

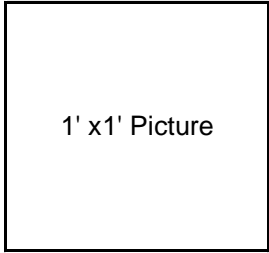


PHILIPPINE PUBLIC SCHOOL TEACHERS ASSOCIATION

245 Banawe Street, Quezon City, Website: www.ppsta.net

email address: support@ppsta.com | Tel Nos.: 900-14-17, 900-14-10

Text Support SMART: 0918-5448046 • GLOBE: 0905-5355858



UPDATED INFORMATION SHEET

Print Legibly

Name of Member (Last name, First name, Middle name)

Home address, exact mailing address Number, Street,
Barangay, Municipality/City, Province
Name of School:

Division Station Employee number
Date of Birth:(mm-dd-yyyy)
Zipcode: Sex Civil Status
Email Address:
Please Check Active Retired

Landline No.:

Please specify at the space below, if ACTIVE, present position including school or office assignment, if RETIRED last position held including school or office assignment

Mobile No.:

REQUIREMENTS:

- Please have this sheet notarized, and attach photocopy of 2 valid identification cards with signature.
- Two copies must be submitted to PPSTA.

I desire to change my beneficiaries recorded in my membership application form and previous affidavit.

Beneficiaries

Table with columns: Name (Surname, First Name, Middle Name), Date of Birth(mm-dd-yyyy), Relation, Allocation

Customary Signature of Applicant above Printed Name

Left thumb mark

Right thumb mark

If member cannot sign, below are the witnesses to the thumbmarks :

1) SIGNATURE OVER PRINTED NAME DATE

2) SIGNATURE OVER PRINTED NAME DATE

SUBSCRIBED AND SWORN to before me this ___ day of ___, 20___, affiant personally known and appeared before me exhibiting his/her Community Tax Certificate No. ___ issued on ___, 20___ at _____.

Doc. No.
Page No.
Book No.
Series of 20

Notary Public

