



Republic of the Philippines  
City of Pasig



OFFICE OF THE SENIOR CITIZENS AFFAIRS (OSCA)

Senior Citizens Application Form 2022

APPLICATION / PROFILE FORM

REMARKS:

- NEW \_\_\_\_\_
- LOST \_\_\_\_\_
- CHANGED \_\_\_\_\_
- TRANSFEREE \_\_\_\_\_



*\*Please print.*

DATE: \_\_\_\_\_

SURNAME	SUFFIX	FIRST NAME	MIDDLE NAME
_____	_____	_____	_____
GENDER	AGE	DATE OF BIRTH Month/Day/Year	CIVIL STATUS
_____	_____	_____	_____

COMPLETE ADDRESS (HOUSE NO. / COMPOUND / PUROK / VILLAGE / STREET / BARANGAY)

\_\_\_\_\_

EMAIL ADDRESS	PLACE OF BIRTH
_____	_____

CONTACT DETAILS
personal contact no.
family/relative's contact no.

<p>REQUIREMENTS SUBMITTED:</p> <ul style="list-style-type: none"> <li>_____ Recent 1x1 photo (2 pcs)</li> <li>_____ Birth Certificate*</li> <li>_____ Baptismal</li> <li>_____ Barangay Clearance*</li> <li>_____ Comelec Certification* / Registration in Pasig*</li> <li>_____ Other Supporting Government-Issued ID (e.g., SSS, GSIS, UMID, PRC, PASSPORT, NATIONAL ID)</li> </ul>	<p>Other Remarks</p> <ul style="list-style-type: none"> <li>_____ cancellation certificate</li> <li>_____ affidavit of loss</li> <li>_____ old senior id</li> </ul>
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SENIOR'S CITIZEN ID ISSUED ON: \_\_\_\_\_

(MM/DD/YYYY)

ISSUED BY: \_\_\_\_\_

SIGNATURE OVER PRINTED NAME  
OF THE SENIOR CITIZEN

SIGNATURE OVER PRINTED NAME  
OF THE OSCA PERSONNEL



# Land Bank Cash Card Enrollment Form

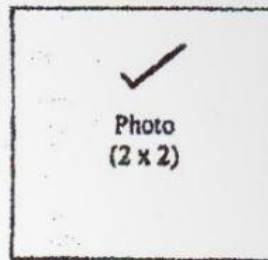
Branch: \_\_\_\_\_

## REQUIREMENTS FOR SENIOR CITIZENS CASH CARD (ATM)

1. XEROX COPY SENIOR CITIZENS I.D
2. BARANGAY CLEARANCE
3. COMELECT CERTIFICATION ATLEAST 2 YEARS REGISTRATION

### Cardholder Information

Last Name ✓ \_\_\_\_\_  
 First Name ✓ \_\_\_\_\_  
 Middle Name ✓ \_\_\_\_\_



Name to Appear on Card (same with the ID presented with a maximum of 23 characters)

\_\_\_\_\_

Home Address: ✓ \_\_\_\_\_

Contact Number: ✓ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth: ✓ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Mother's Maiden Name: ✓ \_\_\_\_\_

Name of Employer/Company/Business/School: \_\_\_\_\_

Type of ID presented: ✓ \_\_\_\_\_ ID Number: ✓ \_\_\_\_\_ TIN: \_\_\_\_\_

Any existing account with LBP?  Yes  No If yes, pls. specify Account No. \_\_\_\_\_

✓ \_\_\_\_\_  
Cardholder Signature

✓ \_\_\_\_\_  
Date signed

### FOR BANK USE

Reviewed/Checked by: \_\_\_\_\_ Date \_\_\_\_\_

Cash Card/Account Number: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Cash Card/Account Number: \_\_\_\_\_

Cash Card Released by: \_\_\_\_\_ PIN Mailer Released by: \_\_\_\_\_ Approved by: \_\_\_\_\_ Cash Card/PIN Mailer Received by: \_\_\_\_\_

Amount Received P \_\_\_\_\_

Payment for:  Initial Card Cost  Reactivation  Replacement

Authorized Signatory: \_\_\_\_\_

### Additional Mandatory Information:

Permanent Address: \_\_\_\_\_

Present Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Source of Funds: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_