

Republic of the Philippines

Office of the President

NATIONAL COMMISSION OF SENIOR CITIZENS





| APPLICATION FORM OCTOGENARIAN, NONAGENARIAN AND CENTENARIAN BENEFIT PROGRAM | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------|--|--|--|--|--|
| PURPOSE: To claim the benefits under R | | | | | | | |
| INSTRUCTIONS: 1. Fill out this form completely and correct 2. Do not leave any blank space. If not app 3. Write in CAPITAL letters. | "2X2 ID Picture" | | | | | | |
| Applicant for milestone age: (Kindly check w. | hichever applies) | | | | | | |
| O 80 O 85 O 90 O | 95 🔾 100 | | | | | | |
| This application form is not for sale. | | | | | | | |
| A. PERSONAL INFORMATION NCSC REGISTRATION REFERENCE NU (Optional) | MBER (RRN) | OSCA ID NUMBER | | | | | |
| A.1 LAST NAME | | | | | | | |
| A.2 GIVEN NAME | | A.3 MIDDLE NAME | | | | | |
| A.4 DATE OF BIRTH (Month/Day/Year) | | A.5 AGE | | | | | |
| A.6 RESIDENTIAL ADDRESS/ADDRES | | | | | | | |
| House Number Street | Barangay City/Municipa | lity Province Zip Code | | | | | |
| A.7 PERMANENT ADDRESS IN THE PHILIPPINES | | | | | | | |
| House Number Street | Barangay City/Municipa | lity Province Zip Code | | | | | |
| A.8 SEX ☐ Male ☐ Female | A.9 CIVIL STATUS Single Widowed Married Others: | A.10 CITIZENSHIP ☐ Filipino ☐ Dual citizen If dual citizen, kindly indicate details: | | | | | |
| B. FAMILY INFORMATION | | | | | | | |
| B.1 NAME OF SPOUSE (LAST NAME, GIVEN NAME, MIDDLE NAME | , EXT.) | B.2 CITIZENSHIP | | | | | |

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4th Floor, AAP Tower, 683 Aurora Blvd, Mariana, 1117 Quezon City, Philippines
Official website: www.ncsc.gov.ph

| B. FAMILY INFORMATION | B. FAMILY INFORMATION | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--|--|--|--|
| B.3 NAME OF CHILDREN (LAST NAME, GIVEN NAME, MIDDLE NAME, EXT | | | | | |
| 1. | 6. | | | | |
| 2. | 7. | | | | |
| 3. | 8. 9. | | | | |
| 4. 5. | 9. 10. | | | | |
| J. | 10. | | | | |
| B.4 AUTHORIZED REPRESENTATIVES (LAST NAME, GIVEN NAME, | MIDDLE NAME EXT.) | | | | |
| Name of Representatives | Relationship | | | | |
| B.4.1 | | | | | |
| B.4.2 | | | | | |
| D.4.2 | | | | | |
| B.4.3 | | | | | |
| C. CONTACT INFORMATION | | | | | |
| C.1. CONTACT NUMBERS | C.2 EMAIL ADDRESS | | | | |
| (TELEPHONE AND MOBILE NUMBERS) | | | | | |
| | | | | | |
| D. DESIGNATED BENEFICIARY | D. 4 4 DEL ATIONOUID | | | | |
| D.1 PRIMARY | D.1.1 RELATIONSHIP | | | | |
| D.2 CONTINGENT | D.2.2 RELATIONSHIP | | | | |
| E. UTILIZATION OF CASH GIFTS | | | | | |
| | | | | | |
| Food Medical check-up Medicines/Vitamir | | | | | |
| · | Entrepreneurial | | | | |
| | Activities | | | | |
| F. CERTIFICATION | | | | | |
| I hereby certify under oath that all the information in this application form are true and correct. I authorize the verification of the information provided in this form as well as the usage and processing of the information by the National Commission of Senior Citizens in accordance with the R.A. No. 10173, otherwise known as the "Data Privacy Act of 2012", its Implementing Rules and Regulations, and issuances of the National Privacy Commission. I further warrant that I have complied with all the requirements and I have presented all pertinent documentary requirements. I understand that my application shall not be processed if any statement herein made is found to be false, or if any document I submitted is found to have been falsified, or if I fail to comply with all the requirements with respect to my application, without prejudice to whatever actions that may be taken against me in accordance with the applicable laws of the Republic of the Philippines. Further, I hereby certify that I have not commenced the application/processing for the cash benefits as provided for under R.A. No. 11982 before any government agency. | | | | | |
| NAME AND SIGNATURE/THUMBMARK OF APPLICANT | | | | | |
| | | | | | |
| DATE OF APPLICATION | | | | | |
| SUBSCRIBED AND SWORN TO BEFORE ME, this, the affiant exhibited to me h, issued at | day of, at is/her, at with ID number, on, valid until | | | | |
| Government ID: ID Number: Date Issued: | | | | | |
| | ture over Printed Name of Person Administering the Oath | | | | |

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| G. DOCUMENTARY REQUIREMENTS (to be filled-up by NCSC personnel only) | | | | | | |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|--------------------------------------------------------------------------------|--|--|
| Applicants | Requirements | Complied | | Remarks | | |
| | · | Yes | No | In the absence of primary ID, kindly cite secondary documents presented. | | |
| Local Applicants | a.) Duly accomplished application form "Annex A"; | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | b.) Any one (1) of the following primary documents: | | | | | |
| | Certificate of Live Birth duly issued or authenticated by the Philippine Statistics Authority (PSA); Photocopy of Philippine Identification System ID card / Philippine ID card / National ID card provided that the original copy must be presented. | | | | | |
| | ***In the absence of primary ID/documents, any two (2) of the following secondary ID cards/documents shall be submitted as indicated in the Item VI of Implementing Guidelines. | | | | | |
| | c.) Recent 5.08 cm x 5.08 cm (2"x 2") ID picture | | | | | |
| | d.) Full body picture of the applicant printed on an A4 size bond/photo paper; and | | | | | |
| | e.) Applicant's inclusion to the endorsed list for validation issued by the Local Chief Executive. | | | | | |
| Applicants Living Abroad | a.) Duly accomplished application form "Annex A"; | | | | | |
| | b.) Any one (1) of the following primary documents: | | | | | |
| | Valid Philippine Passport; | | | | | |
| | Citizen Retention and Re-acquisition Certificate and Identification Certificate, or Order of Approval, or Oath of Allegiance, or Certificate of Attestation duly issued by the Philippine Embassy (PE) or Philippine Consulate General (PCG) of the Department of Foreign Affairs (DFA) who has jurisdiction in the area where the applicant resides. | | | | | |
| | ***In the absence of primary ID/documents, any two (2) of the following secondary ID cards/documents shall be submitted as indicated in the Item VI of Implementing Guidelines. | | | | | |

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| Applicants | Requirements | Complied | | Remarks | |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|---------|--|
| | • | Yes | Yes No | | |
| Applicants Living Abroad | c.) Recent 5.08 cm x 5.08 cm (2"x 2") ID picture | | | | |
| | d.) Full body picture of the applicant printed on an A4 size bond/photo paper; and | | | | |
| | e.) Applicant's inclusion to the endorsed list issued by the PE/Consulate or the DFA or the Department of Migrant Workers (DMW) or the Commission on Filipinos Overseas (CFO). | | | | |
| H. VALIDATION A | ASSESSMENT REPORT (to be filled-up by NCSC pers | sonnel onl | y) | | |
| H.2 INITIAL ASSE | EQQMENT. | | | | |
| _ | ESSMEN I | _ | | | |
| Eligible | | 0 | Ineligible | | |
| - | to be filled-up by NCSC personnel only) | | | | |
| Name | (Signature over prir | nted name |) | | |
| Date Validated | | | | | |
| Date Failedted | | | | | |
| APPLICANT NAME AND SIGNATURE | | | | | |
| NAME AND SIGNATURE/THUMBMARK OF APPLICANT | | | | | |

DATA PRIVACY

In compliance with the provisions of R.A. No. 10173, otherwise known as the "Data Privacy Act of 2012", its Implementing Rules and Regulations, and issuances of the National Privacy Commission, the National Commission of Senior Citizens ensures that the personal information provided is collected, used, and processed by its authorized personnel and shall only be used for the implementation of R.A. No. 11982.