

UNIVERSITY OF MAKATI
JP Rizal Ext. West Rembo, Makati City

ACCOUNTING OFFICE
RESIDENCY VERIFICATION FORM (RVF)

Date: _____

To be filled out by the student

Name: _____ Student ID No. _____

Age: _____ Birthday: _____

Address: _____

To be filled out by the accounting staff

Voter of Makati: YES NO

Verified:

Noted:

DIANA ROSE R. SIMANGAN
Head, Accounting Office

INSTRUCTION:

- ▣ Kindly scan the filled out RVF form together with the requirement/s to accounting_rvf@umak.edu.ph

REQUIREMENTS:

Voter of Makati:

- ▣ **For 18 years old and above**

Latest Voter's Certification (COMELEC)

- ▣ **For 17 years old and below**

Latest Voter's Certification of qualified guardian (parents or siblings)

Birth Certificate of the student and his / her siblings or Marriage Contract of his/her married sister

- ▣ **For graduate of any public or private high school in Makati City**

School I.D., Report Card/Form 137, Good Moral, or Diploma

Non-Voter of Makati:

- ▣ NONE