


BENEFICIARY PROFILE FORM

 KABUHAYAN PROGRAM BENEFICIARY PROFILE FORM¹											
Project ID Number ² :											
PROJECT LOCATION³											
Region:		Province:		Municipality/City:		District:		Barangay:		No. & Street Name:	
PROJECT DETAILS											
Type of Project ⁴ :	<input type="checkbox"/> Group <input type="checkbox"/> Individual	Program Component ² :	<input type="checkbox"/> Formation <input type="checkbox"/> Restoration <input type="checkbox"/> Enhancement	Name/Title of Project ⁵ :			Mode of Implementation ⁷ :		<input type="checkbox"/> ACP <input type="checkbox"/> Direct Admin		
PERSONAL INFORMATION											
Name:	Last	First	Middle	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate:	mm/dd/yyyy	Civil Status:		Have disability?	If yes, specify:
Home Address:	No. & Street Name	Barangay	District	Municipality/City	Province	Contact No.:		Type of Beneficiary ⁸ :			
Beneficiary's Social Media Account:		Facebook: _____		Instagram: (@username) _____		Email Address: _____					
Are you a beneficiary of Pantawid Pamilyang Pilipino Program (4Ps)?				YES ___ NO ___							
Name of Dependent (Last Name, First Name, Middle Name) ⁹						Dependent's Contact Number:					
GSIS No.:	_____	Pag-IBIG No.:	_____	PhilHealth No.:	_____	SSS No.:	_____	Others, specify:	_____		
I certify that the information provided in this form are true and correct. I understand the purpose of this profiling activity and I voluntarily and willfully give my consent to be part of this undertaking. I certify that the information that I will give are true and correct and that any misrepresentation and falsification of information may void my application to DILP and may result to retrieval of livelihood assistance from them. I authorize the use, processing and sharing of my personal data for the purpose that it is intended for without prejudice to my rights as stated in the Data Privacy Act of 2012.											
Signature _____											
Date Signed _____											
NOT FOR SALE											
Registrant is required to affix fingerprints <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 80px; height: 80px; text-align: center;">LEFT THUMB</div> <div style="border: 1px solid black; width: 80px; height: 80px; text-align: center;">RIGHT THUMB</div> </div>											

If registrant cannot sign, affix fingerprints in the presence of DOLE personnel.

INSTRUCTIONS

1. All beneficiaries or members who will be involved in the project are required to fill-up this form.
2. Project ID Number – To be determined once the project is approved.
3. Project Location – refers to the place where the project, whether group or individual type of project, is located or found. Under this, indicate the specific region, province, municipality/city, district, barangay, and no./Street Name.

PROJECT DETAILS:

4. Type of Project – choose only one (1) Type of Project by ticking the box.
5. Program Component – choose only one (1) Program Component by ticking the box.
6. Name/Title of Project - Indicate the Name/Title that best describe the livelihood project. Example: Meat Processing, Rice Retailing, Ginger Tea Production, Starter Kit, etc.
7. Mode of Implementation - choose only one (1) Mode of Implementation by ticking the box. (To be determined by DOLE in coordination with the proponent)
8. Type of Beneficiary – displaced driver, transport workers, (i.e. conductor, dispatcher)
9. Dependent – Name of the Beneficiary of micro-insurance policy holder