



## AFP RETIREMENT AND SEPARATION BENEFITS SYSTEM

424 Capinpin Avenue, Camp General Emilio Aguinaldo, Quezon City  
Telephone Number (02) 9110194 / Mobile Phone Number 0922-8554241 & 0927-7476564

### MEMBER'S INFORMATION SHEET

LAST NAME		FIRST NAME			MIDDLE NAME		
AFP SERIAL NUMBER	RANK	BR OF SVC	DATE ENTERED THE SERVICE	CIVIL STATUS	SEX	AGE	
ASSIGNMENT IN THE AFP			DATE OF CAD ENLISTMENT	DATE OF BIRTH	PLACE OF BIRTH		
RET / SEP DATE	S.O. NO or G.O NO.		DATE OF SO or GO	TIN	NO. OF DEPENDENTS:		

**PERMANENT HOME ADDRESS :**

NUMBER AND STREET		SUBDIVISION		BARANGAY / MUNICIPALITY		CITY
PROVINCE		ZIP CODE		REGION	NO. OF YEARS IN THE PLACE	<input type="checkbox"/> OWNED <input type="checkbox"/> RENTED
TELEPHONE NUMBER		CELLPHONE NUMBER 1		CELLPHONE NUMBER 2		E-MAIL ADDRESS

**SPOUSE INFORMATION:**

LAST NAME		FIRST NAME			MIDDLE NAME		
DATE OF BIRTH	PLACE OF BIRTH	AGE	TIN	DATE OF MARRIAGE	PLACE OF MARRIAGE		
E-MAIL ADDRESS		CELLPHONE NUMBER		FAX NUMBER	TELEPHONE NUMBER		

**FAMILY INFORMATION:**

LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH	PLACE OF BIRTH

I hereby certify that the information written herein as well as the documents attached hereto are true and correct and I understand that any misrepresentation on my part shall be a ground for the filing of a civil /criminal case against me.

2 X 2  
PICTURE OF CLAIMANT 1

2 X 2  
PICTURE OF CLAIMANT 2

SPECIMEN SIGNATURE (CLAIMANT 1)	SPECIMEN SIGNATURE 1 (CLAIMANT 2)
SPECIMEN SIGNATURE 2 (CLAIMANT 1)	SPECIMEN SIGNATURE 1 (CLAIMANT 2)
SPECIMEN SIGNATURE 3 (CLAIMANT 1)	SPECIMEN SIGNATURE 1 (CLAIMANT 2)
DATE ACCOMPLISHED	DATE ACCOMPLISHED

Note: For posthumous claims, please attach a 2x2 photo of deceased member together with a 2x2 photo of each of the legal beneficiary/claimant.