CS Form No. 212
Revised 2017

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.
READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.
Print legibly. Tick appropriate boxes ☐) and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.** 1. CS ID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	DIMAGIBA		
FIRST NAME	FORTUNATO	NAME EXTENSION (JR., SR)	JR
MIDDLE NAME	LACSON		
3. DATE OF BIRTH (mm/dd/yyyy)	09/21/1961	16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization
4. PLACE OF BIRTH	MALABON RIZAL	If holder of dual citizenship, please indicate the details.	Pls. indicate country:
5. SEX	☑ Male ☐ Female		
6. CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	13 A (House/Block/Lot No.); ZIPPER (Street); SAN LORENZO (Subdivision/Village); (Barangay); MAKATI (City/Municipality); NCR (Province)
7. HEIGHT (m)	5'8"		
8. WEIGHT (kg)	165lbs	ZIP CODE	1223
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	13 A (House/Block/Lot No.); ZIPPER (Street); SAN LORENZO (Subdivision/Village); (Barangay); MAKATI (City/Municipality); NCR (Province)
10. GSIS ID NO.			
11. PAG-IBIG ID NO.	030241764809		
12. PHILHEALTH NO.	01-050451160-5	ZIP CODE	1223
13. SSS NO.	03-8119585-4	19. TELEPHONE NO.	
14. TIN NO.	136-167-071	20. MOBILE NO.	
15. AGENCY EMPLOYEE NO.	05-01-001	21. E-MAIL ADDRESS (if any)	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	DIMAGIBA	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARIA ELOISA — NAME EXTENSION (JR., SR)	FRANCIS EMIL FORT V. DIMAGIBA	03/10/1991
MIDDLE NAME	VALLE	EARIEL FORT D. SANTE	11/25/1993
OCCUPATION	CORPORATE SECRETARY	ERIN MARIE FORT V. DIMAGIBA	09/01/1998
EMPLOYER/BUSINESS NAME	NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION INC.	ELLEANA FORT V. DIMAGIBA	03/02/2001
BUSINESS ADDRESS	228 GABALDON ST. BRGY. SAN ROQUE, CABANATUAN CITY, NUEVA ECIJA		
TELEPHONE NO.	(044) 4642063/463-9112		
24. FATHER'S SURNAME	DIMAGIBA		
FIRST NAME	FORTUNATO — NAME EXTENSION (JR., SR) SR		
MIDDLE NAME	CRUZ		
25. MOTHER'S MAIDEN NAME			
SURNAME	LACSON		
FIRST NAME	AURORA		
MIDDLE NAME	JACOB	(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE From	PERIOD OF ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	ST. JAMES ACADEMY					1975	
SECONDARY	ST.JAMES ACADEMY					1979	
VOCATIONAL / TRADE COURSE							
COLLEGE	DE LA SALLE UNIVERSITY	BA MANAGEMENT				1990	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE	[signature]	DATE	May 27, 2025

IV. CIVIL SERVICE ELIGIBILITY

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Date of Validity

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	To						
2002	PRESENT	PRESIDENT	NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION INC.				
2001	2002	TREASURER	NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION INC.				
1984	2001	SPECIAL LOAN OFFICER	MANILA TEACHERS SAVINGS AND LOAN ASSOCIATION				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 27, 2025

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			
2015 ASIAN CORPORATE GOVERNANCE SCORECARD(ACGS) WORKSHOP	03/26/2015	03/26/2015			INSTITUTE OF CORPORATE DIRECTORS
CORPORATE GOVERNANCE AND AMLA SEMINAR	06/21/2016	06/21/2016	5 HOURS		PHIL.CORPORATE ENHANCEMENT AND GOVERNANCE, INC.
ANTI-MONEY LAUNDERING(AML) AND COUNTER-TERRORIST FINANCING(CTF) MODULE I:AML/CTF STANDARDS AND BASELINE TRAINING	10/16/2020	10/16/2020	2.5 HOURS		SGV&CO.
ANTI-MONEY LAUNDERING(AML) AND COUNTER-TERRORIST FINANCING(CTF) MODULE II: AML/CTF RISK MANAGEMENT FRAMEWORK	11/27/2020	11/27/2020	2.5 HOURS		SGV&CO.
AML/CTF FUNDAMENTALS WEBINAR FOR COVERED PERSONS	03/22/2022	03/22/2022	3 HOURS		AMLC
AMLC REPORTING AND REGISTRATION GUIDELINES WEBINAR	03/16/2022	03/16/2022	3 HOURS		AMLC
Effective ML/TF Risk Assessment in Insurance	04/02/2025	04/02/2025	2 HOURS		FINTELEKT

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 27, 2025

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details: _____
35. a. Have you ever been found guilty of any administrative offense?	☐ YES ☑ NO If YES, give details: _____
b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: _____ Status of Case/s: _____
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details: _____
37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details: _____
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?	☐ YES ☑ NO If YES, give details: _____
b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	☐ YES ☑ NO If YES, give details: _____
39. Have you acquired the status of an immigrant or permanent resident of another country?	☐ YES ☑ NO If YES, give details (country): _____
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	☐ YES ☑ NO If YES, please specify: _____ ☐ YES ☑ NO If YES, please specify ID No: _____ ☐ YES ☑ NO If YES, please specify ID No: _____

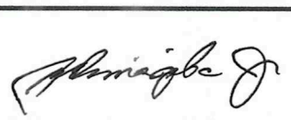
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.

PHOTO

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) *PLEASE INDICATE ID Number and Date of Issuance*
Government Issued ID: **UMID**
ID/License/Passport No.: **0003-8119585-4**
Date/Place of Issuance:



Signature (Sign inside the box)

May 27, 2025

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____ , affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath