



Republic of the Philippines
PHILIPPINE POSTAL CORPORATION

APPLICATION FOR POSTAL ID CARD

ALL FIELDS WITH (✓) ARE REQUIRED PLEASE READ THE GENERAL TERMS AND CONDITIONS AT THE BACK BEFORE ACCOMPLISHING THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PID Form No. _____
Revision (No.) (Date) _____

Application Control No.: _____
Accepting Post Office Code: _____
Accepting Post Office Name: _____
OR No.: _____ OR Date: _____
POSTAL REFERENCE NO. (Leave blank if New Application)

PART I - TO BE FILLED OUT BY THE APPLICANT

A. APPLICATION TYPE

PURPOSE INITIAL CARD REPLACEMENT
 RENEWAL Amendment of Name Amendment of Biographic Data Replacement of Damaged Card
 Replacement of Lost Card Amendment of Authenticating Finger Others

B. APPLICANT DETAILS

APPLICANT'S NAME (FIRST NAME) ✓		(MIDDLE NAME)	(LAST NAME) ✓	(SUFFIX)
GENDER ✓	DATE OF BIRTH (MM/DD/YYYY) ✓	PLACE OF BIRTH (CITY/MUNICIPALITY) ✓	(PROVINCE) ✓	(COUNTRY) ✓
FATHER'S NAME (FIRST NAME)		(MIDDLE NAME)	(LAST NAME)	(SUFFIX)
MOTHER'S MAIDEN NAME (FIRST NAME) ✓		(MIDDLE NAME)	(LAST NAME) ✓	(SUFFIX)
NATIONALITY	OCCUPATION	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced/Annulled		
GSIS No. (If GSIS member)	SSS No. (If SSS member)	TIN No. (If Available)		
CRN No. (If Available)	PHILHEALTH No. (If member)	HDMF No. (If member)		
EYES (COLOR)	HAIR (NATURAL COLOR)	COMPLEXION	TELEPHONE NUMBER ✓	MOBILE NUMBER ✓
DISTINGUISHING FACIAL FEATURES	WEIGHT (KILOS)	HEIGHT (CENTIMETERS)	EMAIL ADDRESS	

C. ADDRESS DETAILS

PREFERRED MAILING ADDRESS (CHOOSE ONE) PRESENT WORK

PRESENT ADDRESS

(RM/FLR/UNIT NO. / BLDG. NAME)	(HOUSE / LOT & BLK NO.)	(STREET NAME)
(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY) ✓	
(CITY/MUNICIPALITY) ✓	(PROVINCE) ✓	(COUNTRY) ✓ (POST CODE) ✓

WORK ADDRESS

EMPLOYMENT STATUS Contractual Regular / Permanent Household Self Employed OFW

COMPANY TYPE Government Private Others _____

(COMPANY/RM/FLR/UNIT NO. / BLDG. NAME)	(HOUSE / LOT & BLK NO.)	(STREET NAME)
(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY) ✓	
(CITY/MUNICIPALITY) ✓	(PROVINCE) ✓	(COUNTRY) ✓ (POST CODE) ✓

D. APPLICANT'S CERTIFICATION

Notwithstanding the confidentiality of the data that I have supplied herein, I hereby give my consent that the same be secured and accessed for subsequent validation, verification, and other purposes consistent with the objectives of this card enrollment. I further affirm that by affixing my signature on this form, all statements/data appearing in this form are true, correct and complete. While applying for this card, I likewise fully agree to and understand all the terms of its issuance as governed by Postal rules and regulations.

Ibinibigay ko ang aking pahintulot na gamitin ang mga kompidensyal na impormasyong nakasaad sa itaas sa pagpapatunay, pagbeberipika at iba pang pamamaraang kaugnay sa proseso ng paggawa ng Postal ID. Ang aking lagda sa form na ito ay nagpapatibay na ang lahat ng impormasyong makikita sa form na ito ay totoo, tama at kumpleto. Naiintidihan ko rin at sumasang-ayon ako sa mga alituntunin at reglamento na sumasaklaw sa pagkakaroon ng Postal ID card.

APPLICANT'S SIGNATURE

SIGNATURE OVER PRINTED NAME DATE

Further, all statements/data on the operator's screen, which were shown to me at or about the time I affixed my signature herein, are true, correct and complete to the best of my knowledge and belief.

Higit pa rito, ang aking lagda sa form na ito ay nagpapatunay na ang lahat ng impormasyong makikita sa kompyuter screen ng operator ay totoo, tama at kumpleto sa aking buong kaalaman at paniniwala.

APPLICANT'S SIGNATURE

SIGNATURE OVER PRINTED NAME DATE

FINGERPRINTS IF APPLICANT CANNOT SIGN:

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RIGHT THUMB

RIGHT INDEX

WITNESS' SIGNATURE

SIGNATURE OVER PRINTED NAME

PART II - TO BE FILLED OUT BY PHLPOST

SUPPORTING DOCUMENTS PRESENTED: <input type="checkbox"/> NSO Birth Certificate <input type="checkbox"/> Barangay Certificate <input type="checkbox"/> Others _____	APPROVED BY: _____ SIGNATURE OVER PRINTED NAME DATE
SCREENED BY: _____ SIGNATURE OVER PRINTED NAME DATE	DATA CAPTURE SCHEDULE Capturing Post Office Name / Code: Date / Time: _____
DATA CAPTURED BY: _____ SIGNATURE OVER PRINTED NAME DATE	



Republic of the Philippines
PHILIPPINE POSTAL CORPORATION

APPLICATION FOR POSTAL ID CARD

ACKNOWLEDGEMENT SLIP (CLIENT COPY)

Application Control No.: _____
Accepting Post Office Code: _____
Accepting Post Office Name: _____
OR No.: _____ OR Date: _____

POSTAL REFERENCE NO. (Leave blank if New Application)	NAME (FIRST NAME)	(MIDDLE NAME)	(LAST NAME)	(SUFFIX)
APPROVED BY: _____ SIGNATURE OVER PRINTED NAME DATE	DATA CAPTURE SCHEDULE: Capturing Post Office Name / Code: Date / Time: _____		DATA CAPTURED BY: _____ SIGNATURE OVER PRINTED NAME DATE	

GENERAL TERMS AND CONDITIONS:

- a. The Improved Postal ID is issued exclusively by PHLPost as proof of address and identity of the cardholder.
- b. The card is the property of the cardholder.
- c. The card is non-transferable.
- d. A unique Postal Reference Number (PRN) is assigned to each cardholder.
- e. The card is valid for three (3) years for Filipinos and foreign residents with Diplomatic Visa for foreign government officials/ personnel serving in foreign embassies or consulates in the Philippines, Long Stay Visitor Visa Extension, Temporary Resident Visa and Special Resident Retiree's Visa while one (1) year for foreign residents holding Alien Certificate Registration Identity Card and any equivalent document allowing the applicant to stay in the Philippines for three (3) months or more issued by the Bureau of Immigration and or Department of Foreign Affairs.
- f. The cardholder is responsible for the proper use of his/her card at all times and must keep the card secure.
- g. Alteration or intentional damage to the card, using another person's card, or allowing the card to be used by another person is not allowed and it may result in confiscation and/or termination of the card as well a legal action/s by government enforcement agencies and PHLPost.
- h. If card is lost, stolen or damaged, the cardholder must report to the Postal Payment Delivery Division, Business Lines Department (PPDD-BLD) by SMS, email, call and/or mail within five (5) working days:

Mailing address: **The Postal Payment Delivery Division**
Business Lines Department
5/F Manila Central Post Office Bldg.
Magallanes Drive
1000 Manila, Metro Manila

E-mail Address: phlpostal.payment@gmail.com
ppsddiv.bld.phlpost@gmail.com

Mobile No: (0917) 5215373
(0998) 8847629
(0925) 3212291

Website: www.phlpost.gov.ph

- i. The cardholder may request for replacement of the lost, stolen or damaged card to any post office, subject to compliance to the requirements for replacement and payment of applicable fees and charges.
- j. The PHLPost is not responsible for any unauthorized use of the card or for any loss arising from the failure of the cardholder to comply with item G of this guideline.
- k. If the cardholder is found to have provided false information, falsified documents or has willingly applied for a Postal ID through fraudulent means, he/she may be subjected to legal action/s and/or sanction/s.
- l. By applying for and/or using the card, the cardholder agrees to the terms of its issuance as governed by the PHLPost regulations.
- m. Privacy Statement. The personal information that PHLPOST being provided is necessary to complete this application and/or transaction. Said information will be kept confidential and secure, and shall not be used without the express consent of the data subject..

