



MEMBER'S DATA FORM (MDF)

HQP-PFF-039
(V07, 10/2017)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121285498122
REGISTRATION TRACKING NUMBER	921195938134

OCCUPATIONAL STATUS	EMPLOYED				
MEMBERSHIP CATEGORY	EMPLOYED - PRIVATE				
PERSONAL DETAILS					
	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	ABASA	ERICA FAITH			<input type="checkbox"/>
FATHER	MORALES	ERIC		JAYME	<input type="checkbox"/>
MOTHER (Maiden Name)	MORALES	BRENDA		ABASA	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ABASA	ERICA FAITH			<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
08/30/2000	Single/Unmarried				
PLACE OF BIRTH	CITIZENSHIP		SSS NUMBER		
CEBU CITY, CEBU	FILIPINO		GSIS NUMBER		
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER
FEMALE	161.00	65.00			
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		For AFP/PNP Employee, Serial/Badge No. For DepEd Employee, Division Code-Station Code		

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS					<i>COUNTRY + AREA CODE + TELEPHONE NUMBER</i>
Unit/Room No., Floor	Building Name		HOME		
Lot No.	Block No.	Phase No.	House No.	Street Name	CELLPHONE
31	1			LOREGA	+63 (0915) 6403503
Subdivision	Barangay		BUSINESS (DIRECT LINE)		
	LOREGA				
Municipality/City	Province/State/Country		BUSINESS (TRUNK LINE)		
CEBU CITY	CEBU, PHILIPPINES				
ZIP Code			E-MAIL ADDRESS		
6000			ericaaangg@gmail.com		
PRESENT HOME ADDRESS					
Unit/Room No., Floor	Building Name	Lot no.	Block no.	Phase No.	
		31	1		
House No.	Street Name	Subdivision	Barangay		
	LOREGA		LOREGA		
Municipality/City	Province/State/Country		Zip Code		
CEBU CITY	CEBU, PHILIPPINES		6000		
PREFERRED MAILING ADDRESS	PERMANENT HOME ADDRESS				

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.



Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID
(UMID) CARD APPLICATION (E-1/E-6)

MO0560IW202107132453 Date/Time Generated: 29 July 2021 02:43:57 PM

SS NUMBER 35-0788883-2					
NAME					
LAST NAME ABASA		FIRST NAME ERICA FAITH		MIDDLE NAME NA	SUFFIX 1ST
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 06302000	PLACE OF BIRTH (CITY/MUNICIPALITY) CEBU CITY (CAPITAL)	PROVINCE/STATE CEBU	COUNTRY PHILIPPINES		SEX FEMALE
FATHER'S NAME (LAST NAME) MORALES	FATHER'S NAME (FIRST NAME) ERIC	FATHER'S NAME (MIDDLE NAME) JAYME		FATHER'S NAME (SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) MORALES	MOTHER'S MAIDEN NAME (FIRST NAME) BRENDA	MOTHER'S MAIDEN NAME (MIDDLE NAME) ABASA		MOTHER'S MAIDEN NAME (SUFFIX)	
DEMOGRAPHIC DATA					
HOME ADDRESS (FRM TO R UNIT NO. & BLDG. NAME OR HOUSE LOT NO. & BLK NO.) BLK.1		STREET NAME SITIO CAMANSI LOREGA		SUBDIVISION	
BARANGAY (DISTRICT/LOCALITY) LOREGA (LOREGA SAN MIGUEL)		CITY/MUNICIPALITY CEBU CITY (CAPITAL)	CITY/STATE CEBU	POSTAL CODE 6000	COUNTRY CODE 0063
CIVIL STATUS SINGLE	HEIGHT (in centimeters)	WEIGHT (in kilograms)	DISTINGUISHING FEATURES		NATIONALITY FILIPINO
RELIGION ROMAN CATHOLIC					
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (WORK/CELL/FIELD)		MOBILE NUMBER (0920) 503-4537	E-MAIL ADDRESS ericaaangg@gmail.com		
DEPENDENT(S)/BENEFICIARY/IES					
SP/USE	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	DATE OF BIRTH (MMDDYYYY)
CHILDREN	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	DATE OF BIRTH (MMDDYYYY)
OTHER BENEFICIARY/IF Spouse without spouse & child and parents are both deceased					
(LAST NAME)		(FIRST NAME)		(MIDDLE NAME)	(SUFFIX)
RELATIONSHIP			DATE OF BIRTH (MMDDYYYY)		
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)	
Professional Business		Foreign Address		SSS Ref. Complete Reference No. of Working Spouse	
Trade/Biz. Business Started					
Monthly Earnings		Monthly Earnings (Are you applying for readmission to the New Normal Program?)		Monthly Income of Working Spouse (If)	
		YES <input type="checkbox"/> NO <input type="checkbox"/>			
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION					
UMID CARD AS ATM CARD (BANK NAME)			BANK BRANCH		
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION					
<p>1. I declare that the information provided are true and correct.</p> <p>2. I hereby consent to:</p> <ul style="list-style-type: none"> the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updates of my CRN, card production and delivery; further processing and payment of my loans and SSS benefits; sharing of these data with SSS service providers to carry out the purposes stated above; and disposal of this application in the manner consistent with the Data Privacy Act. <p>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.</p> <p>4. I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.</p>					



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

8/F, Golden Peak Tower, Gorordo Ave., cor. Escario St., Cebu City 6000

Healthline (032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871 www.philhealth.gov.ph

13 July 2021

Member Name : **ABASA , ERICA FAITH**
Member Address : **BLK 1 LOT 31 SITIO CAMANSI LOREGA ST LOREGA (LOREGA SAN MIGUEL), CEBU CITY,**
Member Category : **INFORMAL ECONOMY INFORMAL SECTOR**

We are glad that you are now registered with the National Health Insurance Program (NHIP), a program being administered by the Philippine Health Insurance Corporation (PhilHealth).

Your lifetime PhilHealth Identification Number (PIN) is : **1225-0997-2549**

In order for you or any member of your family be entitled to the benefits of the NHIP especially during hospitalization, you or with your employer, or local government or sponsor should have paid the required number of monthly contributions to the Program.

It is important that you always use your PIN in paying your contributions and when you or any member of your family avail of NHIP benefits during hospitalization.

We would like to give you and your family continued protection on health.

Respectfully,

EDWIN M. ORIÑA, MD
REGIONAL VICE PRESIDENT
PRO - VII Cebu City

This is a system generated document, signature is not required

To be filled up by BIR

DLN:

BIR Form No.



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Application for Registration

1902

July 2008 (ENCS)

For Individuals Earning Purely Compensation Income, and Non-Resident Citizens/Resident Alien Employee

510 461 912 0000
New TIN to be issued, if applicable (To be filled up by BIR)

Fill in all applicable white spaces. Mark all appropriate boxes with an 'X'.

1 Taxpayer Type <input checked="" type="checkbox"/> Local Employee <input type="checkbox"/> Resident Alien Employee	2 Date of Registration 11/18/2021	3 RDO Code 081
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Part I Taxpayer / Employee Information

4 TIN	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	6 Citizenship FILIPINO
7 Taxpayer's Name ABASA, ERICA FAITH NA		8 Date of Birth 06/30/2000
9 Local Residence Address BLOCK 1 LOT 31, SITIO CAMANSI BLOCK 1 LOT 31, SITIO CAMANSI LOREGA (LOREGA SAN MIGUEL) CEBU CITY, CEBU		10 Telephone No.
11 Zip Code		12 Municipality Code
13 Foreign Residence Address		

14 Tax Type Income Tax	Form Type <input checked="" type="checkbox"/> BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee)	ATC 11011
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Part II Personal Exemptions

15 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Legally separated <input type="checkbox"/> with qualified dependent child/ren	<input type="checkbox"/> Widow/Widower <input type="checkbox"/> Married <input checked="" type="checkbox"/> without qualified dependent child/ren	16 Employment Status of Spouse <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Locally <input type="checkbox"/> Employed Abroad <input type="checkbox"/> Engaged in Business/Practice of Profession
17 Claims for Additional Exemptions/Premium Deductions for husband and wife whose aggregate family income does not exceed P250,000 per annum <input type="checkbox"/> Husband claims additional exemption and any premium deduction <input type="checkbox"/> Wife claims additional exemption and any premium deduction (Attach Waiver of Husband)		
18 Spouse Information		
18A Spouse Taxpayer Identification Number	18B Spouse Name Last Name First Name Middle Name	
18C Spouse Employer's Taxpayer Identification Number	18D Spouse Employer's Name	

Part III Additional Exemptions

19 Names of Qualified Dependent Child/ren (refers to a legitimate, illegitimate, or legally adopted child chiefly dependent upon & living with the taxpayer, not more than 21 years of age, unmarried, and not gainfully employed; or regardless of age, is incapable of self-support due to mental or physical defect)

Last Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)	Mark if Mentally / Physically Incapacitated
19A	19B	19C	19D	19E
20A	20B	20C	20D	20E
21A	21B	21C	21D	21E
22A	22B	22C	22D	22E

Part IV For Employee With Two or More Employers (Multiple Employments) Within the Calendar Year

23 Type of multiple employments
 Successive employments (With previous employer(s) within the calendar year)
 Concurrent employments (With two or more employers at the same time within the calendar year)
[If successive, enter previous employer(s); if concurrent, enter secondary employer(s)]

Previous and Concurrent Employments During the Calendar Year

TIN	Name of Employer/s

24 Declaration
I declare, under the penalties of perjury, that this form has been made in good faith, verified by me and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT
(Signature over printed name)

Part V Employer Information

25 Type of Registered Office <input checked="" type="checkbox"/> HEAD OFFICE <input type="checkbox"/> BRANCH OFFICE	27 RDO Code 081 (To be filled up by BIR)
26 Taxpayer Identification Number 457053838	
28 Employer's Name (Last Name, First Name, Middle Name, if Individual/ Registered Name, if Non-Individual)	

ECC FOREIGN LANGUAGE INSTITUTE OF THE PHILS INC			
29 Employer's Business Address UNIT 604 GAGFA TOWER F CABAUG ST KASAMBAGAN CEBU CITY			
30 Zip Code 6000	31 Municipality Code (To be filled up by the BIR)	33 Effectivity Date (Date when Exemption Information is applied) 11/18/2021	34 Date of Certification (Date of Certification of the Accuracy of the Exemption Information) 11/18/2021
32 Telephone Number			Stamp of BIR Receiving Office and Date of Receipt
35 Declaration I declare, under the penalties of perjury, that this form has been made in good faith, verified by me and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.			
EMPLOYER / AUTHORIZED AGENT (Signature over printed Name)		Title / Position of Signatory	
			Attachments Complete? (To be filled up by BIR) <input type="checkbox"/> Yes <input type="checkbox"/> No

ATTACHMENTS: (Photocopy only)

For Individuals Earning Purely Compensation Income

- Birth Certificate or any valid identification card of applicant showing complete name, address, birth date and signature (Driver's license, PRC ID or passport)
- Marriage Contract, if applicable
- Waiver of husband to claim additional exemption, if applicable
- Birth Certificate/s of dependent/s, if applicable
- Employment Certificate or valid company ID with picture and signature, if available

POSSESSION OF MORE THAN ONE TAXPAYER IDENTIFICATION NUMBER (TIN) IS CRIMINALLY PUNISHABLE PURSUANT TO THE PROVISIONS OF THE NATIONAL INTERNAL REVENUE CODE OF 1997, AS AMENDED.