



## 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 CAPITAL letters.

"2X2 ID Picture"

Applicant for milestone age: *(Kindly check whichever applies)*

80   
  85   
  90   
  95   
  100

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

#### A. PERSONAL INFORMATION

**NCSC REGISTRATION REFERENCE NUMBER (RRN)**  
*(Optional)*

**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 AGE**

#### A.6 RESIDENTIAL ADDRESS/ADDRESS ABROAD

House Number      Street      Barangay      City/Municipality      Province      Zip Code

#### A.7 PERMANENT ADDRESS IN THE PHILIPPINES

House Number      Street      Barangay      City/Municipality      Province      Zip Code

**A.8 SEX**

Male                       Female

**A.9 CIVIL STATUS**

Single                       Widowed  
 Married                      Others: \_\_\_\_\_

**A.10 CITIZENSHIP**

Filipino  
 Dual citizen  
 If dual citizen, kindly indicate details:  
 \_\_\_\_\_

#### B. FAMILY INFORMATION

**B.1 NAME OF SPOUSE**  
 (LAST NAME, GIVEN NAME, MIDDLE NAME, EXT.)

**B.2 CITIZENSHIP**



### B. FAMILY INFORMATION

#### B.3 NAME OF CHILDREN (LAST NAME, GIVEN NAME, MIDDLE NAME, EXT.)

|                            |                             |
|----------------------------|-----------------------------|
| 1.<br>2.<br>3.<br>4.<br>5. | 6.<br>7.<br>8.<br>9.<br>10. |
|----------------------------|-----------------------------|

#### B.4 AUTHORIZED REPRESENTATIVES (LAST NAME, GIVEN NAME, MIDDLE NAME, EXT.)

| Name of Representatives | Relationship |
|-------------------------|--------------|
| B.4.1                   |              |
| B.4.2                   |              |
| B.4.3                   |              |

### C. CONTACT INFORMATION

|   |                          |
|---|--------------------------|
| <b>C.1. CONTACT NUMBERS</b><br>(TELEPHONE AND MOBILE NUMBERS) | <b>C.2 EMAIL ADDRESS</b> |
|---|--------------------------|

### D. DESIGNATED BENEFICIARY

|                       |                           |
|-----------------------|---------------------------|
| <b>D.1 PRIMARY</b>    | <b>D.1.1 RELATIONSHIP</b> |
| <b>D.2 CONTINGENT</b> | <b>D.2.2 RELATIONSHIP</b> |

### E. UTILIZATION OF CASH GIFTS

|                          |                          |                          |   |                                   |
|--------------------------|--------------------------|--------------------------|---|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>          |
| Food                     | Medical check-up         | Medicines/Vitamins       | Livelihood<br>Entrepreneurial<br>Activities | Others: (Kindly specify)<br>_____ |

### F. 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 \_\_\_\_\_.

Government ID: \_\_\_\_\_  
 ID Number: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_

\_\_\_\_\_  
 Signature over Printed Name of Person Administering the Oath



**BAGONG PILIPINAS**

| <b>G. DOCUMENTARY REQUIREMENTS (to be filled-up by NCSC personnel only)</b> |  |                 |           |   |
|---|--|-----------------|-----------|---|
| <b>Applicants</b>   | <b>Requirements</b>  | <b>Complied</b> |           | <b>Remarks</b><br><small>In the absence of primary ID, kindly cite secondary documents presented.</small> |
|   |  | <b>Yes</b>      | <b>No</b> |   |
| Local Applicants  | a.) Duly accomplished application form "Annex A";  |                 |           |   |
|   | b.) Any one (1) of the following primary documents:<br><br>1. Certificate of Live Birth duly issued or authenticated by the Philippine Statistics Authority (PSA);<br>2. Photocopy of Philippine Identification System ID card / Philippine ID card / National ID card provided that the original copy must be presented.<br><br><i>***In the absence of primary ID/documents, any two (2) of the following secondary ID cards/documents shall be submitted as indicated in the Item VI of Implementing Guidelines.</i>  |                 |           |   |
|   | c.) Recent 5.08 cm x 5.08 cm (2"x 2") ID picture   |                 |           |   |
|   | d.) Full body picture of the applicant printed on an A4 size bond/photo paper; and   |                 |           |   |
|   | e.) Applicant's inclusion to the endorsed list for validation issued by the Local Chief Executive.   |                 |           |   |
| Applicants Living Abroad  | a.) Duly accomplished application form "Annex A";  |                 |           |   |
|   | b.) Any one (1) of the following primary documents:<br><br>1. Valid Philippine Passport;<br><br>2. Citizen Retention and Re-acquisition Certificate and Identification Certificate, or Order of Approval, or Oath of Allegiance, or Certificate of Attestation duly issued by the Philippine Embassy (PE) or Philippine Consulate General (PCG) of the Department of Foreign Affairs (DFA) who has jurisdiction in the area where the applicant resides.<br><br><i>***In the absence of primary ID/documents, any two (2) of the following secondary ID cards/documents shall be submitted as indicated in the Item VI of Implementing Guidelines.</i> |                 |           |   |



Republic of the Philippines  
Office of the President

**NATIONAL COMMISSION OF SENIOR CITIZENS**

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Official website: [www.ncsc.gov.ph](http://www.ncsc.gov.ph)



**G. DOCUMENTARY REQUIREMENTS** *(to be filled-up by NCSC personnel only)*

| Applicants               | Requirements   | Complied |    | Remarks |
|--------------------------|--|----------|----|---------|
|                          |  | Yes      | No |         |
| Applicants Living Abroad | c.) Recent 5.08 cm x 5.08 cm (2"x 2") ID picture   |          |    |         |
|                          | d.) Full body picture of the applicant printed on an A4 size bond/photo paper; and   |          |    |         |
|                          | e.) Applicant's inclusion to the endorsed list issued by the PE/Consulate or the DFA or the Department of Migrant Workers (DMW) or the Commission on Filipinos Overseas (CFO). |          |    |         |

**H. VALIDATION ASSESSMENT REPORT** *(to be filled-up by NCSC personnel only)*

**H.1 FINDINGS/CONCERNS/RECOMMENDATIONS**

**H.2 INITIAL ASSESSMENT**

Eligible

Ineligible

**VALIDATED BY** *(to be filled-up by NCSC personnel only)*

**Name**

*(Signature over printed name)*

**Date Validated**

**APPLICANT NAME AND SIGNATURE**

**NAME AND SIGNATURE/THUMBMARK OF APPLICANT**

**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.