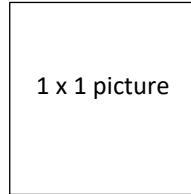




PORT COMMUNITY MUTUAL BENEFIT ASSOCIATION, INC.

BIOGRAPHICAL DATA SHEET (BDS)



NAME: _____

GENDER: _____ BIRTHDAY: _____ CIVIL STATUS: _____

RESIDENTIAL ADDRESS: _____

PROVINCIAL ADDRESS: _____

CONTACT No./s: _____ EMAIL Add: _____

RESPONSIBILITY CENTER (HO/PMO): _____

POSITION TITLE: _____ SALARY GRADE: _____

BASIC MONTHLY SALARY: _____

BANK DETAILS (Name & Account No): _____

LIST OF COMPULSARY HEIR/s: _____

Done this _____ day of _____ 20____ at _____

(Signature over Printed Name)

*DISCLAIMER : All the information written on this document is solely for use of the PCMBIAI financial claims purposes.
Data Privacy act will be observed.*

*NOTE: This form shall be submitted to PCMBIAI together with the remittance for the current year. This can be reproduced.
Thank you.*