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Office of the President

4 May 2005

MEMORANDUM NO. 98
Series of 2005

T O: **Dr. Pedro T. Armenia**
Ms. Maricel V. Aureo
Dr. Jose L. Bacusmo
Prof. Milagros C. Bales
Prof. Mario E. Baliad
Ms. Adora Fe F. Baltazar
Prof. Editha G. Cagasan
Prof. Victor P. Calunangan
Engr. Manuel E. Casangcapan
Prof. Gaudencio V. Cerna, Jr.
Ms. Fe Remedios L. Diaz
Ms. Avril Adrianne B. De Guzman
Ms. Melianida C. Faelnar
Ms. Christina A. Gabrillo
Dr. Fe M. Gabunada
Dr. Pastor P. Garcia
Mr. Leonardo G. Goyo
Prof. Jacqueline M. Guarte
Dr. Roberto C. Guarte
Engr. Celso F. Gumaod
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Dr. Ramon S. Laguna
Dr. Roberta D. Lauzon
Mr. Dominador A. Lauzon, Jr.
Mr. Chito L. Leonor
Mr. Antonio P. Modina
Mr. Norjito B. Quimco
Mr. Sherwin B. Salera
Ms. Mary Jane M. Sapan
Ms. Eva S. Subere
Ms. Lucilyn L. Tabrosa

R E: **GSIS eCard Enrollment Schedule**

Please make yourselves available on May 10, 2005 to go to GSIS Tacloban for the processing of your eCard. Please bring with you a ballpen (signpen not acceptable) and remember your cellphone number for GSIS use. For those who have no cellphone, you may give the cellphone number of your friend or anybody from your household.

Attached is a sample form that you will be accomplishing in GSIS. Please try to familiarize yourselves with the required information. Also, bring with you two (2) valid Identification Cards.

A bus will be provided for said purpose. Assembly area is at Guard Post No. 1 and departure time is 4:00 a.m. Those residing in Poblacion Baybay will be picked up at Caltex Station.

For more information regarding this trip, kindly inquire/coordinate with the HRMDO.

PACIENCIA P. MILAN
President

cc: Ms. T. L. Quiñanola

Member's copy

GSIS eCARD ENROLLMENT FORM

IMPORTANT: USE ONLY ORIGINAL GSIS FORM. PRINT ALL INFORMATION CLEARLY IN BLACK INK. SUBMIT FORM FREE OF FOLDS AND WRINKLES.

NAME

First *Middle* *Last*

DATE OF BIRTH

Month *Day* *Year*

BIRTHPLACE

POLICY/RETIREMENT NO.

CELPHONE NO.

TELEPHONE NO. *(Please indicate area code)*

HOME/MAILING ADDRESS *(Please don't use P.O. Box Address)*

House, Apt. or Bldg. No./Street Name *Barangay or Dania*

City or Town *Province* *ZIP Code*

eMAIL ADDRESS

MOTHER'S MAIDEN NAME

First *Middle* *Last*

MOTHER'S B-DAY *(i.e. March 21)*

Month *Day*

MOTHER'S HOME PROVINCE

FATHER'S HOME PROVINCE