



**PASEGURAHAN NG MGA NAGLILINGKOD SA PAMAHALAAN**  
**Government Service Insurance System**  
**Tagum Branch Office, Tagum City**

Latest 1 x 1  
 ID Picture  
 (within the  
 last three  
 months)

**MEMBERSHIP INFORMATION SHEET**

**PERSONAL DATA:**

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

Last Name

First Name

Middle Name

Sex: \_\_\_\_\_ Civil Status: \_\_\_\_\_ TIN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

(Month/Day/Year)

Town/District

City/Province

Residence/Mailing Address: \_\_\_\_\_

No. Street Town/District City/Province Zip Code

**EMPLOYMENT DATA:**

Office: \_\_\_\_\_ Date of Original Appointment : \_\_\_\_\_  
 (Month/Date/Year)

Office Address: \_\_\_\_\_

No. Street

Town/District

City/Province

Position Title: \_\_\_\_\_ Status of Appointment: \_\_\_\_\_

Present Salary \_\_\_\_\_ Date of Effectivity of Present Salary: \_\_\_\_\_

(Month/Date/Year)

For DEPED Employees Only: Division No.: \_\_\_\_\_ Station No.: \_\_\_\_\_ Employee No.: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

School Assignment: \_\_\_\_\_ if Elementary \_\_\_\_\_

District

If Secondary check:  Junior High School  Senior High School Cellphone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature of Member

Attested:

Signature over Printed Name of  
 Personnel/Administrative Officer

**FOR SUBSTITUTE:**

Date of Assumption of Duty: \_\_\_\_\_  
 (mm/dd/yyyy)

Date of Separation to Duty: \_\_\_\_\_  
 (mm/dd/yyyy)

Agency Name: DEPED REG-PAID DIV. OFC, DAVAO DEL NORTE  
 Agency BP No.: 1000009776