



Republic of the Philippines
DEPARTMENT OF TRANSPORTATION AND COMMUNICATIONS

DATA CAPTURE FORM
FOR DOTC ID CARD

I. Personal Information (please print ALL entries in UPPERCASE)

Employee Number	
Full Name	
Nickname	
Position	
Division/Service/Office	
Tax Identification Number (TIN)	
GSIS Business Partner (BP) Number	
Philhealth Number	
Date of Birth	
Place of Birth	
Blood Type	
Complete Residential Address	
Residence Telephone Number	
Contact Person In case Of emergency	Name: Address: Number:

II. Signature
Please use a sign pen and do not write beyond the lines.

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