



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 Yellow Card to the Office of the Makati Health Program (MHP) and
facilitate its processing and renewals.

PRINTED NAME AND SIGNATURE _____

ADDRESS: _____

Contact Number _____

For MAC use only: _____

REQUIREMENTS FOR NEW & RENEWAL OF YELLOW CARD

- () Latest COMELEC VOTERS CERTIFICATION
- () Old Yellow Card (for renewal applicant only)
- () Makatizen Card (photocopy front and back) **OR**
 - Virtual Card (printed copy)
 - Successful Online Registration (screenshot printed copy)
- () PhilHealth Member Data Record (MDR) **AND**
 - Updated Official Receipt (*voluntary member*)
 - Certification of Contribution/Payslip (*if employed in private company*)
 - Updated Online Premium Contribution (screenshot printed copy)
 - Acknowledgement Receipt (Philhealth ng Masa)
- () Photocopy of Seniors White Card and Blu Card (front & back- for SENIORS ONLY)
- () Real Property Tax Title and Tax Receipt photocopy (for Senior Permanent Card only)
- () Long Brown Envelope

Checked by: _____
MAC Coordinator –Printed Name and Signature

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

“Ang Makati ay para sa kapwa ko taga Makati”

REPUBLIKA NG PILIPINAS
LUNGSOD NG MAKATI

OFFICE OF THE MAYOR
MAKATI ACTION CENTER

AUTHORIZATION

This is to officially grant Mr./Ms. _____, Makati
Action Center (MAC) Coordinator, to claim my Yellow card on my behalf. I am also authorizing

The above named person to deliver the same to me personally or my lawful officers.
Signature : _____

Name : _____

Address : _____

Yellow card # _____ House No. _____ Street _____

Contact # _____ Barangay _____

Authorization Valid until _____
Date _____

ACKNOWLEDGEMENT RECEIPT

Name : _____

Claim Date : _____

Signature : _____

Date : _____

MAKATI ACTION CENTER





**CITY GOVERNMENT OF MAKATI
MAKATI HEALTH PLUS PROGRAM**

PLANNING DIVISION
100100000

APPLICATION FORM

PRIVACY NOTICE

The personal data collected shall only be used for Yellow card ID registration and shall be shared to DepEd Div. Office, Makati, Makati City, Project Department, Department Health Center and Makati Health Plus for purposes of ID verification. You may choose to withhold your consent by writing a request to opt out address to mswvd@makati.gov.ph. We are committed in protecting and respecting your privacy. If you wish to have more about how we collect, use, share, and protect your personal data you may read our Privacy Notice posted in front of MSWVD offices or you can request a copy of Privacy Notice from SAs Person. **MSWVD Office.**

MAKATI HEALTH PLUS INFORMATION SHEET

SCLD HADPUS SENIOR CITIZEN
 MCO PAMANSY PAMANSY PAMANSY
 PAMANSY PAMANSY PAMANSY PAMANSY

ADDRESS: _____ **LAST NAME** _____ **FIRST NAME** _____ **MIDDLE NAME** _____
 CITY: _____ **CIVIL STATUS:** _____ **DATE OF BIRTH:** _____ **AGE:** _____ **BARANGAY:** _____ **MOOD/ROLE NAME:** _____
TEL. NO./CELL NO.: _____ **HOUSE:** Ground Residential Working with independent Independent
REG. NO.: _____ **MAKATIZEN ID NO.:** _____

SWORN STATEMENTS

This I am not assigned nor am of my dependents as depicted in Makati Formally and have I have no outstanding liabilities and have previously not in the credit history.

Applicant's Signature over Printed Name _____

MAKATI Health Plus's Signature over Printed Name _____

NAME OF RESPONDENT	RELATIONSHIP	SEX	DATE OF BIRTH	AGE	NAME OF SCHOOL	EDUCATIONAL ATTAINMENT

DATA PRIVACY CONSENT

In accordance with the Data Privacy Act of 2012 (DPA), its Implementing Rules and Regulations and all other applicable laws, I hereby consent to the following:

1. Collection of my personal data
2. Use of my personal data for purposes and in accordance with the MSWVD-MHRP Privacy Notice
3. Storage and retention of my personal data for a reasonable and necessary period as specified.
4. Sharing of my personal data for Registration and distribution of Yellow Card.

I also declare that I have read this form as well as the Privacy Notice and understand its contents. I understand that my consent does not preclude the existence of other criteria for lawful processing of personal data and does not waive any of my rights under the DPA and other applicable laws.

Signature Over Printed Name _____

DATE

MODE OF VERIFICATION (For MAC Inter-Verification only):

Mobile Verification Via Dashboard Request
 User Request Physically in

I declare under the penalty of perjury that information given above is true and correct and has been read in good faith, verified by me and on my behalf of my family and household.

DATE OF NOTICE TO CLAIM:

MONTH DAY YEAR

APPLICANT'S OR GUARDIAN'S SIGNATURE
Representative Over Printed Name _____

MAC INTER-VERIFICATION
Representative Over Printed Name _____

MODE OF VERIFICATION (For MAC Inter-Verification)
Representative Over Printed Name _____

Approved by: _____

JOSUELINE P. NIWYANIC
OFFICER IN CHARGE

Health Project of _____

MAYOR MAR-LEEN ABIGAIL S. BINYAW
AND CITY GOVERNOR

