



## APPLICATION FORM

### OCTOGENARIAN, NONAGENARIAN AND CENTENARIAN BENEFIT PROGRAM

**PURPOSE:** To claim the benefits under Republic Act (R.A.) No. 11982.

**INSTRUCTIONS:**

1. Fill out this form completely and correctly.
2. Do not leave any blank space. If not applicable, kindly indicate "N/A".
3. Write in BLOCK letters.

"2X2 ID Picture"

**This application form is not for sale.**

#### A. PERSONAL INFORMATION

**NCSC REGISTRATION REFERENCE NUMBER (RRN)**

**OSCA ID NUMBER**

**A.1 LAST NAME**

**A.2 GIVEN NAME**

**A.3. MIDDLE NAME**

**A.4. DATE OF BIRTH**

(Month/Day/Year)

#### A.5. RESIDENTIAL ADDRESS/ADDRESS ABROAD

House Number

Street

Barangay

City/Municipality

Province

Zip Code

#### A.6. PERMANENT ADDRESS IN THE PHILIPPINES

House Number

Street

Barangay

City/Municipality

Province

Zip Code

#### A.7. SEX

Male

Female

#### A.8. CIVIL STATUS

Single

Widowed

Others:

Married

\_\_\_\_\_

#### A.9. CITIZENSHIP

Filipino

Dual citizen

If dual citizen, kindly indicate details:

\_\_\_\_\_

#### B. FAMILY INFORMATION

**B.1. NAME OF SPOUSE**

(LAST NAME, GIVEN NAME, FULL MIDDLE NAME)

**B.2. CITIZENSHIP**

**B.3. NAME OF CHILDREN**

(LAST NAME, GIVEN NAME, FULL MIDDLE NAME)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

**B.4 AUTHORIZED REPRESENTATIVE/S**

Name of Representative/s

Relationship

**B.4.1****B.4.2****B.4.2****C. CONTACT INFORMATION****C.1. CONTACT NUMBERS**

(TELEPHONE AND MOBILE NUMBERS)

**C.2. EMAIL ADDRESS****D. CERTIFICATION**

I hereby certify under oath that all the information in this application form are true and correct. I authorize the verification of the information provided in this form as well as the usage and processing of the information by the National Commission of Senior Citizens in accordance with the R.A. No. 10173, otherwise known as the "Data Privacy Act of 2012", its Implementing Rules and Regulations, and issuances of the National Privacy Commission. I further warrant that I have complied with all the requirements and I have presented all pertinent documentary requirements. I understand that my application shall not be processed if any statement herein made is found to be false, or if any document I submitted is found to have been falsified, or if I fail to comply with all the requirements with respect to my application, without prejudice to whatever actions that may be taken against me in accordance with the applicable laws of the Republic of the Philippines. Further, I hereby certify that I have not commenced the application/processing for the cash benefits as provided for under R.A. No. 11982 before any government agency.

**NAME AND SIGNATURE/THUMBMARK OF APPLICANT****DATE OF APPLICATION**

SUBSCRIBED AND SWORN TO BEFORE ME, this \_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_, the affiant exhibited to me his/her \_\_\_\_\_ with ID number \_\_\_\_\_, issued at \_\_\_\_\_, on \_\_\_\_\_, valid until \_\_\_\_\_.

Doc. No. \_\_\_\_\_;  
 Page No. \_\_\_\_\_;  
 Book No. \_\_\_\_\_;  
 Series of \_\_\_\_\_.

NOTARY PUBLIC

**DATA PRIVACY**

In compliance with the provisions of R.A. No. 10173, otherwise known as the "Data Privacy Act of 2012", its Implementing Rules and Regulations, and issuances of the National Privacy Commission, the National Commission of Senior Citizens ensures that the personal information provided is collected, used, and processed by its authorized personnel and shall only be used for the implementation of R.A. No. 11982.