

Republic of the Philippines  
PHILIPPINE POSTAL CORPORATION

The Postmaster  
\_\_\_\_\_

\_\_\_\_\_  
Date

Sir/Madam:

I have the honor to apply for a Postal I.D. Attached are three(3) identical copies of my picture (2x2) and One Hundred Seventy Five Pesos (Php 175.00) for the fee therefore.

My personal circumstances are as follows:

SURNAME \_\_\_\_\_ FIRSTNAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_  
Occupation: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Residence: \_\_\_\_\_  
Provincial Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Height: \_\_\_\_\_ Eyes: \_\_\_\_\_ Complexion: \_\_\_\_\_  
Distinguishing Marks: \_\_\_\_\_



Witnesses to Thumbark:  
1. \_\_\_\_\_  
2. \_\_\_\_\_



\_\_\_\_\_  
Applicant's Signature

Statement of Issuing Postmaster

I hereby certify that I have this day of \_\_\_\_\_, 20\_\_\_\_ issued Postal Identification Card No. \_\_\_\_\_ on the foregoing application strictly in accordance with Sections 733-737 of the Postal Manual of the Philippines.

The applicant exhibited to me his/her Community Tax Certificate No. \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_.  
No Community Tax Certificate because \_\_\_\_\_

Cross out words not Applicable

Application fee paid under  
Official Receipt No. \_\_\_\_\_  
Dated \_\_\_\_\_

Postmaster's Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Post Office of \_\_\_\_\_

Support Affidavit of Witness

I, \_\_\_\_\_ solemnly swear that I have known \_\_\_\_\_, whose picture appears below, personally for \_\_\_\_\_ years and I know him/her to be the person who made the foregoing application, and that his/her circumstances as stated above are true to the best of my knowledge and belief.

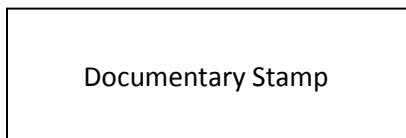
\_\_\_\_\_  
Position/Occupation of Witness  
\_\_\_\_\_  
Name of Office

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Address \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at the City/Municipality of \_\_\_\_\_ with Residence Certificate No. \_\_\_\_\_ issued at or \_\_\_\_\_, 20\_\_\_\_.

No Community Tax Certificate because \_\_\_\_\_

Cross out words not applicable



\_\_\_\_\_  
Signature of Authorized Officer  
\_\_\_\_\_  
Printed Name  
\_\_\_\_\_  
Title of Officer

SKETCH LOCATION OF RESIDENCE

**APPLICANT'S IDENTITY AND VERIFIED BY:**

**RECOMMENDATION:**

- Approval
- Disapproval

\_\_\_\_\_  
Signature of Letter Carrier

\_\_\_\_\_  
Name of Letter Carrier

\_\_\_\_\_  
Date

**ADDITIONAL INFORMATION:**

- Sex:            Male            Female
- Civil Status:    Single            Married
- Widow/er

LEFT	RIGHT
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(THUMBMARKS)

I hereby waive the Postal ID fee and all applicable fees case application is denied due to fraud or misrepresentation by the undersigned.

I prefer to have my Postal ID delivered to my stated address. In case of my absence or inability to receive, I hereby authorize \_\_\_\_\_ with address at \_\_\_\_\_ to accept my Postal ID card.

\_\_\_\_\_  
Printed Name and Signature of Applicant