

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	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:	
4. PLACE OF BIRTH	MALABON RIZAL	If holder of dual citizenship, please indicate the details.		
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	13 A ZIPPER House/Block/Lot No. Street SAN LORENZO Subdivision/Village Barangay MAKATI NCR City/Municipality Province	
7. HEIGHT (m)	5'8"	ZIP CODE	1223	
8. WEIGHT (kg)	165lbs	18. PERMANENT ADDRESS	13 A ZIPPER House/Block/Lot No. Street SAN LORENZO Subdivision/Village Barangay MAKATI NCR City/Municipality Province	
9. BLOOD TYPE	A+	ZIP CODE	1223	
10. GSIS ID NO.		19. TELEPHONE NO.		
11. PAG-IBIG ID NO.	030241764809	20. MOBILE NO.		
12. PHILHEALTH NO.	01-050451160-5	21. E-MAIL ADDRESS (if any)		
13. SSS NO.	03-8119585-4			
14. TIN NO.	136-167-071			
15. AGENCY EMPLOYEE NO.	05-01-001			

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 ECJA			
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		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
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	DATE



## IV. CIVIL SERVICE ELIGIBILITY

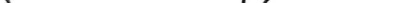
[illegible]

(Continue on separate sheet if necessary)

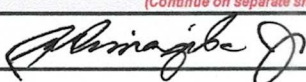
## V. WORK EXPERIENCE

[illegible]








(Continue on separate sheet if necessary)

SIGNATURE		DATE	
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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		



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 appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____																		
35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)?  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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____																		
39. Have you acquired the status of an immigrant or permanent resident of another country?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____																		
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)																				
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.															
NAME	ADDRESS	TEL. NO.																		
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.		 PHOTO																		
<table><tr><td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td></tr><tr><td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID:</td><td>UMID</td></tr><tr><td>ID/License/Passport No.:</td><td>0003-8119585-4</td></tr><tr><td>Date/Place of Issuance:</td><td> </td></tr></table>	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:		<table><tr><td colspan="2"></td></tr><tr><td colspan="2">Signature (Sign inside the box)</td></tr><tr><td colspan="2">Date Accomplished</td></tr></table>			Signature (Sign inside the box)		Date Accomplished		<table><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>		Right Thumbmark
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.																				
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