



Republic of the Philippines  
**BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO**  
**OFFICE OF THE CHIEF MINISTER**

Bangsamoro Government Center, Governor Gutierrez Avenue, Rosary Heights VII, Cotabato City 9600

Bangsamoro Autonomous Region in Muslim Mindanao

OFFICE OF THE CHIEF MINISTER  
 Records Division, AMS  
**RELEASED**

BY : FADMA  
 DATE : JUN 01 2020  
 TIME : 4:14PM

MEMORANDUM  
 Order No. 779/20  
 Series of 2020

**FOR/TO :** THE SPEAKER OF THE BANGSAMORO PARLIAMENT  
 ALL MINISTERS  
*Bangsamoro Autonomous Region in Muslim Mindanao*

**SUBJECT :** ISSUANCE OF OFFICIAL IDENTIFICATION CARDS

**DATE :** 1 JUNE 2020

1. In order to commence the issuance of identification cards for the Speaker of the Bangsamoro Parliament and Ministers, the Information and Communications Office (ICO) of the Office of the Chief Minister will collect your data which will be reflected on your respective IDs.
2. Anent this, you are hereby requested to fill-in the attached form and submit the same to the ICO, OCM-BARMM through email at [ico@bangsamoro.gov.ph](mailto:ico@bangsamoro.gov.ph) on or before 5:00 PM, June 5, 2020.
3. Schedules for taking ID picture will be arranged by the ICO and will send the notifications through email.
4. For queries and other related concerns, please contact the ICO at Tel. No. 421-5189 or through email at [ico@bangsamoro.gov.ph](mailto:ico@bangsamoro.gov.ph).
5. For compliance.

OCM-BARMM RD-AMS

AAA014167



By Authority of the Chief Minister  
**AHOD BALAWAG EBRAHIM:**

  
**ABDULRAOF A. MACACUA**  
 Executive Secretary - Designate

BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO  
 OFFICE OF THE CHIEF MINISTER  
 OFFICE OF THE EXECUTIVE SECRETARY  
**RELEASED**

Name: Paisy  
 Date: 6/1/20 Time: 3:47 pm

RECEIVED FOR ROUTING  
 BY MARCO DATE & TIME  
6/1/20 3:47 PM

Republic of the Philippines  
**BANGSAMORO**  
Autonomous Region in Muslim Mindanao  
**OFFICE OF THE CHIEF MINISTER**  
Bangsamoro Government Center, Governor Gutierrez Avenue, Rosary Height VII, Cotabato City

**ID VALID UNTIL**  
**12/31/2020**

**NOTICE**

In case of loss, finder is requested to return this ID Card to the **OFFICE OF THE CHIEF MINISTER**, Bangsamoro Government Center, Gov. Gutierrez Avenue, Rosary Heights VII, Cotabato City 9600 Philippines. (Telephone no. (064) 421-5189).



**ID No.**

**MOHAGHER M. IQBAL**  
MINISTER

MINISTRY OF BASIC, HIGHER AND TECHNICAL EDUCATION



**AHOD BALAWAG EBRAHIM**  
Chief Minister

**Date of Birth:** \_\_\_\_\_  
**Philhealth No.:** \_\_\_\_\_ **Civil Status** \_\_\_\_\_  
**HDMF (Pag-Ibig):** \_\_\_\_\_ **Height** \_\_\_\_\_  
**TIN :** \_\_\_\_\_ **Weight** \_\_\_\_\_  
**GSIS BP NO.:** \_\_\_\_\_ **Gender** \_\_\_\_\_  
**HOME ADDRESS:** \_\_\_\_\_ **Blood Type** \_\_\_\_\_

In case of Emergency, Please Notify.

\_\_\_\_\_  
ID HOLDER'S SIGNATURE

Republic of the Philippines  
**BANGSAMORO**  
Autonomous Region in Muslim Mindanao  
**OFFICE OF THE CHIEF MINISTER**  
Bangsamoro Government Center, Governor Gutierrez Avenue, Rosary Height VII, Cotabato City

**ID VALID UNTIL  
12/31/2020**

**NOTICE**

In case of loss, finder is requested to return this ID Card to the **OFFICE OF THE CHIEF MINISTER**, Bangsamoro Government Center, Gov. Gutierrez Avenue, Rosary Heights VII, Cotabato City 9600 Philippines. (Telephone no. (064) 421-5189).



**ID No.**

**ATTY. ALI PANGALIAN M. BALINDONG**  
SPEAKER

**BANGSAMORO TRANSITION AUTHORITY**



**AHOD BALAWAG EBRAHIM**  
Chief Minister

Date of Birth: \_\_\_\_\_  
Philhealth No.: \_\_\_\_\_ Civil Status \_\_\_\_\_  
HDMF (Pag-ibig): \_\_\_\_\_ Height \_\_\_\_\_  
TIN : \_\_\_\_\_ Weight \_\_\_\_\_  
GSIS BP NO.: \_\_\_\_\_ Gender \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ Blood Type \_\_\_\_\_

In case of Emergency, Please Notify.

\_\_\_\_\_  
ID HOLDER'S SIGNATURE

**BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO**

**OFFICE OF THE CHIEF MINISTER/Specify Ministry**

**DIVISION/OFFICE/MINISTRY**

No.	NAME (First Name, Middle Initial, Surname)	POSITION	Date of Birth (MM/DD/YYYY)	PhilHealth No.	HDMF (PAG-IBIG)	TIN No.	GSIS Bp No.	Permanent Address	Civil Status	Height (ft.)	Weight (kg)	Sex	Blood Type	Person to Notify in case of Emergency	
														Name (First Name, Middle Initial, Surname)	Contact No.
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															