



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** Application to the Office of the Makati
Social Welfare Department (MSWD) and facilitate its processing.

PRINTED NAME AND SIGNATURE

ADDRESS: _____

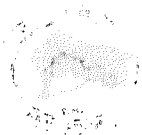
For MAC use only:

REQUIREMENTS FOR NEW APPLICANT:

- () Latest COMELEC VOTERS CERTIFICATION (at least 2 years registered Voter of Makati)
- () Birth Certificate or Passport
- () Marriage Certificate (*for Female Applicant If Married*)
- () Latest 1x1 Photo of Applicant (1pc)
- () Copy of primary ID of Declared Beneficiary (max of 3) + Relationship
- () 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
- () 1 Long Brown Envelope

Interviewed by: _____
Printed Name and Signature -MAC Coordinator

Checked by: _____
Printed Name and Signature -MAC Team Leader



CITY GOVERNMENT OF MAKATI
MAKATI SOCIAL WELFARE DEPARTMENT



DATA PRIVACY CONSENT

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 assured that security systems are employed to protect my information.
3. I alone can view, change and remove the personal information I shared unless I authorize a representative on my behalf, someone with a Special Power of Attorney duly notarized for this purpose. This applies also to my 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.

(Signature over Printed Name)

INSTRUCTIONS:

1. Fill out this form properly and submit to the nearest Makati Action Center (MAC) Satellite 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-Data Management Section Tel. No. 8870-1649 or 8870-1645.
1. Must be a Filipino Citizen.
 2. Must be at least 60 years old.
 3. Must be an actual and current resident of Makati City for the past two (2) years.
 4. Must be a registered and native voter of Makati City for the past two (2) years.

DOCUMENTS REQUIRED:

1. Please submit the following BASIC REQUIREMENTS:
 - Birth Certificate - (PSA Copy or Certified True Copy from the Local Civil Registry (LCR). 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
 - OSCA I.D. (Photocopy)
 - Latest 1 x 1 I.D. Picture (1 copy)
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, SHAREL** or **RENTER**, please submit a written certification from house owner and valid ID.
 - 4. Senior citizen applicant is residing in a condominium, warehouse, 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.

DATE OF APPLICATION: ____/____/____ BLUCARD NO. ____

A. NAME OF APPLICANT

LAST NAME _____
FIRST NAME _____
MIDDLE NAME _____

B. OTHER PERSONAL INFORMATION

Date of Birth: ____/____/____ Age: ____

GENDER: ☐ MALE ☐ FEMALE
CIVIL STATUS: ☐ SINGLE ☐ MARRIED ☐ COMMON LAW ☐ LEGALLY SEPARATED ☐ DIVORCED ☐ ANNULLED ☐ WIDOW / WIDOWER

PLACE OF BIRTH: _____ NATIONALITY: _____
City / Municipality: _____ Province: _____

OSCA Identification No: _____
My Own Gcash No.: 09 _____
Landline Number: 63 _____
Mobile Number: 09 _____
Makatizen ID No.: _____
Email Address: _____

NAME OF SPOUSE

LAST NAME _____
FIRST NAME _____
MIDDLE NAME _____

DATE OF MARRIAGE: ____/____/____ PLACE OF MARRIAGE: _____

C. CURRENT ADDRESS

Rm./Flr./Unit No. & Bldg. Name: _____ House/Lot & Blk. Nos.: _____ Street: _____ Barangay: _____ City: _____

Since when are you residing in Makati City? Length of Stay in Makati City:
____/____/____ no. of months / no. of years
month day year

Tenurial Status:
☐ House Owner ☐ Renter ☐ Boarder

If Renter / Sharer or Boarder, please indicate PERMANENT or PROVINCIAL ADDRESS:

Rm./Flr./Unit No. & Bldg. Name: _____ House/Lot & Blk. Nos.: _____ Street: _____ Barangay: _____ City: _____

SOURCE OF INCOME (Please indicate the source of income)

☐ Salary

☐ Commission

☐ Allowance

☐ Business

☐ Pension

☐ S.S.S ☐ G.S.I.S ☐ A.R.P. ☐ Others:

Amount

HEALTH STATUS

EDUCATIONAL ATTAINMENT

HOBBIES

☐ Able

☐ Bedridden

☐ With Comorbidity

☐ Heart Disease

☐ Respiratory Disease

☐ Kidney Disease

☐ Hypertension

☐ Others Please specify:

☐ Person with Disability (PWD)

Type of Disability

☐ Orthopedic Disability

☐ Visual Disability

☐ Intellectual Disability

☐ Communication Disability

☐ Others Please specify:

☐ Elementary

☐ High School

☐ College

Degree:

☐ Vocational Course:

☐ Masteral

☐ Doctoral

1.

2.

1.

2.

DESIGNATED BENEFICIARIES

Note: Must be an immediate relative 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

Printed Name and Signature Relationship to BLU CARD Applicant

Contact Number: 0 9 - -

Email Address:

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

FOR MAC (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

(Print Name and Signature)

Date: / /

TO BE FILLED OUT BY MSWD

Received by:

Signature above printed name

DATE:

TIME:

Recommending Approval:

Staff-In-Charge

Reviewed by:

Signature above printed name

DATE:

TIME:

Approved by:

MARIBEL M. LUMANG, RSW

Officer-In-Charge

Encoded by:

Signature above printed name

DATE:

TIME: