



Republic of the Philippines
Department of National Defense
PHILIPPINE VETERANS AFFAIRS OFFICE
Camp General Emilio Aguinaldo
Quezon City

Date: _____

PUF S-1-2011

Our Valued Pensioner:

Good day and Special Greetings!

For the welfare and protection of PVAO pensioners, we are now regularly verifying their status. In this regard, please fill-out the Pensioner's Update Form (PUF) in compliance with the Revalidation Program. Please submit this form with the following:

For those who can personally appear:

- Reproduced/photo/xerox (back to back) copy of valid ID card preferably Senior Citizen's ID, Comelec ID card, SSS/GSIS ID, Passport, PVAO Pensioner's ID and AFP Retiree's ID.
- Latest 2 X 2 ID picture (1 pc)

For those who cannot personally appear:

- Latest picture of pensioner with signature at the back (3R size) showing front page of latest national newspaper
- Reproduced/photo/xerox (back to back) copy of valid ID card preferably Senior Citizen's ID, Comelec ID card, SSS/GSIS ID, Passport, PVAO Pensioner's ID and AFP Retiree's ID.
- Barangay Certificate as to residency in given address

Please address to **PVAO, Veterans Records Management Division, Kagitingan Hall, Camp Aquinaldo, Quezon City**. Failure to return the revalidation form within thirty (30) days from receipt would result to the suspension of payment of your pension benefits until your status is verified and confirmed. Please be informed further that you need to submit an updated PUF annually (yearly) on your birth month to avoid suspension of your pension in the future.

If you have further inquiries or if you need assistance in complying with our Revalidation Program, please see/contact Ms. **Melinda I. Luna** or call us at telephone number 986-18-93 or you can E-mail us at support@pvao.mil.ph.

Thank you for your cooperation and support.

Very Truly Yours,

FOR THE ADMINISTRATOR


ATTY. ROMEO S. LAZO
Deputy Administrator

PENSIONER'S UPDATE FORM

Date: _____

PENSIONER'S NAME :

(Buong Pangalan) _____ Last Name/Apelyido _____ First Name/Pangalan _____ Middle Name/Gitna _____

TELEPHONE NUMBER Land Line: _____ Cell phone : _____

Present Address: _____
(kasalukuyang Tirahan)

CLAIM NUMBER: _____ Date of Marriage: _____

Date & Place of Birth : _____
(Petsa at Lugar ng Kapanganakan)

If pensioner is a widow, dependent or beneficiary, please indicate:

VETERAN'S NAME: _____
(Pangalan ng Beterano) _____ Last Name/Apelyido _____ First Name/Pangalan _____ Middle Name/Gitna _____

Date of Death: _____

THUMBMARK

SIGNATURE OVER PRINTED NAME

LEFT

RIGHT