



DEPARTMENT OF NATIONAL DEFENSE  
**PHILIPPINE VETERANS AFFAIRS OFFICE**  
 PVAO Pensioners ID System Office (PPISO)  
**LEGAL BENEFICIARY**



Type of pension received from the PVAO  OLD AGE  DISABILITY  DEATH PENSION

**PENSIONER INFORMATION:**

LAST NAME:

FIRST NAME:

MIDDLE NAME:

ADDRESS:   
HOUSE NO., STREET, BRGY

DISTRICT / MUNICIPALITY

CITY, PROVINCE

DATE OF BIRTH:  DD  MMM  YYYY

PLACE OF BIRTH:

WEIGHT:  HEIGHT:

COLOR OF EYES:

COLOR OF HAIR:

RELIGION:  BLOOD TYPE:

TIN No.:

PHILHEALTH No.:

**NAME OF PARENTS: FATHER: MOTHER:**

LAST NAME:

FIRST NAME:

MIDDLE NAME:

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY AND RELATIONSHIP:**

**ADDRESS OF PERSON TO BE NOTIFIED:**

**TELEPHONE No. OF PERSON TO BE NOTIFIED:**

**VETERAN PERSONAL DATA:**

NAME: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

RANK: \_\_\_\_\_ ASN: \_\_\_\_\_

Relationship to the Pensioner: \_\_\_\_\_ Veteran Organization Affiliated: \_\_\_\_\_

**Certification and Signature**

I certify and affirm that all statement / data which appear in this form and made by me are true and correct to the best of my knowledge.

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

(MOST RECENT 2 X 2  
 COLORED PICTURE IN  
 FORMAL/SEMI FORMAL  
 ATTIRE WITH WHITE  
 BACKGROUND)

KEEP SIGNATURE INSIDE THE BOX  
 (PLEASE USE BLACK SIGN PEN)

RIGHT THUMBMARK

REMARKS:

TO BE FILLED-IN BY PVAO (PPISO) CLAIM NUMBER: \_\_\_\_\_ CATEGORY: \_\_\_\_\_ PROCESSED BY: \_\_\_\_\_  
 RECORDED BY: \_\_\_\_\_

Date of Effectivity : \_\_\_\_\_ WW2 POST WW2 APPROVED BY: \_\_\_\_\_  
 ID NUMBER: \_\_\_\_\_

**NOTE:**

**THIS FORM AND THE PENSIONER'S ID CARD IS FREE OF CHARGE.**

**PLEASE SUBMIT THIS FORM AND THE REQUIREMENTS TO:**

PVAO Pensioners ID System Office  
 Philippine Veterans Affairs Office  
 Camp Aguinaldo,  
 Quezon City

## **Application Requirements:**

Case #1: For those who can personally apply

1. Duly accomplished prescribed Application Form with thumbprint and signature.
2. Passbook/ATM card for pension remittance.
3. 2 Valid ID card such as Senior Citizen ID, Driver's License, SSS ID, Passport, Philhealth Card, TIN Card, AFP ID.
4. 2x2 colored photo with white background and its negative.

Case #2: For those who can not personally appear

### **A. For Applicants residing in the Philippines**

1. Duly accomplished prescribed Application Form with thumbprint and signature.
2. Passbook/ATM card for pension remittance.
3. 2 Valid ID card such as Senior Citizen ID, Driver's License, SSS ID, Passport, Philhealth Card, TIN Card, AFP ID.
4. Barangay Clearance
5. Postcard size picture holding front page of latest newspaper
6. 2x2 colored photo with white background and its negative.

### **B. For Applicants who are living abroad**

1. Duly accomplished prescribed Application Form with thumbprint and signature.
2. Passbook/ATM card for pension remittance.
3. 2 Valid ID card such as Senior Citizen ID, Driver's License, SSS ID, Passport, Philhealth Card, TIN Card, AFP ID.
4. Certificate of Appearance from consul
5. Postcard size picture holding front page of latest newspaper
6. 2x2 colored photo with white background and its negative.

### **C. For Applicants with Mental or Physical Disability or other special cases**

1. Duly accomplished prescribed Application Form with thumbprint and signature.
2. Passbook/ATM card for pension remittance.
3. 2 Valid ID card such as Senior Citizen ID, Driver's License, SSS ID, Passport, Philhealth Card, TIN Card, AFP ID.
4. Special Power of Attorney of a relative representative
5. Postcard size picture holding front page of latest newspaper
6. 2x2 colored photo with white background and its negative.