



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 [REDACTED] 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; 1 in = 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)