



Republika ng Pilipinas
LUNGSOD NG MAKATI

OFFICE OF THE MAYOR
MAKATI ACTION CENTER

Date: _____

AUTHORIZATION

This is to authorize _____ of Barangay **BEL-AIR**,

MAC Coordinator to submit my **BLU CARD BENEFITS TAGGING** Application to the Office of the Makati Social Welfare Department (MSWD) and facilitate its processing.

PRINTED NAME AND SIGNATURE

ADDRESS: _____

For MAC use only:

REQUIREMENTS FOR NEW APPLICANT:

- Latest COMELEC VOTERS CERTIFICATION
- Fully Verified GCash Account of the applicant (Profile Screenshot)
- Makatizen Card or Makatizen Completed Online Registration Screen Shot
- Birth Certificate / Passport
- Marriage Contract (*if Married*)
- Latest 2 pcs. 1x1 Photo of Applicant
- Barangay Clearance and Condo Certification (*for Salcedo, Malugay & Jazz Residents only*)
- Senior White Card or Yellow Card or any two (2) Valid IDs bearing the Makati address (for Senior Citizen who are 80 years old and above without Comelec Certificate)
- Long Brown Envelope

Checked by: _____
MAC Coordinator –Printed Name and Signature

Noted by: _____
MAC Team Leader –Printed Name and Signature

“Ang Makati ay para sakapwa ko taga Makati”



CITY GOVERNMENT OF MAKATI MAKATI SOCIAL WELFARE DEPARTMENT APPLICATION FOR BLU CARD MEMBERSHIP



In compliance with the Data Privacy Act (DPA) of 2012, I allow the Makati Social Welfare Department (MSWD) to collect and use my personal information in relation to my purpose of / application for BLU CARD PROGRAM MEMBERSHIP.

As such, I also agree and authorize them to:

1. Retain and store my information for a certain period of time as prescribed by law from the date of the accomplishment of the purpose stated above. I agree that my information will be deleted / destroyed after this period.
2. Share my information to other office / department within the City Government of Makati, I am assumed that security systems are employed to protect my information.
3. I allow can view, change and recover the personal information I shared unless I authorize a representative on my behalf armed with a Special Power of Attorney duly notarized for this purpose. This applies also to any request for a certified true copy bearing any of my personal information.
4. Inform me of future programs, projects and services offered by the City Government of Makati using the personal information I shared.
5. I hold free and harmless and indemnify the City Government of Makati, any of its offices/departments, officers, employees and agents from any complaint, suit, or damages which any party may file or claim in relation to the Data Privacy Act.

Signed this _____ day of _____ 20____ at Makati City.

MAKATI SOCIAL WELFARE DEPARTMENT

QUALIFICATIONS:

1. Must be a Filipino Citizen.
2. Must be at least 60 years old.
3. Must be a current resident of Makati City for the past two (2) years.
4. Must be a registered and active voter of Makati City for the past two (2) years.

INSTRUCTIONS:

1. Fill out this form properly and submit to the nearest Makati Action Center (MAC) Sattelite Office in your barangay together with the required documents listed below.
2. Attend the Orientation Seminar on Blu Card Program to be scheduled by MSWD. Blu Card I.D. will not be released if applicant did not attend the orientation.
3. For questions or clarifications, please contact MSWD-Elderly Welfare Section: Tel. No. 02-8-8701236.

(Signature over Printed Name)

1. Please submit the following BASIC REQUIREMENTS:

- Birth Certificate - (PSA Copy or Certificac True Copy from the Local Civil Registry (LRC). In the absence of a birth Certificate, PASSPORT (Photo Copy) or PRC I.D. (Photo Copy) may do.
- Marriage Certificate - For female applicant. PSA Copy or Certified True Copy from the Local Civil Registry (LCR).
- Latest copy of COMELEC Certificate
- Latest copy of Barangay Certificate of Residency
- OSCA I.D. (Photocopy)
- Latest 1 x 1 I.D. Picture (2 copies)

2. Additional Requirements: These may be applied if:

1. BEDRIDDEN and has NO COMELEC Certificate, submit a photocopy of LATEST MEDICAL CERTIFICATE
2. PWD applicant, submit a photo copy of valid PWD ID.
3. Senior Citizen applicant whose tenurial status is BOARDER, SHARER, or RENTER, please submit a written certification from house owner and valid ID.
4. Senior citizen applicant is residing in a condominium, townhouse, condotel, hostel etc, submit a CERTIFICATE OF OWNERSHIP or CERTIFICATE OF TENANCY/LESSEE.
5. Makati City Government (MCG) Employee applicant, submit a photocopy of Employee's I.D. Card.

DOCUMENTARY REQUIREMENTS

DATE OF APPLICATION: / / BLUCARD NO.

A. NAME OF APPLICANT

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____ EXTN. NAME: _____

B. OTHER PERSONAL INFORMATION

Date of Birth: / / Age:

ENDER: MALE: FEMALE:

CIVIL STATUS: SINGLE MARRIED COMMON LAW
 LEGALLY SEPARATED DIVORCED ANNULLED WIDOW / WIDOWER

ACE OF BIRTH: NATIONALITY:

City / Municipality: Province:

OSCA Identification No:

My Own Gcash No.: / /

Landline Number: / /

Mobile Number: / /

Makatizen ID No.:

Email Address:

C. NAME OF SPOUSE

LAST NAME: FIRST NAME: MIDDLE NAME:

DATE OF MARRIAGE: / / PLACE OF MARRIAGE:

D. CURRENT ADDRESS

Barangay: City:

House/Lot & Bldg. Nos. Street

Length of Stay in Makati City: /

no. of months / no. of years

Tenurial Status: House Owner Sharer Renter Boarder

E. Are you residing in Makati City?

Barangay: City:

House/Lot & Bldg. Nos. Street

Barangay: City:

F. Are you a permanent or provincial address?

House/Lot & Bldg. Nos. Street

Barangay: City:

D. SOURCE OF INCOME (Please compute on a monthly basis)

Salary Commission Allowance Business
 Pension sss gsis a.r.p. Others: _____ Amount: _____

E. HEALTH STATUS

Able Persons with Disability (PWD)
 Bedridden Type of Disability
 With Comorbidity Orthopedic Disability
 Heart Disease Visual Disability
 Respiratory Disease Intellectual Disability
 Kidney Disease Communication Disability
 Hypertension Others Please specify: _____

F. EDUCATIONAL ATTAINMENT G. HOBBIES

Elementary Masteral
 High School Doctoral
 College
 Degree: _____
 Vocational Course: _____

H. SKILLS

1. _____
2. _____

DESIGNATED BENEFICIARIES

Note: Must be an immediate relatives either spouse children and siblings whose age is 18 years old and above.

No.	Name (First Name, Middle Name, Last Name)	Age	Relationship	Complete Address	Contact No.
1					
2					
3					

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name	Relationship	Complete Address	Contact No.

DECLARATION

I certify that the information provided in this form are true and correct. Any false information shall cause the disapproval of my application from the Blu Card Program.

Witness:

Printed Name and Signature of Applicant



IF CANNOT SIGN,
PLEASE AFFIX
APPLICANT'S
FINGERPRINT (Right
Thumbmark)

Printed Name and Signature

Relationship to BLU CARD Applicant

Contact Number: 0 9 _____

email address: _____

FOR MAIKATI ACTION CENTER (MAC) USE ONLY

This is to acknowledge the receipt of the validated and complete documentary requirements of the herein BLU CARD PROGRAM Applicant Mr/Ms./Mrs.:

MAC Coordinator _____ Date: ____/____/____
(Print Name and Signature) mm dd yy

TO BE FILLED OUT BY MSWD - Elderly Welfare Section (EWS)

Received by: _____

Reviewed by: _____

Encoded by: _____

Signature above printed name

DATE: _____

TIME: _____

Recommending Approval: _____

Signature above printed name

DATE: _____

TIME: _____

Signature above printed name

DATE: _____

TIME: _____

Approved by: _____

Staff-In-Charge, Elderly Welfare Section (EWS)

BENITA C. TANVAG
Acting City Government Assistant Department Head I