



Republic of the Philippines
SOCIAL SECURITY SYSTEM
SS NUMBER SLIP

06-4420927-0

PEPITO, CARLA MAE LIMBAGAN

08/25/2001



06-4420927-0 PEPITO, CARLA MAE LIMBAGAN

ONLINE MEMBERSHIP REGISTRATION



SUCCESSFUL REGISTRATION PAGE

You have successfully registered with the Fund via the HDMF Online Registration system.

Your Registration Tracking Number (RTN) is **922180556047**.

After two (2) working days, you can verify your permanent Pag-IBIG ID number by visiting the Virtual Pag-IBIG through the URL
<https://www.pagibigfundservices.com/virtualpagibig/MIDInquiry.aspx>.

Thank you for your continued support with the Fund.

HOME

(To be filled out by BIR) DLN: _____



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No.

1902

For Individuals Earning Purely Compensation Income
(Local and Alien Employee)

January 2018 (ENCS)

____ - ____ - ____ - 00000

New TIN to be issued, if applicable (To be filled out by BIR)

Fill in all applicable white spaces. Write "NA" for those not applicable. Mark all appropriate boxes with an "X"

Part I - Taxpayer/Employee Information

| | | |
|------------------------|--|---|
| 1 PhilSys Number (PSN) | 2 Taxpayer Type <input checked="" type="checkbox"/> Local <input type="checkbox"/> Resident Alien <input type="checkbox"/> Special Non-Resident Alien | 3 BIR Registration Date (To be filled out by BIR) (MM/DD/YYYY) |
|------------------------|--|---|

| | |
|--|---|
| 4 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN) | 5 RDO Code (To be filled out by BIR) |
|--|---|

6 Taxpayer's Name

Last Name: P E P I T O
First Name: C A R L A M A E

Middle Name: L I M B A G A N
Suffix: _____
7 Gender: Male Female

8 Civil Status: Single Married Widow/er Legally Separated

9 Date of Birth (MM/DD/YYYY): 08 25 2001
10 Place of Birth: MUNICIPALITY OF CONSOLACION

11 Mother's Maiden Name (First Name, Middle Name, Last Name): VIRGINITA MONSANTO LIMBAGAN

12 Father's Name (First Name, Middle Name, Last Name): ELMER SEBRA PEPITO

13 Citizenship: FILIPINO
14 Other Citizenship: _____

15 Local Residence Address

Unit/Room/Floor/Building No: _____ Building Name/Tower: _____

Lot/Block/Phase/House No: B L K 2 9 L O T 1 3 Street Name: _____

Subdivision/Village/Zone: ZONE 3 Barangay: CANDUMAN

Town/District: _____ Municipality/City: MANDAUE CITY

Province: CEBU ZIP Code: 6014

16 Foreign Address: _____

17 Municipality Code (To be filled out by BIR): _____
18 Tax Type: INCOME TAX
19 Form Type: BIR Form No. 1700
20 ATC: II 011

21 Identification Details (e.g. passport, government issued ID, company ID, etc.)

| Type | Number | Effective Date (MM/DD/YYYY) | Expiry Date (MM/DD/YYYY) |
|------|--------|-----------------------------|--------------------------|
| | | | |

Issuer: _____ Place/Country of Issue: _____

22 Preferred Contact Type: Landline No. _____ Mobile Number: 09952274419

Email Address (required): pepitocarla01@gmail.com

Part II - Spouse Information (if applicable)

23 Employment Status of Spouse: Unemployed Employed Locally Employed Abroad Engaged in Business/Practice of Profession

24 Spouse Name

Last Name: _____ First Name: _____

Middle Name: _____ Suffix: _____
25 Spouse TIN: _____ - _____ - _____ - 00000

26 Spouse Employer's Name (Last Name, First Name, Middle Name, If Individual) (Registered Name, If Non Individual): _____

27 Spouse Employer's TIN: _____ - _____ - _____ - _____

(Copy for OCRG)



Municipal Form No 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province CEBU Registry No. 2001-1521
City/Municipality CONSOLIDATION

1. NAME (First) (Middle) (Last)
GARLA MAE LINBACAY PEPIED
2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year)
25 AUGUST 2001
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
DR. VERONICA N. ALVIZO'S LIND-IN CLINIC CONSOLIDATION, CEBU
5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS
1 First 2 Second 3 Others. Specify
c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second third, etc.) 3rd d. WEIGHT AT BIRTH
2,400 grams

For OCRG USE ONLY:
Population Reference No.
[]

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

6. MAIDEN NAME (First) (Middle) (Last)
VIRGINITA ROSANTO LINBAGAN
7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC
9a. Total number of children born alive: 3 b. No. of children still living including this birth: 3 c. No. of children born alive but are now dead: 0
10. OCCUPATION H.W. 11. Age at the time of this birth: 25 years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
GARDUNAN, MANDAU CITY

41 8011501

48 1

49 2 50 9

56 22194

61 1

62 03 64 0000

13. NAME (First) (Middle) (Last)
EMERSON ROSA PEPIED
14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC
16. OCCUPATION LABORER 17. Age at the time of this birth: 25 years

68 0 69 0

70 02 72 00 74 00

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
JANUARY 25, 1992 AT OUR LADY OF ASSUMPTION PARISH, NEDELITE, CEBU
19a. ATTENDANT 1 Physician X 2 Nurse 3 Midwife 4 Healer (Traditional Midwife) 5 Others (Specify)

75 000 79 00

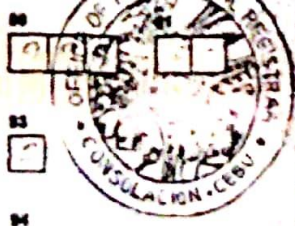
19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 11:50 o'clock am/pm on the date stated above.
Signature [Signature] Address [Address]
Name in Print EMERSON PEPIED POB. OCC. CONSOLIDATION, CEBU
Title or Position NURSE DATE: AUGUST 25, 2001

81 00001

20. INFORMANT
Signature [Signature] Address [Address]
Name in Print EMERSON PEPIED POB. OCC. CONSOLIDATION, CEBU
Relationship to the child NURSE DATE: AUGUST 25, 2001

86 1 87 1

21. PREPARED BY
Signature [Signature]
Name in Print LOVINGITA DORUSAN
Title or Position REGISTRAR
Date AUGUST 30, 2001
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print LOVINGITA DORUSAN
Title or Position REGISTRAR
Date [Date]



84 1 000322

07720-HA-400JRA-00009-BI001

BEST POSSIBLE IMAGE



T400077204000000902192021001

Q0400744452

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02219-B01RR03-6

Documentary
Stamp Tax Paid

CDSM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority





PMRF

PHILHEALTH MEMBER REGISTRATION FORM
UHC v.1 January 2020

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

PHILHEALTH IDENTIFICATION NUMBER (PIN)

REMINDERS:

- Your PhilHealth Identification Number (PIN) is your unique and permanent number.
- Always use your PIN in all transactions with PhilHealth.
- For Updating/Amendment check the appropriate box and provide details to be accomplished and submit corresponding supporting documents.
- Please read instructions at the back before filling-out this form.

PURPOSE:

- REGISTRATION UPDATING/AMENDMENT

Preferred KonSulTa Provider

| |
|--|
| |
|--|

I. PERSONAL DETAILS

| | LAST NAME | FIRST NAME | NAME EXTENSION (Jr./Sr./III) | MIDDLE NAME | NO MIDDLE NAME | MONONYM |
|----------------------|-----------|------------|------------------------------|-------------|--------------------------|--------------------------|
| MEMBER | PEPITO | CARLA MAE | | LIMBAGAN | <input type="checkbox"/> | <input type="checkbox"/> |
| MOTHER'S MAIDEN NAME | LIMBAGAN | VIRGINITA | | MONSANTO | <input type="checkbox"/> | <input type="checkbox"/> |
| SPOUSE (If Married) | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|-------------------------------|--|------------------------------|
| DATE OF BIRTH | PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) | PHILSYS ID NUMBER (Optional) |
| 08 25 2001 m m d d y y y y | MUNICIPALITY OF CONSOLACION | |

| | | | |
|--|--|---|--|
| SEX | CIVIL STATUS | CITIZENSHIP | TAX PAYER IDENTIFICATION NUMBER (TIN) (Optional) |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated | <input checked="" type="checkbox"/> FILIPINO <input type="checkbox"/> FOREIGN NATIONAL <input type="checkbox"/> DUAL CITIZEN | |

II. ADDRESS and CONTACT DETAILS

| | | | | | |
|---|---------------|------------------------------|------------------------------------|------------------------|---|
| PERMANENT HOME ADDRESS | | | | Home Phone Number | |
| Unit/Room No./Floor | Building Name | Lot/Block/Phase/House Number | Street Name | | |
| | | BLK 29 LOT 13 | ZONE 3 | | |
| Subdivision | Barangay | Municipality/City | Province/State/Country (If abroad) | ZIP Code | (COUNTRY CODE + AREA CODE + TELEPHONE NUMBER) |
| CANDUMAN | MANDAVE CITY | CEBU | | 6014 | Mobile Number (Required) |
| | | | | | 09952274419 |
| MAILING ADDRESS <input checked="" type="checkbox"/> SAME AS ABOVE | | | | Business (Direct Line) | |
| Unit/Room No./Floor | Building Name | Lot/Block/Phase/House Number | Street Name | | |
| | | | | | |
| Subdivision | Barangay | Municipality/City | Province/State/Country (If abroad) | ZIP Code | E-mail Address (Required for OFW) |
| | | | | | |

III. DECLARATION OF DEPENDENTS

(Use additional form if necessary)

| LAST NAME | FIRST NAME | NAME EXTENSION (Jr./Sr./III) | MIDDLE NAME | RELATIONSHIP | DATE OF BIRTH (mm-dd-yyyy) | CITIZENSHIP | NO MIDDLE NAME | MONONYM | Check if with Permanent Disability |
|-----------|------------|------------------------------|-------------|--------------|----------------------------|-------------|--------------------------|--------------------------|------------------------------------|
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

IV. MEMBER TYPE

| | | | | | |
|--|--|--|--|--|--|
| DIRECT CONTRIBUTOR <input checked="" type="checkbox"/> Employed Private <input type="checkbox"/> Employed Government <input type="checkbox"/> Professional Practitioner <input type="checkbox"/> Self-Earning Individual <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Group Enrollment Scheme | | <input type="checkbox"/> Kasambahay <input type="checkbox"/> Migrant Worker <input type="checkbox"/> Land-Based <input type="checkbox"/> Lifetime Member <input type="checkbox"/> Filipinos with Dual Citizenship / Living Abroad <input type="checkbox"/> Foreign National PRA SRRV No. _____ ACR I-Card No. _____ | | INDIRECT CONTRIBUTOR <input type="checkbox"/> Listahanan <input type="checkbox"/> 4Ps/MCCT <input type="checkbox"/> Senior Citizen <input type="checkbox"/> PAMANA <input type="checkbox"/> KIA/KIPO <input type="checkbox"/> LGU-sponsored <input type="checkbox"/> NGA-sponsored <input type="checkbox"/> Private-sponsored <input type="checkbox"/> Person with Disability PWD ID No. _____ <input type="checkbox"/> Bangsamoro/Normalization | |
| PROFESSION: (Except Employed, Lifetime Members and Sea-based Migrant Worker) | | MONTHLY INCOME: | | PROOF OF INCOME: | |
| | | | | For PhilHealth Use only: <input type="checkbox"/> Point of Service (POS) Financially Incapable <input type="checkbox"/> Financially Incapable | |

V. UPDATING/AMENDMENT

| Please check: | FROM | TO |
|--|------|----|
| <input type="checkbox"/> Change/Correction of Name <small>(Last Name, First Name, Name Extension (Jr./Sr./III) Middle Name)</small> | | |
| <input type="checkbox"/> Correction of Date of Birth | | |
| <input type="checkbox"/> Correction of Sex | | |
| <input type="checkbox"/> Change of Civil Status | | |
| <input type="checkbox"/> Updating of Personal Information/Address/ Telephone Number/Mobile Number/e-mail Address | | |

Under penalty of law, I hereby attest that the information provided, including the documents I have attached to this form, are true and accurate to the best of my knowledge. I agree and authorize PhilHealth for the subsequent validation, verification and for other data sharing purposes only under the following circumstances:

- As necessary for the proper execution of processes related to the legitimate and declared purpose;
- The use or disclosure is reasonably necessary, required or authorized by or under the law; and,
- Adequate security measures are employed to protect my information.



CARLA MAE PEPITO

Member's Signature over Printed Name

JUNE 27, 2022

Date



Please affix right thumbmark if unable to write

FOR PHILHEALTH USE ONLY

RECEIVED BY:

Full Name:

PRO/LHIO/Branch:

Date & Time:

INSTRUCTIONS

1. All information should be written in UPPER CASE/CAPITAL LETTERS. If the information is not applicable, write "N/A."
2. All fields are mandatory unless indicated as optional. By affixing your signature, you certify the truthfulness and accuracy of all information provided.
3. A properly accomplished PMRF shall be accompanied by a valid proof of identity for first time registrants, and supporting documents to establish relationship between member and dependent/s for updating or request for amendment.
4. On the PURPOSE, check the appropriate box if for **Registration** or for **Updating/Amendment** of information.
5. Indicate preferred KonSulTa provider near the place of work or residence.
6. For PERSONAL DETAILS, all name entries should follow the format given below. Check the appropriate box if registrant has no middle name and/or with single name (mononym).

| LAST NAME | FIRST NAME | NAME EXTENSION (Jr./Sr./III) | MIDDLE NAME |
|-----------|-------------|------------------------------|-------------|
| SANTOS | JUAN ANDRES | III | DELA CRUZ |

7. Indicate registrant's/member's name as it appears in the birth certificate.
8. The full mother's maiden name of registrant/member must be indicated as it appears in the birth certificate.
9. Indicate the full name of spouse if registrant/member is married.
10. Indicate the complete permanent and mailing addresses and contact numbers.
11. For updating/amendment, check the appropriate box to be updated/amended and indicate the correct data.
12. For MEMBER TYPE, check the appropriate box which best describes your current membership status.
13. For Direct Contributors, except employed, sea-based migrant workers and lifetime members, indicate the profession, monthly income and proof of income to be submitted.
14. For Self-earning individuals, Kasambahays and Family Drivers, indicate the actual monthly income in the space provided.
15. In declaring dependents, provide the full name of the living spouse, children below 21 years old, and parents who are 60 years old and above totally dependent to the member.
16. Dependents with disability shall be registered as principal members in accordance with Republic Act 11228 on mandatory PhilHealth coverage for all persons with disability (PWD).
17. The registrant must affix his/her signature over printed name (or right thumbmark if unable to write) and indicate the date when the PMRF was signed.

Copy for OCRG



Municipal Form No 102
(Revised January 1993)

(To be accomplished in quadruplicate)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)

REMARKS/ANNOTATION

Province Cebu Registry No. 2001-1421
City/Municipality CONSOLACION

1. NAME (First) (Middle) (Last)
CARLA MAE LIMBACAN PEPITO

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year)
25 AUGUST 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
DR. VERONICA N. ALVIO'S LYING-IN CLINIC CONSOLACION, CEBU

5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS
1 First 2 Second 3 Others, Specify _____

c. BIRTH ORDER (five births and fetal deaths including this delivery) 3rd (first, second third, etc.) d. WEIGHT AT BIRTH
2,400 grams

6. MAIDEN NAME (First) (Middle) (Last)
VIRGINITA MORSAÑO LIMBAGAN

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: _____ b. No. of children still living including this birth: 3 c. No. of children born alive but are now dead: _____

10. OCCUPATION H.W. 11. Age at the time of this birth: 28 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
CANDUMAN, MANDALAY CITY

13. NAME (First) (Middle) (Last)
ALMEDA DELA CRUZ

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION LABORER 17. Age at the time of this birth: 21 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

JANUARY 25 - 1977 AT OUR LADY OF ASSUMPTION PARISH, MANDALAY CITY, CEBU

19a. ATTENDANT 1 Physician X 2 Nurse 3 Midwife 4 Healer (Traditional Midwife) 5 Others (Specify) _____

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 4:15 P.M. o'clock am/pm on the date stated above.

Signature _____ Address _____
Name in Print EMILY TRINCH JOB. OCC. CONSOLACION, CEBU
Title or Position NURSE Date AUGUST 25-2001

20. INFORMANT
Signature _____ Address _____
Name in Print EMILY TRINCH JOB. OCC. CONSOLACION, CEBU
Relationship to the child NURSE Date AUGUST 25-2001

21. PREPARED BY
Signature _____
Name in Print LOVINGITA DOROSH
Title or Position REGISTRAR
Date AUGUST 30-2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print RODRIGO M. DELA CRUZ
Title or Position LOCAL CIVIL REGISTRAR
Date _____

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 8011501

48 1

49 2 50 2

54 22194

61 1

62 03 64 0000

68 0 69 0

70 02 72 00 74 00

76 00 78 00

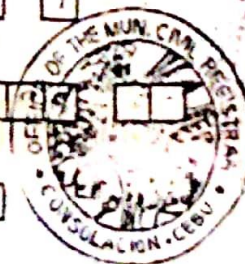
81 2501

86 1 87 1

88 0 89 0

93 0 94 0

000322



07720-HA-400JRA-00009-BI001
BEST POSSIBLE IMAGE



BRen
02219-B01RR03-6
Documentary
Stamp Tax Paid

CDSM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority



NBI CLEARANCE

Pepito, Carla Mae L.

NBQVK02MM4

HIT

TEL: 4141-782