



APPLICATION FOR DIGITAL CERTIFICATE

Instructions:

1. Any information that is not verified shall not be included in certificates.
2. Any discrepancy or inconsistency in the form will lead to delay and/or rejection.



ABELA, NIKITA L.

CERTIFICATE CLASS

Individual

APPLICANT'S DETAILS

Last Name	First Name	Name Extension	Middle Name
Abela	Nikita		Lagan
Maiden Name			
Sex	<input type="radio"/> Male <input checked="" type="radio"/> Female		
Civil Status	<input checked="" type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widow <input type="radio"/> Separated		
Date of Birth	04/17/2003	Nationality	Philippines
Place of Birth	Puerto Princesa, Palawan		
TIN	656-591-259-000	SSS No.	
GSIS No.		Phihealth No.	
CRN		Pag-ibig No.	
Organization or Agency	Palawan State University		
Organization Unit	College of Sciences		
	Last Name	First Name	Name Extension
Spouse Name			
Mother's Maiden Name			
Father's Name			
Spouse's Maiden Name			

CONTACT DETAILS

Residential Address

Unit / Room / House No. & Street	Bologay		
Barangay	Danleg	Municipality / City	Dumaran
Province	Palawan	Zip Code	5310
Landline No.		Mobile No.	09502181419
Email Address	abelanikita22@gmail.com	Alternate Email Address	abelanikita46@gmail.com

Office Address

Unit / Room / House No. & Street			
Barangay		Municipality / City	
Province		Zip Code	
Landline No.		Fax No.	
Email Address			

DECLARATION

☐ I hereby agree to the terms and conditions specified in the Subscriber's Agreement form; that all information provided and documents submitted in relation to this application is true and correct to the best of my knowledge; that I am duly authorized to make this application; that I consent to the subscriber agreement and will abide by the same; that I accept the publication of my certificate information.

By submitting this form I hereby authorize and expressly give consent to the Registration Authorities (RA) and Certification Authorities (CA) operating as part of the Philippine National PKI through its authorized representative(s) to view and verify my personal information from whatever source it deems applicable.

Date: Place: Name of Applicant:

Signature:

CHECKLIST OF DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION

Present the original documents to our Registration Authority for verification and attestation.

Required Documents:

1. Select ☒ Birth Certificate ☐ Passport ☐ Alien Certification of Registration
2. Select ☐ UMID Compliant ☒ Others

In the absence of UMID-compliant card, any two (2) of the following cards are allowed

- | | |
|---|---|
| <input type="checkbox"/> Passport
<input type="checkbox"/> Driver's License
<input type="checkbox"/> Professional Regulation Commission (PRC) ID
<input type="checkbox"/> National Bureau of Investigation (NBI) Clearance
<input checked="" type="checkbox"/> Postal ID
<input type="checkbox"/> Voter's ID
<input type="checkbox"/> Government Service Insurance System (GSIS) e-Card
<input type="checkbox"/> Social Security System (SSS) Card
<input type="checkbox"/> Senior Citizen Card
<input type="checkbox"/> Oversea Workers Welfare Administration (OWWA) ID
<input type="checkbox"/> OFW ID
<input type="checkbox"/> Seaman's Book | <input type="checkbox"/> Alien Certification of Registration / Immigrant Certificate of Registration
<input type="checkbox"/> Government Office and GOCCC ID, e.g. Armed Forces of the Philippines (AFP ID), Home Development Mutual Fund (HDMF ID)
<input type="checkbox"/> Department of Social Welfare and Development (DSWD)
<input type="checkbox"/> Integrated Bar Of The Philippines ID
<input type="checkbox"/> Company IDs Issued by Private Entities or Institutions Registered with or Supervised or Regulated either by the BSP, SEC or IC
<input type="checkbox"/> Police Clearance |
|---|---|

TO BE FILLED BY RA OFFICER ONLY

I declare that the applicant has provided correct information in this application form. I have checked and verified the application form and supporting documents.

RA Code: Name:

Signature:

Date: Place:

RA Seal and
Stamp

