GSIS Form No. ECRD-2010-01-001
Date Revised: 2013-06-14

GSIS

CENTRAL OFFICE
Financial Center, Pasay City, Metro Manila 1308

GSIS UMID-eCard ENROLLMENT FORM

Please use BLOCK or CAPITAL LETTERS in filling out the form. Use pen with 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
	Office Address

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 print my UMID eCard in accordance with my preferred bank as indicated below. (Please indicate preference with a '✓'.)

☐ Union Bank of the Philippines (UBP)

☐ 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 to the best of my knowledge and belief.

_____ 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)

Common Reference No. (12-digit number)

Enrolment Status:

☐ Active Member ☐ EC Disability Pensioner ☐ Survivorship Pensioner

☐ Old Age Pensioner ☐ EC Survivorship Pensioner ☐ Legal Guardian of survivorship beneficiaries (minors, mentally incapacitated, etc)

IDs Presented:

☐ Ecard No. _____

☐ Others 1) _____

2) _____

1) _____
2) _____
3) _____
4) _____
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:

☐ Signature ☐ Biometrics ☐ Picture ☐ Others _____

_____ Name and Signature of Enrolment Officer

_____ Name and Signature of Witness (relative or companion of enrollee)