

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 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 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.

QUALIFICATIONS:

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 active voter of Makati City for the past two (2) years.

DOCUMENTARY REQUIREMENTS

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, 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.

DATE OF APPLICATION: / / BLUCARD NO.

month day year

A. NAME OF APPLICANT

LAST NAME

FIRST NAME*

MIDDLE NAME EXTN. 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.:

Landline Number:

Mobile Number:

Makatizen ID No.:

Email Address:

NAME OF SPOUSE

LAST NAME

FIRST NAME

MIDDLE NAME EXTN. NAME

DATE OF MARRIAGE: / / **PLACE OF MARRIAGE:**

month day year

C. CURRENT ADDRESS

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

Since when are you residing in Makati City? / /

month day year

Length of Stay in Makati City: /

no. of months no. of years

Tenurial Status:
 House Owner Sharer
 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

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

- Salary Commission Allowance Business
 Pension S.S.S G.S.I.S A.F.P. Others: _____ Amount _____

E. HEALTH STATUS

- Able Person 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: _____
 Others Please specify: _____

F. EDUCATIONAL ATTAINMENT

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

G. HOBBIES

1. _____
2. _____

H. SKILLS

1. _____
2. _____

I. 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					

J. PERSON TO NOTIFY IN CASE OF EMERGENCY

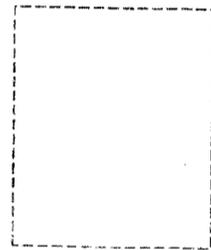
Name	Relationship	Complete Address	Contact No.

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



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

Contact Number: 0 9 _____ - _____ - _____

Email Address: _____

FOR MAKATI 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.:

(Print Name and Signature)

Date: / /

MAC Coordinator

TO BE FILLED OUT BY MSWD

Received by: _____ Reviewed by: _____ Encoded by: _____
 Signature above printed name Signature above printed name Signature above printed name
 DATE: _____ DATE: _____ DATE: _____
 TIME: _____ TIME: _____ TIME: _____

Recommending Approval:

Approved by:

Staff-In-Charge

MARIBEL M. LUMANG, RSW
Officer-In-Charge