**FORM B**

**(TRANSFER FROM OTHER DIVISION/AGENCY)**

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| --- | --- |
| **MEMBER BP NO** |  |
| **LASTNAME** |  |
| **FIRST NAME** |  |
| **SUFFIX** |  |
| **MIDDLE NAME** |  |
| **DATE OF BIRTH** |  |
| **PRESENT SALARY** |  |
| **DATE OF TRANSFER** |  |
| **POSITION** |  |
| **EMPLOYMENT STATUS** |  |
| **SCHOOL/AGENCY NAME** | |
| **FROM :** | |
| **TO :** | |

Note: This form is used for transfer of GSIS records only.

**REQUIREMENTS:**

* Duly accomplished GSIS FORM B
* Special Order for Transfer
* Clearance
* Photocopy of Appointment
* Updated Service Record
* Latest Payslip

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Signature of Member