



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121252248008
REGISTRATION TRACKING NUMBER	919165144634

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE			
PERSONAL DETAILS					
	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	SUDA	LAYELA NICHOLE		PARILLA	<input type="checkbox"/>
FATHER	SUDA	TARO			<input type="checkbox"/>
MOTHER (Maiden Name)	PARILLA	ANNALIZA		ANOR	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	SUDA	LAYELA NICHOLE		PARILLA	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
01/22/1999	Single/Unmarried		SSS NUMBER		
PLACE OF BIRTH	CITIZENSHIP		GSIS NUMBER		
LAPU-LAPU CITY (OPON), CEBU, PHILIPPINES	FILIPINO		EMPLOYEE NUMBER		
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		For AFP/PNP Employee, Serial/Badge No. For DepEd Employee, Division Code-Station Code
FEMALE	0.00	0.00			
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT			

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS				COUNTRY + AREA CODE + TELEPHONE NUMBER	
Unit/Room No., Floor			Building Name		HOME
Lot No.	Block No.	Phase No.	House No.	Street Name	CELLPHONE
					+83 (0918) 4438589
Subdivision			Barangay		BUSINESS (DIRECT LINE)
Municipality/City			POBLACION		BUSINESS (TRUNK LINE)
ZIP Code			Province/State/Country		E-MAIL ADDRESS
6023			CEBU, PHILIPPINES		sudalayela@gmail.com
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Phase No.	
House No.		Street Name		Subdivision	
				GOLDEN VALLEY SUBDIVISION EXT	
Municipality/City		Province/State/Country		Barangay	
CEBU CITY		CEBU, PHILIPPINES		LAHUG	
ZIP Code					
6000					
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.





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Republic of the Philippines  
SOCIAL SECURITY SYSTEM  
PERSONAL RECORD  
FOR ISSUANCE OF SS NUMBER

SS NUMBER  
**06-4308677-9**

COV-01214 (09-2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT [www.sss.gov.ph](http://www.sss.gov.ph).

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

**PART I - TO BE FILLED OUT BY THE REGISTRANT**

**A. PERSONAL DATA**

NAME (LAST NAME) <b>SUDA</b>		(FIRST NAME) <b>LAYELA NICHOLE</b>		(MIDDLE NAME) <b>PARILLA</b>	(SUFFIX)	DATE OF BIRTH (MM/DD/YYYY) <b>01/22/1999</b>	
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	CIVIL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others					TAX IDENTIFICATION NUMBER (IF ANY)	
NATIONALITY <b>FILIPINO</b>	RELIGION <b>ROMAN CATHOLIC</b>	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) <b>LAPU-LAPU CITY CEBU</b>					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) <b>POBLACION ALCOY</b>		(HOUSE/LOT & BLK. NO.) <b>CEBU</b>	(STREET NAME)	(SUBDIVISION) <b>PHILIPPINES</b>			
(BARANGAY/DISTRICT/LOCALITY)		(CITY/MUNICIPALITY)	(PROVINCE)	(COUNTRY)	ZIP CODE		
MOBILE/CELLPHONE NUMBER <b>09993652299</b>	E-MAIL ADDRESS <b>sudalayela@gmail.com</b>		TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.)				
FATHER (LAST NAME) <b>DECEASED</b>	(FIRST NAME) <b>SUDA</b>	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MM/DD/YYYY)			
MOTHER'S MAIDEN NAME (LAST NAME) <b>PARILLA</b>	(FIRST NAME) <b>ANNALIZA</b>	(MIDDLE NAME) <b>ANOK</b>	(SUFFIX)	DATE OF BIRTH (MM/DD/YYYY)			

**B. DEPENDENT(S)/BENEFICIARY/IES**

Check this box if using additional sheet

SPOUSE (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MM/DD/YYYY)	
CHILD/REN (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MM/DD/YYYY)	
1.					
2.					
3.					
4.					
5.					
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased) (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MM/DD/YYYY)
1. <b>SUDA</b>	<b>MAY</b>	<b>PARILLA</b>		<b>SISTER</b>	
2.					

**C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE**

SELF-EMPLOYED (SE) Profession/Business Year Prof./Business Started Monthly Earnings <b>P</b>	OVERSEAS FILIPINO WORKER (OFW) Foreign Address Monthly Earnings <b>P</b>	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (2) I agree with my spouse's membership with SSS SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE
Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**D. CERTIFICATION**

I certify that the information provided in this form are true and correct.  
(If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

**LAYELA NICHOLE P. SUDA**  
PRINTED NAME

*[Signature]*  
SIGNATURE

**14 JUN 2019**  
DATE



**PART II - TO BE FILLED OUT BY SSS**

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS) <b>P</b>	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)  SIGNATURE OVER PRINTED NAME DATE & TIME	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) <b>JUDIE ANN C. MENTILLAS</b> MSS - SA CITY OF CEBU SERVICE OFFICE SIGNATURE OVER PRINTED NAME DATE & TIME
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) <b>P</b>	APPROVED MSC (FOR SE/OFW/NWS) <b>P</b>	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)  SIGNATURE OVER PRINTED NAME DATE & TIME	
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		



REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation



12-254160889-1  
SUDA, LAYELA NICHOLE PARILLA

JANUARY 22, 1999 - FEMALE  
POBLACION ALCOY, CEBU - 6023

*[Handwritten Signature]*



1 2 2 5 4 1 6 0 8 8 9 1

INFORMAL ECONOMY

### CERTIFICATION

The person whose name and signature appear on this card is a beneficiary of the National Health Insurance Program. He/She, including his/her qualified dependents, are entitled to the benefits and privileges of the Program by virtue of Republic Act No. 7875, as amended.

*[Handwritten Signature]*

ROY B. FERRER, M.D., MSc.  
Acting President and Chief Executive Officer (CEO)



**BUREAU OF INTERNAL REVENUE  
REVENUE DISTRICT NO. 081  
CEBU CITY NORTH  
CLIENT SUPPORT SECTION  
TIN VERIFICATION SLIP**

TIN: 360-081-600-000

LAST NAME: SUDA ✓

FIRST NAME: LAYELA NICHOLE ✓

MIDDLE NAME: PARILLA ✓

DATE OF BIRTH: JANUARY 22, 1999 ✓

RDO: 047

TAXPAYER  
CLASSIFICATION: LOCAL EMPLOYEE

GRAZELLE S. GERALDINO SPA  
REVENUE OFFICER

**BIR Authorized Signature**

**NOTE: PLEASE READ/ PALIHUG BASAHA**

Please present BIRTH CERTIFICATE or ID or any Document showing NAME and BIRTHDATE