

ARMED FORCES OF THE PHILIPPINES ID APPLICATION FORM





ID No.:	Control No.:		REQUIREMENTS
FIRSTNAME:			Duly accomplished application form and endorsed by their admin officer.
MIDDLE NAME:			ORDERS: Appointment, Promotions, Assignment, Amendment Orders, whatever is applicable.
LAST NAME:			
RANK: BRSVC: D			Surrender old AFPIC, if lost attached affidavit of loss and police blotter.
AFPSN:			biotter.
UNIT ASSIGNMENT:			
HOME ADDRESS:			PASTE Recent 2x2 colored picture In BDU Gray attire w/ white background no mustache / beard, in proper haircut, authorized nameplate must be visible in proper placement and rank must be visible.
WEIGHT:kgs. HEIGHT:cms. BLOOD TYPE:			
EYES: HAIR: CIVIL STATUS SINGLE MARRIED WIDOW DIVORCE			
TIN: GENDER: GENDER:			
PHILHEALTH NO: PHILHEALTH NO: PHILHEALTH PHILHEAL			
CAD/ETAD/SOT/ETE (DD-MMM-YYYY):			
DATE OF BIRTH (DD-MMM-YYYY):			
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY AND RELATIONSHIP			
ADDRESS OF PERSON TO BE NOTIFIED:			KEEP SIGNATURE INSIDE THE BOX (Signature must be visible)
TO BE NOTIFIED:			
PERSONAL CONTACT NUMBER:			
Statement of Consent I declare that I am fully aware that the above data shall be used for securing my Common Reference Number (CRN) for Unified Multi-Purpose ID (UMID) system for updating my personal data and that I shall form part of the CRN registry. I trust that the above data shall remain confidential hence I give my consent that the same data be secured and accessed for subsequent validation, verification and other purposes consistent with the objectives of the UM-ID System are true and complete to the best of my knowledge and belief. DATE SIGNED SIGNATURE OVER PRINTED NAME			RIGHT THUMBMARK
ENDORSED BY: APPROVED BY: SIGNATURE OVER PRINTED NAME SIGNATURE OVER PRINTED NAME			PROCESSED BY:
ENDORSED BY: SIGNATURE OVER PRINTED NAME RANK BR OF SVC TAG, AFP / MAJ SVC ADJ LINIT AD I / ADMIN OFFICER			VERIFIED BY:
UNIT ADJ / ADMIN OFFICER			RECORDED BY:
ID no.:	DATE:	ID no.:	DATE:
Firstname / Lastname 1. Paid the amount of ONE HUNDRED PESOS (Php100.00) for PAFIC 2. Please present this when claiming your PAFIC on		Firstname / Lastname 1. Paid the amount of ONE HUNDRED PESOS (Php100.00) for PAFIC 2. Please present this when claiming your PAFIC on	
Applicant's Signature CLAIM STUB		Applicant's Signature COPY	