

Republika ng Pilipinas LUNGSOD NG MAKATI

OFFICE OF THE MAYOR MAKATI ACTION CENTER

AUTHORIZATION

Date:

This is to authorize of Barangay BEL-AIR, MAC Coordinator to submit my Vellow Card to the Office of the Makati Health Brogram (MHD) and
facilitate its processing and renewals.
PRINTED NAME AND SIGNATURE
ADDRESS:
Contact Number
For MAC use only:
iż C
 E-mail confirmation of Makatizen Application (printed copy) Online registration completed with reference number (screenshot printed copy) () PhilHealth Member Data Record (MDR) AND Updated Official Receipt -for voluntary member
 Certification of Contribution/Paysilp (if employed in private company) Dydated Online Premium Contribution (screenshot) Acknowledgement Receipt (Philhealth ng Masa) Photocopy of Seniors White Card and Blu Card (front & back) Real Property Tax Title and Tax Receipt photocopy (for Senior Permanent Card only) Long Brown Envelope
REQUIREMENTS FOR RENEWAL: () OLD MHP YELLOW CARD () Affidavit of Loss (If lost yellow card) () Makatizan Card (photocony front and back) OR
Makatizen Virtual Card (photocopy) E-mail confirmation of Makatizen Application (printed copy) Online registration completed with reference number (screenshot printed copy)
 Indicated Official Receipt -for voluntary member Certification of Contribution/Payslip (if employed in private company)
Acknowledgement Receipt (Philhealth ng Masa) Photocopy of Seniors White Card and Blu Card (front & back) () Long Brown Envelope
Checked by: MAC Coordinator – Printed Name and Signature
Noted by: MAC Team Leader – Printed Name and Signature

LUNGSOD NG MAKATI

MAKATI ACTION CENTER

AUTHORIZATION

This is to offici	This is to officially grant Mr./Ms	and the second party should spring a second against second	The state of the s
ection Center	(MAC) Coordinator, to	action Center (MAC) Coordinator, to claim my Yellow card on my behalf. I am also entrusting	y behalf. I am also entrusting
The above nan	ned person to deliver th	The above named person to deliver the same to me personally on my house address.	my house address.
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MAKATI HEALTH PLUS PROGRAM



APPLICATION FORM

PRIVACY NOTICE

The personal data collected shall only be used for Yellow card ID registration and shall be shared to Ospital ng Makati, Makati Life, Planet Drugstore, Barangcy Health Centers and Makatizen Card for purposes of ID verification. You may choose to withdraw your consent by writing a request to opt out address to inswel@makati.gov.ph. We are committed in protecting and respecting your privacy. If you want to know more about how we collect, use, store, and protect your personal data you may read our Privacy Notice posted in front of MSWDD offices or you can request a copy of Privacy Notice from 5th Floor, MSWDD office.

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APPLICANT'S OR CARDHOLDER'S	l declire, under the pensities of perjury that information given above is free and correct and has been made in good faith, verified by me and to the best of my knewledge and belief.	Employed at	Makati Residents Net Bonafide Resident Unescabayed	(100)			I also declare that I have read this form as well as the Privacy Notice and understood its contents. I understand that my consent does not preclude the existence of other criteria for lawful processing of personal data and does not waive any of my rights under the DPA and other applicable laws.	 Collection of my personal data Use of my personal data for purposes and in accordance with the MSWD-MHP Privacy Notice Storage and retention of my personal data for a reasonable and necessary period as specified. Sharing of my personal data for Registration and distribution of Yellow Card. 	In accordance with the Data Privacy Act of 2012 (DPA), its Implementing Rules and Regulations and all other applicable laws, I hereby consent to the following:			•	NAME OF DEPENDENT/S	Applicant's Signature over Printed Name	SWORN STATEMENT: That I am not confined not one of my dependents at Ospital ng Makati (OsMati) and that I have no outstanding belance and/or	GCASH NO:	E-MAIL ADDRESS:	SEX: CIVIL STATUS:	ADDRESS:	LAST NAME	Makati Health Plus Type:
man tipe (p.)	us above is true ani co	with mosthly				25	orm as well as criteria for lav	poses and in sonal data fo Registration	Act of 2012 (I	,ם			RELATRONSHIP	rinted Name	ness at Ospikal ng i			D.			SEMOR
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HOME VISITATION-IN-CHARGE			CLASM:				I understand that my consent we any of my rights under the		applic				EDUCATIONAL ATTAINMENT	ed Nam	promisory note in the said boughal		1	YPE:		ANGE	(35)
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Approved by:

Health Project of

MAYOR MAR-LEN ABIGAIL S. BINAY
AND CITY COUNCIL