

PHILIPPINE SPORTS COMMISSION

ATHLETE 'S & COACHE'S I.D. FORM

I.D/ITEM NO.: _____ DATE: _____

NAME: _____
First name, Middle Initial, Surname, Suffix

POSITION: _____ SPORTS: _____

TIN NO.: _____ BIRTHDAY: _____

PERMANENT ADDRESS: _____

In case of emergency, please notify:

NAME: _____

RELATIONSHIP: _____

TEL#/CEL#: _____

ADDRESS: _____

Signature

NOTE:

You shall be notified as to the schedule of taking ID photo and signature at the Administrative Office.
Due to the confidentiality of the information stated herein, kindly return this form at the ADMINISTRATIVE OFFICE ONLY...

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EMPLOYEE'S - I.D. FORM

DATE: _____

I.D./ITEM NO.: _____ MAGIC PASS NO.: _____

FULL NAME: _____
Surname First Name M.I

NICK NAME: _____ CIVIL STATUS _____

POSITION: _____ OFFICE: _____

STATUS OF EMPLOYMENT: _____

DATE HIRED: _____ REGULARIZED: _____

TIN NO.: _____ GSIS POLICY/LP NO.: _____

PHILHEATH NO.: _____ GSIS BP NO.: _____

PAG - IBIG NO.: _____ BIRTHDATE: _____

PERMANENT ADDRESS:

In case of emergency, please notify:

Name: _____ Tel/Cell No: _____

I hereby certify that the information stated above is true and correct.

SIGNATURE :

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You shall be notified as to the schedule of taking your ID photo and signature at the Admin/Personnel Office.

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