



ARMED FORCES OF THE PHILIPPINES

ID APPLICATION FORM

DEPENDENT



Please check

 Active Officer

 Active Enlisted

 Civilian Personnel

 Reservist Officer/Enlisted

Ctrl. No.: _____

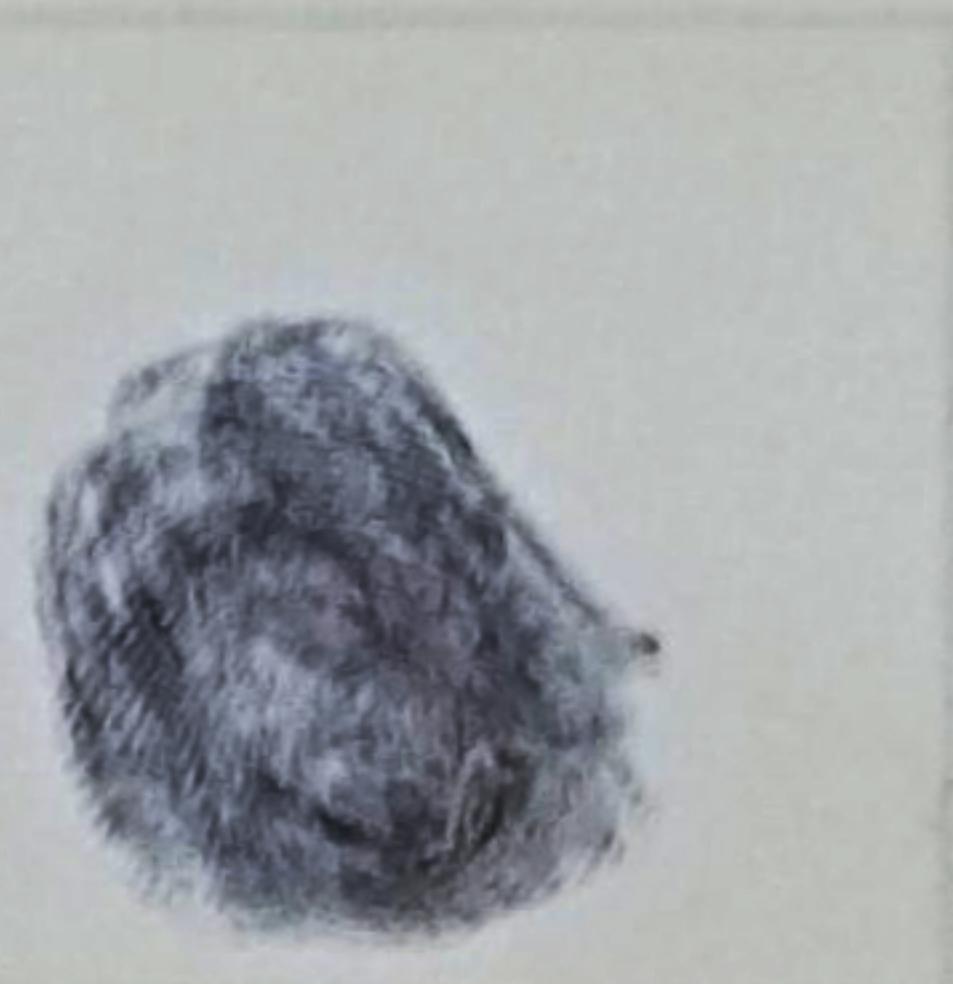
REQUIREMENTS

1. Fully accomplished application form and endorsed by Major General officer.
2. Spouse - NSO marriage contract, CENOMAR (if needed)
- Children (not over 21 years of age) - NSO birth certificate
- Parents (indigent parents 60 years of age and above) - birth certificate of active personnel and applicant issued by NSO.
3. ORDERS - OAO & TAD (for officers). Enlistment/Re-Enlistment (for Enlisted Personnel). Promotion Assignment, Change of Branch of Service, Change of Marital Status, Amendment Orders, whatever is applicable.
4. Present old AFP ID, if lost attach Affidavit and Police Blotter



My BI

KEEP SIGNATURE INSIDE THE BOX
(PLEASE USE BLACK SIGN PEN)



RIGHT THUMBMARK

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 be secured and accessed for subsequent validation, verification, and other purposes consistent with the objectives of the UMID System under Executive Order No. 420 only. 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.

10-11-2023

DATE SIGNED

REYNANTE BAROYN BULAHAN
SIGNATURE OVER PRINTED NAME

REMARKS:

ENDORSED BY: DIANNE FOE nato
SIGNATURE OVER PRINTED NAME
2LT PAF
RANK BR OF SVC
UNIT ADJ / ADMIN O

APPROVED BY:

SIGNATURE OVER PRINTED NAME
TAG, APP / MAJ SVC ADJ

PROCESSED BY: _____

VERIFIED BY: _____

RECORDED BY: _____

FrmCd 200701

ID no.: _____ (c/o OTAG-PCRD) DATE: _____

ID no.: _____ (c/o OTAG-PCRD) DATE: _____

Firstname/Lastname

Control No.: _____ (c/o GMP)

1) Paid the amount of **FIFTY FIVE PESOS (PhP 55.00)** for AFP ID.
2) Please present this when claiming your AFP ID on _____

Control No.: _____ (c/o GMP)

Received the amount of **FIFTY FIVE PESOS (PhP 55.00)** for payment of AFP ID

Cashier's Signature
CLAIM STUB

Cashier's Signature
CASHIER'S COPY