<b>OCCUPATION</b> Student	<b>CIVIL STATUS</b> ✓ <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced/Annulled	
<b>GSIS No. (If GSIS member)</b>		<b>SSS No. (If SSS member)</b>	<b>TIN No. (If Available)</b>
<b>CRN No. (If Available)</b>		<b>PHILHEALTH No. (If member)</b>	<b>HDMF No. (If member)</b>
<b>EYES (COLOR)</b> Brown	<b>HAIR (NATURAL COLOR)</b> Black	<b>COMPLEXION</b> Medium	<b>TELEPHONE NUMBER</b> ✓ <b>MOBILE NUMBER</b> ✓ 09551827370
<b>DISTINGUISHING FACIAL FEATURES</b> Mole on neck		<b>WEIGHT (KILOS)</b>	<b>HEIGHT (CENTIMETERS)</b>
<b>EMAIL ADDRESS</b> ccosingan@gmail.com			
<b>C. ADDRESS DETAILS</b>			
<b>PREFERRED MAILING ADDRESS (CHOOSE ONE)</b> <input checked="" type="checkbox"/> PRESENT <input type="checkbox"/> WORK			
<b>PRESENT ADDRESS</b>			
<b>(RM/FLR/UNIT NO./BLDG. NAME)</b>		<b>(HOUSE/LOT &amp; BLK NO.)</b> 0161	<b>(STREET NAME)</b> Emilio A. Cuizar
<b>(SUBDIVISION)</b>		<b>(BARANGAY/DISTRICT/LOCALITY)</b> ✓	
<b>(CITY/MUNICIPALITY)</b> ✓		<b>(PROVINCE)</b> ✓	<b>(COUNTRY)</b> ✓ <b>(POST CODE)</b> ✓
<b>WORK ADDRESS</b>			
<b>EMPLOYMENT STATUS</b> ✓ <input type="checkbox"/> Contractual <input type="checkbox"/> Regular / Permanent <input type="checkbox"/> Household <input type="checkbox"/> Self Employed <input type="checkbox"/> OFW		<b>COMPANY TYPE</b> ✓ <input type="checkbox"/> Government <input type="checkbox"/> Private <input type="checkbox"/> Others	
<b>(COMPANY/RM/FLR/UNIT NO./BLDG. NAME)</b>		<b>(HOUSE/LOT &amp; BLK NO.)</b>	<b>(STREET NAME)</b>
<b>(SUBDIVISION)</b>		<b>(BARANGAY/DISTRICT/LOCALITY)</b> ✓	
<b>(CITY/MUNICIPALITY)</b> ✓		<b>(PROVINCE)</b> ✓	<b>(COUNTRY)</b> ✓ <b>(POST CODE)</b> ✓
<b>D. APPLICANT'S CERTIFICATION</b>			
<p>Notwithstanding the confidentiality of the data that I have supplied herein, I hereby give my consent that the same be secured and accessed for subsequent validation, verification, and other purposes consistent with the objectives of this card enrollment. I further affirm that by affixing my signature on this form, all statements/data appearing in this form are true, correct and complete. While applying for this card, I likewise fully agree to and understand all the terms of its issuance as governed by Postal rules and regulations.</p> <p>Ibinibigay ko ang aking pahintulot na gamitin ang mga kompidensyal na impormasyong nakasaad sa itaas sa pagpapatunay, pagbeberipika at iba pang pamamaraang kaugnay sa proseso ng paggawa ng Postal ID. Ang aking lagda sa form na ito ay nagpapatibay na ang lahat ng impormasyong makikita sa form na ito ay totoo, tama at kumpleto. Naiintidihan ko rin at sumasang-ayon ako sa mga alituntunin at reglamento na sumasaklaw sa pagkakaron ng Postal ID card.</p>		<p>Further, all statements/data on the operator's screen, which were shown to me at or about the time I affixed my signature herein, are true, correct and complete to the best of my knowledge and belief.</p> <p>Higit pa rito, ang aking lagda sa form na ito ay nagpapatunay na ang lahat ng impormasyong makikita sa kompyuter screen ng operator ay totoo, tama at kumpleto sa aking buong kaalaman at paniniwala.</p>	
<b>APPLICANT'S SIGNATURE</b> _____ SIGNATURE OVER PRINTED NAME DATE		<b>APPLICANT'S SIGNATURE</b> _____ SIGNATURE OVER PRINTED NAME DATE	
		<b>FINGERPRINTS IF APPLICANT CANNOT SIGN:</b> <div><b>RIGHT THUMB</b> _____ SIGNATURE OVER PRINTED NAME</div> <div><b>RIGHT INDEX</b> _____ SIGNATURE OVER PRINTED NAME</div>	
<b>PART II - TO BE FILLED OUT BY PHLPOST</b>			
<b>SUPPORTING DOCUMENTS PRESENTED:</b> <input type="checkbox"/> NSO Birth Certificate <input type="checkbox"/> Barangay Certificate <input type="checkbox"/> Others _____		<b>APPROVED BY:</b> _____ SIGNATURE OVER PRINTED NAME DATE	
<b>SCREENED BY:</b> _____ SIGNATURE OVER PRINTED NAME DATE		<b>DATA CAPTURE SCHEDULE</b> Capturing Post Office Name / Code: _____ Date / Time: _____	
		<b>DATA CAPTURED BY:</b> _____ SIGNATURE OVER PRINTED NAME DATE	
<b>ACKNOWLEDGEMENT SLIP ( CLIENT COPY )</b>			
<b>POSTAL REFERENCE NO. (Leave blank if New Application)</b>		<b>NAME (FIRST NAME)</b> (MIDDLE NAME) (LAST NAME) (SUFFIX)	
<b>APPROVED BY:</b> _____ SIGNATURE OVER PRINTED NAME DATE		<b>DATA CAPTURE SCHEDULE:</b> Capturing Post Office Name / Code: _____ Date / Time: _____	
		<b>DATA CAPTURED BY:</b> _____ SIGNATURE OVER PRINTED NAME DATE	

# 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: **The Postal Payment Delivery Division**  
Business Lines Department  
5/F Manila Central Post Office Bldg.  
Magallanes Drive  
1000 Manila, Metro Manila

E-mail Address: [phlpostal.payment@gmail.com](mailto:phlpostal.payment@gmail.com)  
[ppsddiv.bld.phlpost@gmail.com](mailto:ppsddiv.bld.phlpost@gmail.com)

Mobile No: (0917) 5215373  
(0998) 8847629  
(0925) 3212291

Website: [www.phlpost.gov.ph](http://www.phlpost.gov.ph)

- 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.
- l. 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..

