**FORM B**

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

|  |  |
| --- | --- |
| **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