



UMID eCard ENROLLMENT FORM

GSIS Form No. ECRD-2010-01-001

Please use BLOCK or CAPITAL LETTERS in filling out the form. Use pen with blue or black ink.

MEMBER'S INFORMATION															
Personal Information								Residence Address/Contact Information							
Last Name								Room/Floor/Unit No & Building Name (if applicable)							
First Name								House or Lot and Block No.							
Middle Name								Street Name							
Suffix (i.e. Sr, Jr, III, etc.)								Subdivision							
Maiden Name (if married female)								Brgy/District/Locality							
Date of Birth (YYYY-MM-DD)								Municipality/City							
Place of Birth-Country								Province							
Place of Birth-Province								Postal Zip Code				Country			
Place of Birth-Municipality/City								Home Phone No. (Area Code+No)				Office Phone No. (Area Code+No)			
Gender								Mobile/Cellphone No.							
Marital Status								Email Address							
Tax Identification No (TIN)								Office Name							
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Father's Name								Mother's Maiden Name							
Last Name								Maiden Last Name							
First Name								First Name							
Middle Name								Maiden Middle Name							
Suffix (i.e. Sr, Jr, III, etc)								Suffix (i.e. Sr, Jr, III, etc)							
ADDITIONAL INFORMATION															
Height in cm (Conversion: 1 ft = 12 in or 30.48 cm; 1in = 2.54 cm)								Weight in kg (Conversion: 1 kg = 2.2 lbs)							
Prominent Facial Features (mole, birthmark, scars, etc)															
PREFERRED SERVICING BANK															
Upon issuance of Common Reference Number (CRN), I understand that GSIS will issue my UMID eCard in accordance with my preferred bank as indicated below. (Please indicate preference with a '✓'.)															
<div></div> Union Bank of the Philippines (UBP)								<div></div> Land Bank of the Philippines (LBP)							
LBP Br Code/Branch _____															
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 as amended by Executive Order No. 700. I further affirm that all statements/data, which appear in this registration form and made by me are true and complete.															
_____								_____							
Date Signed								Signature Over Printed Name							
TO BE ACCOMPLISHED BY GSIS ENROLMENT OFFICERS															
Business Partner No. (10-digit number)								GSIS ID No. (the 11-digit number below your name in the eCard)							
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Common Reference No. (12-digit number)															
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Enrolment Status:															
<div></div> Active Member				<div></div> EC Disability Pensioner				<div></div> Survivorship Pensioner							
<div></div> Old Age Pensioner				<div></div> EC Survivorship Pensioner				<div></div> Legal Guardian of survivorship beneficiaries (minors, mentally incapacitated, etc)							
IDs Presented:															
<div></div> Ecard No. _____								1) _____							
								2) _____							
								3) _____							
<div></div> Others 1) _____								4) _____							
2) _____								5) _____							
Validated By:								Enrolled By:							
Date:								Date:							
CERTIFICATION															
I hereby certify that the enrollee herein is physically impaired and that the following cannot be captured:															
<div></div> Signature				<div></div> Biometrics				<div></div> Picture				<div></div> Others _____			
_____								_____							
Name and Signature of Enrolment Officer								Name and Signature of Witness (relative or companion of enrollee)							