

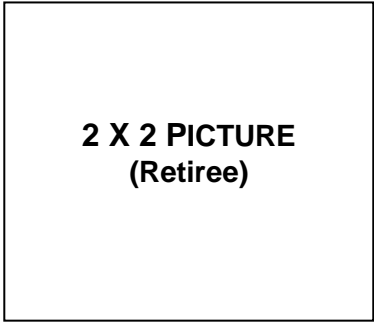
ADDITIONAL REQUIREMENT FOR CAL, LUMP SUM and GRATUITY CLAIMS

NAME OF RETIREE: _____

DATE OF RETIREMENT: _____

MODE OF RETIREMENT: (Please Check)

Compulsory Optional TPPD



CIVIL STATUS: Single Married Widowed Separated **Other/s** _____

COMPLETE ADDRESS: _____

CONTACT NUMBER: _____



RIGHT THUMB MARK



LEFT THUMB MARK

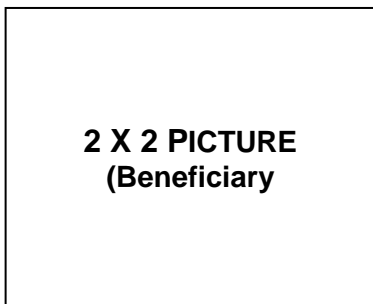
BENEFICIARY/ IES:

NAME

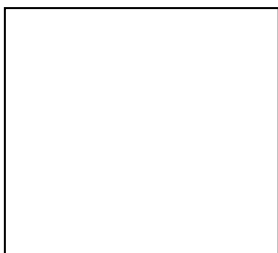
RELATIONSHIP

CONTACT NO.

1. _____



**2 X 2 PICTURE
(Beneficiary)**

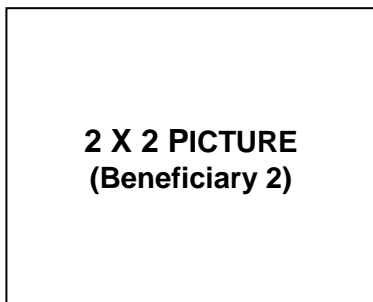


Right Thumb Mark



Left Thumb Mark

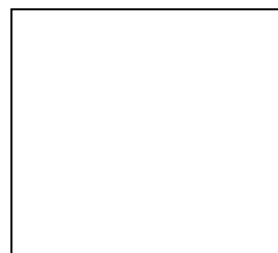
2. _____



**2 X 2 PICTURE
(Beneficiary 2)**



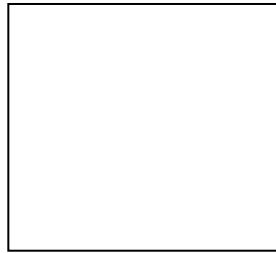
Right Thumb Mark



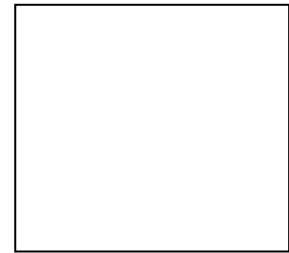
Left Thumb Mark

Continue on separate sheet if necessary

3. _____



Right Thumb Mark



Left Thumb Mark

THIS IS TO CERTIFY that the information given above are true and correct to the best of my knowledge and belief.

I COMMIT MYSELF TO BE LIABLE for perjury as result of any false, misrepresentation in the above Data.

Name of PNP Personnel/Retiree

SUBSCRIBED AND SWORN TO before me this _____ day of _____ at _____ Quezon City, Philippines.
