



Republic of the Philippines
Department of Labor and Employment
Cordillera Administrative Region
Cabinet Hill, Baguio City

FM-OM-11A-11
REV 0 02/09/2015

**KABUHAYAN PROGRAM
BENEFICIARY/IES PROFILE**

ORGANIZATION/ASSOCIATION: _____

NO	PRINTED NAME	GENDER		ADDRESS	BIRTH DATE	4 Ps BENE.		DEPENDENT BENEFICIARY FOR THE INSURANCE	SKILLS/OCCUPATION	AVERAGE MONTHLY INCOME	SIGNATURE
		MALE	FEMALE			Y	N				
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

***Enclose beneficiaries 1X1 ID picture (with name tag) in a separate sheet (if through other types of ACP)

CERTIFIED CORRECT:

ATTESTED BY:

Secretary

President