

## Office for Senior Citizens Affairs City of Makati

## APPLICATION / REGISTRATION FOR SENIOR CITIZEN'S NATIONAL I.D. (White) CARD

1 x 1 picture

					AGE:	DATE OF BIR	TH:mm/dd/yr	CIVIL STATUS:
SURNAME	FIRST NAM	ΛE	M	DDLE NAME				
CURRENT ADDRESS: Since when?								
	Cellphone Number:							
	Street			Barangay			lo:	
CURRENT TYPE OF RESIDENCY -	Check One:	( ) House	Owner (	) Lessee/Tenant (	) E	oarder ( )		
PREVIOUS ADDRESS:						Date of Res From:	idency at Previ To:	lous Address:
ROVINCIAL ADDRESS:					DIALECT (s)	SPOKEN:		
PLACE OF BIRTH:	GENDER:	HEIGHT:	WEIGHT:	OCCUPATION / PEN	ISION			
EDUCATIONAL ATTAINMENT:	SKILLS / TAI	ENT						
NAME OF SPOUSE, If Married		DATE OF B	IRTH:	DATE OF MARRIAG	3E:		PLACE OF M	ARRIAGE:
Have you been Issued a Senior Citize	n NID (White)	Card before ?	( ) N	o. ( ) Yes			-0-	
IF YES: ID No	Di	are of Issue:			D	ate of Issue:		
IF TES. ID NO.		ace of issue.	FAMILY CO			ate or issue.		
Name		Relationshi	р		Age	Profession		
1								
2				900				
3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u> </u>			
4					<u> </u>			
5								
	MEI	MBERSHIP IN	OTHER SEN	IOR CITIZENS' ASSO				
Name of Association			Location		Age	POSITION (	(If an Officer, date	elected)
2					-			
					-			
Signature over Printed Name / Applic	ant	Signature ove	r Printed Name	/ Chapter Chair		Ms. Rose Marie	R. Sibug, OSCA OIC	3
					-			
			Data Priva	cy Consent				
In compliance with the Data	Privacy Act (I	DPA) of 2012	, and it's imp	lementing Rules and	Regu	lations (IRR) e	effective since S	September 8,
2016, I allow the <i>Makati Social We</i>							ation to my pur	pose of /
application for Senior Citizen's Nat	tional ID (Wh	ite Card) and	d other legal	purpose/s it may be	inten	ded for.		
As such, I also agree and authorize	them to:							
_		ertain period	of time as p	rescribed by law fror	n the	date of the ac	complishment	of the purpose
1. Retain and store my information for a certain period of time as prescribed by law from the date of the accomplishment of the purpose stated above.								
2. Share my information to other office / department within the City Government of Makati and necessary third parties for any legitimate								
purpose. I am assured that security systems are employed to protect my information.								
3. I alone can view, change and recover the personal information I shared unless I authorize a representative on my behalf armed with a Special Power of Attorney duly notarized for this purpose. This applies also to any request for a certified true copy bearing any of my personal								
linformation.	tarized for th	is purpose. I	ins applies a	iso to any request for	a cer	uned true cop	by bearing any	or my personal
4. Inform me of future service	es or projects	offered by t	he City Gove	rnment of Makati us	ing th	e peronal info	ormation I shar	ed.
5. I hold free and harmless ar	nd indemnify	the City Gov	ernment of N	Makati, any of its offic	ces/de	epartments, o	fficers, employ	ees and agents
from any complaint, suit, or damage	ges which any	y party may f	ile or claim i	n relation to the Data	Priva	cy Act.		
Signed this day of		. 4	20 at				City.	
							City.	
To the second se		······································	drivelibilitativasideles				oity.	
			On-Milderalderanders					

OU	ALIFICATION						
1.	Sixty (60) years old and above						
2	Filipino citizen or with dual Citizenship	ia.					
3	Actual/Current Makati City resident			موند نوس ويو	***	4.	
DE/	MADEARENTS	alar y Amelik v	-				
REC	Birth Certificate (PSA or LCR / Original 8 Valid Passport / PRC Card / Makatizen C	Phot	осору	) or an	y of th	e foli	owing;
1 2	Birth Certificate (PSA or LCR / Original 8	Phot			y of th	e foli	owing;
1	Birth Certificate (PSA or LCR / Original 8 Valid Passport / PRC Card / Makatizen C	Phot			y of th	e foli	owing;

Remarks: (if any)					



## Republika ng Pilipinas **LUNGSOD NG MAKATI**

## OFFICE OF THE MAYOR MAKATI ACTION CENTER

Date:	
AUTHOI	RIZATION
This is to authorize	of Barangay <u>BEL-AIR</u> ,
MAC Coordinator to submit my WHITE CARD App	olication to the Office of the Senior Citizens Affairs
(OSCA) and facilitate its processing.	
PRINTED NAME AND SIGNATURE	
ADDRESS:	
Contact Number	
For MAC use only:	
REQUIREMENTS FOR NEW APPLICANT:  ( ) Birth Certificate (PSA or LCR /Original and Photocop Valid Passport / Makatizen Card / PRC Card  ( ) Marriage Contract for Female Applicant (If Married)  ( ) Latest 2 pcs. 1x1 I.D. Photo (with WHITE BACKGRO)  ( ) Barangay Clearance and Condo Certification (for Salcedo)  ( ) Long Brown Envelope	DUND) taken not more than 6 months
Checked by:  MAC Coordinator – Printed Name and Signa	ture
Noted by: MAC Team Leader –Printed Name and Sign	- ature

"Ang Makati ay para sakapwa ko taga Makati"