



ARMED FORCES AND POLICE MUTUAL BENEFIT ASSOCIATION, INC.

MEMBER'S INFORMATION FORM

MBAI ID NO.

CARD/ACCT. NO.

PLEASE PRINT LEGIBLY

FOR MBAI ID CARD ISSUANCE

FOR UPDATING ONLY

LAST NAME

FIRST NAME EXTN NAME

MIDDLE NAME

RANK SERIAL/ACCT. NO. BRANCH OF SERVICE OTHERS

UNIT ASSIGNMENT

UNIT ADDRESS

SERVICE STATUS PAY JURISDICTION DATE OF DATE ENTERED SVC. RANK AS OF ENTRY

RANK AS OF SEP 1986 (for AFP) RANK AS OF JUL 1982 (for PNP) DATE LAST PROMOTION/DEMOTION RANK LAST PROMOTION/DEMOTION

DATE OF BIRTH PLACE OF BIRTH AGE GENDER (F/M) CIVIL STATUS NATIONALITY

GSIS NO. SSS NO. PHILHEALTH NO. TIN NO.

HEIGHT WEIGHT BLOOD MOBILE NO. 1 MOBILE NO. 2 HOME PHONE NO. EMAIL ADDRESS

PRESENT ADDRESS:

Room No. / Office Name, Bldg. / House No., Street, Subd. / Barangay

District / Town / City Province / Country ZIP CODE

PERMANENT ADDRESS:

Room No. / Office Name, Bldg. / House No., Street, Subd. / Barangay

District / Town / City Province / Country ZIP CODE

MOTHER'S MAIDEN NAME (BUONG PANGALAN NG INA NOONG DALAGA)

CONTACT PERSON IN CASE OF EMERGENCY:

NAME RELATIONSHIP CONTACT NO.

ADDRESS

BENEFICIARIES / DEPENDENTS FOR BASIC/SGTI (For add'l beneficiaries, please fill out space provided at the back of this Form)

NAME OF BENEFICIARY 1 DATE OF BIRTH GENDER (F/M) RELATIONSHIP

NAME OF BENEFICIARY 2 DATE OF BIRTH GENDER (F/M) RELATIONSHIP

NAME OF BENEFICIARY 3 DATE OF BIRTH GENDER (F/M) RELATIONSHIP

NAME OF BENEFICIARY 4 DATE OF BIRTH GENDER (F/M) RELATIONSHIP

FOR MBAI ID CARD ISSUANCE DO NOT FILL OUT (For AFPMBAI use only)

TYPE OF ISSUANCE: TYPE OF MEMBERSHIP: IDs Presented w/ photocopies: PROCESSED BY: APPROVED BY: RECEIVED BY:

LEFT THUMBMARK RIGHT THUMBMARK

Signature and date signed

NOTIFICATION TO MEMBERS

Dear Valued Members:

This is to notify you that pursuant to Republic Act No. 9510 and its Implementing Rules and Regulations creating the Credit Information Corporation (CIC), we are mandated to submit your basic credit data as well as any regular updates or corrections thereof, to the CIC for consolidation and disclosure as may be authorized by the CIC. Consequently, your basic credit data may thus be shared with other lenders authorized by the CIC and other credit reporting agencies duly accredited by the CIC, for the purpose of establishing your creditworthiness.

For more information, please contact AFPMBAI at telephone number (02)9114051 to 60 or text (0920)9526224.

Thank you.

The AFPMBAI Management

EMPLOYMENT STATUS:

- Employed Retired
- Self Employed Government Employee
- Student Unemployed
- With Business Housewife

EMPLOYER/BUSINESS NAME (Present):

NATURE OF EMPLOYMENT/ BUSINESS:

- Manufacturing Information & Communication Public Administrative & Defense
- Construction Financial & Insurance Activities Unemployed
- Transportation & Storage Real Estate Activities Others, pls specify: _____

NATURE OF WORK:

- Contractual
- Staff
- Supervisory
- Middle Mgmt. (Manager, Asst. Manager)
- Top Mgmt. (CEO/SVP/VP/AVP/Director)
- Others

OCCUPATION:

- Clerical/Admin Support Engineering/Technical Others Others Agriculture/Forestry/Fisheries
- Finance/General/Cost Acctg. Healthcare Doctor/Diagnosis Others Aviation/Aircraft Maintenance
- Marketing/Business Dev. Media/Art Advertising/Media Plan Others General Work (Driver Dispatch)
- Merchandising Services/Banking/Financial Others Maintenance/Repairs (Machine)
- Retail/General Services/Restaurant/Food/Beverage Others Security/Armed Forces
- Telesales/Telemarketing Services Property/Real Estate Others, pls specify: _____

ANNUAL INCOME:

- Less than P100K
- P100K up to 499K
- P500K and above

SOURCE/S OF FUNDS:

- Prize Loan Proceeds Personal Savings OFW Remittance
- Salary Pension Inheritance Income from Business
- Sale of Property Others Support of Relative

EMPLOYER/S OR BUSINESS/ES for the last 5 years:

No. of Children depending for support:

Residence for the last 2 years:

Owners/Lessors of house occupied:

CAR/S OWNED:

Bank/s where accounts are maintained, including type of bank accounts (with Waiver of Secrecy of Bank Deposits)

Other Assets, real or personal:

Continuation: BENEFICIARIES / DEPENDENTS FOR BASIC/SGTI

DD/MM/YYYY

NAME OF BENEFICIARY 5

DD/MM/YYYY

DATE OF BIRTH

GENDER (F/M)

RELATIONSHIP

NAME OF BENEFICIARY 7

DD/MM/YYYY

DATE OF BIRTH

GENDER (F/M)

RELATIONSHIP

NAME OF BENEFICIARY 9

DD/MM/YYYY

DATE OF BIRTH

GENDER (F/M)

RELATIONSHIP

NAME OF BENEFICIARY 11

DD/MM/YYYY

DATE OF BIRTH

GENDER (F/M)

RELATIONSHIP

DD/MM/YYYY

NAME OF BENEFICIARY 6

DD/MM/YYYY

DATE OF BIRTH

GENDER (F/M)

RELATIONSHIP

NAME OF BENEFICIARY 8

DD/MM/YYYY

DATE OF BIRTH

GENDER (F/M)

RELATIONSHIP

NAME OF BENEFICIARY 10

DD/MM/YYYY

DATE OF BIRTH

GENDER (F/M)

RELATIONSHIP

NAME OF BENEFICIARY 12

DD/MM/YYYY

DATE OF BIRTH

GENDER (F/M)

RELATIONSHIP