

IDENTIFICATION FORM

1.	NAME IN FULL (IN BLOCK LETTERS)	
2.	GENDER	
3.	COMPLETE POSTAL ADDRESS	
4.	PHOTOGRAPH (JOINT WITH SPOUSE, IF ALIVE) (Photograph should be duly attested by the Branch Manager) If spouse not alive, Attach Death Certificate (duly attested)	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">AFFIX PHOTOGRAPH HERE</div>
5.	SPECIMEN SIGNATURE OF THE EMPLOYEE	
6.	SPECIMEN SIGNATURE OF THE EMPLOYEE'S SPOUSE	
7.	LEFT/RIGHT HAND THUMB IMPRESSION OF THE EMPLOYEE	
8.	LEFT/RIGHT HAND THUMB IMPRESSION OF THE EMPLOYEE'S SPOUSE	
9.	DATE	

FOR OFFICE USE ONLY

SIGNATURE AND SEAL OF
THE BRANCH MANAGER
HAVING ATTESTED THE
ABOVE.

(THIS FORMS PART OF PPO)