TERRAZAS DE PUNTA FUEGO VILLAGE HOMEOWNERS' ASSOCIATION INC.

BRGY. NATIPUAN, NASUGBU, BATANGAS 4231
SMART (0998) 554 - 9951 GLOBE (0917) 891 - 7135
terrazasdepuntafuegovhai@gmail.com / terrazasbillingandcollection@gmail.com

CARETAKER'S ID
APPLICATION FORM

1x1 Picture Here

Applicant's Information

LAST NAME	GIVEN NAME	MIDDLE INITIAL

COMPLETE HOME ADDRESS :

CONTACT NUMBER: | AGE: | DATE OF BIRTH: (DD/MM/YYYY) | PLACE OF BIRTH:

CIVIL STATUS: ☐ SINGLE ☐ MARRIED ☐ WIDOW | HEIGHT: | WEIGHT:

EYE COLOR: ☐ BLACK ☐ BROWN ☐ OTHERS | HAIR COLOR: ☐ BLACK ☐ BROWN ☐ OTHERS | COMPLEXION: ☐ DARK ☐ FAIR ☐ OTHERS

APPLICANT'S SIGNATURE OVER PRINTED NAME

RIGHT THUMB MARK

PERSON TO NOTIFY IN CASE OF EMERGENCY

LAST NAME	GIVEN NAME	MIDDLE INITIAL

COMPLETE HOME ADDRESS :

RELATION: | CONTACT NUMBER:

ENDORSEMENT

This is to request that an ID/Pass be issued in favor of the above applicant. I further acknowledge and accept the administration's guidelines on this matter and undertake to abide by the same including notifying the administration once the person leaves my employ and thus surrendering his/her id/temporary pass.

TPFVHAI MEMBER

LAST NAME	GIVEN NAME	MIDDLE INITIAL

Phase: | Block: | Lot: | CONTACT NUMBER:

HOMEOWNER'S NAME OVER PRINTED NAME

CARETAKER'S ID REQUIREMENTS:

NEW APPLICANT
- *One (1) Photocopy of NBI or Police Clearance/Nasugbu PNP (For non-local hires)*
- *Barangay Clearance (from Brgy., Natipuan, Nasugbu, Batangas)*
- *One (1) 1x1 ID Picture recently taken*
- *Medical exam (Drug Test and Xray) with the Accredited Diagnostic* ***IMMANUEL DIAGNOSTIC AND DRUG TESTING LABORATORY***

RENEWAL
- *Endorsement Letter from Homeowner*

LOST ID
- *Same requirements as in new ID application*
- *Certification from Employer*
- *Police Report/Affidavit of Loss*

Caretaker's ID Fee - Php 100.00

Filling Date	Processed	Reference No.	Encoded		
			Date	Prepared by:	ID number