Republic of the Philippines

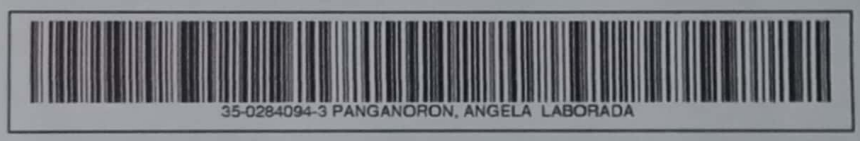
SOCIAL SECURITY SYSTEM

SS NUMBER SLIP

SS Number: 35-0284094-3

PANGANORON, ANGELA LABORADA

Birthdate: 01/16/2001



HQP-PFF-039
(V09, 06/2022)

MEMBER'S DATA FORM
(MDF)

FOR Pag-IBIG Fund USE ONLY
Pag-IBIG MID NUMBER: 121281256545
REGISTRATION TRACKING NUMBER: 921083923246

OCCUPATIONAL STATUS	UNEMPLOYED/NOT YET EMPLOYED
MEMBERSHIP CATEGORY	

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	PANGANORON	ANGELA		LABORADA	☐
FATHER	PANGANORON	PRIMITIVO		CUENO	☐
MOTHER *(Maiden Name)*	LABORADA	FRANCISCA		CANSANCIO	☐
SPOUSE *(if Married)*					☐
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	PANGANORON	ANGELA		LABORADA	☐

DATE OF BIRTH: 01/16/2001	MARITAL STATUS: Single/Unmarried		TAXPAYER IDENTIFICATION NUMBER (TIN)
PLACE OF BIRTH: MINGLANILLA, CEBU, PHILIPPINES		CITIZENSHIP: FILIPINO	SSS NUMBER
SEX: FEMALE	HEIGHT(cm.): 0.00	WEIGHT(kg.): 0.00	GSIS NUMBER
	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER *For AFP/PNP Employee*, Serial/Badge No *For DepEd Employee* Division Code-Station Code
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		

ADDRESS AND CONTACT DETAILS

PERMANENT HOME ADDRESS

Unit/Room No., Floor | Building Name

Lot No., Block No., Phase No. | House No | Street Name

Subdivision | Barangay: CUANOS

Municipality/City: MINGLANILLA | Province/State/Country: CEBU, PHILIPPINES

ZIP Code: 6046

COUNTRY + AREA CODE + TELEPHONE NUMBER

Home

Cell Phone: +63 (0908) 1111619

Business (Direct Line)

Business (Trunk Line)

Email Address

PRESENT HOME ADDRESS

Unit/Room No., Floor | Building Name | Lot no. | Block no. | Phase No.

House No | Street Name | Subdivision | Barangay: CUANOS

Municipality/City: MINGLANILLA | Province/State/Country: CEBU, PHILIPPINES | ZIP Code: 6046

PREFERRED MAILING ADDRESS: PERMANENT HOME ADDRESS

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(V09, 06/2022)

PRESENT EMPLOYMENT DETAILS

OCCUPATION	EMPLOYMENT STATUS	TYPE OF WORK

EMPLOYER/BUSINESS NAME

COUNTRY OF ASSIGNMENT

EMPLOYER/BUSINESS ADDRESS

Unit/Room No. Floor Building Name

Lot No. Block No. Phase No. House No. Street Name

Subdivision Barangay

Municipality/City Province

State/Country(if abroad) ZIP Code

MONTHLY INCOME

Basic	0.00
Allowances/Others	0.00
Total Mo. Income	0.00

OFFICE ASSIGNMENT

DATE EMPLOYED

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP

EMPLOYER/BUSINESS NAME

OFFICE ASSIGNMENT

EMPLOYER/BUSINESS ADDRESS

FROM TO

HEIRS

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH
				[ ]		

CERTIFICATION

I hereby certify that the information given, and all statements made herein are true and correct. **Likewise, I hereby authorize Pag-IBIG Fund to collect, record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).**

SIGNATURE OF INFORMANT DATE

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY

Signature over Printed Name *Designation/Position* *Branch/Unit*

DATE AUG 31 2022

DISCLAIMER

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various loan programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.

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

23 March 2021

Member Name : **PANGANORON , ANGELA LABORADA**
Member Address : **CUANOS, MINGLANILLA, CEBU 6046**

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 : **1202-5951-0878**

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

AZPIRED®

9th Floor, Park Centrale Bldg., Jose Maria del Mar St., Cebu IT Park, Cebu City, Philippines 6000
Contact Number: (032) 383-0018 local 2904 | Human Resources and Legal Department | azpired.com

August 10, 2022

ANGELA L. PANGANORON
Cesmoc, Minglanilla, Cebu

Dear Ms. PANGANORON:

This is to confirm the acceptance of your resignation which we received on July 20, 2022. We would like to inform you that your resignation is accepted and approved. We appreciate the early notification and your commitment to make a smooth transition and proper job turnover to your replacement.

Please take note that your last working day will be on August 16, 2022. Management, however, reserves the right to shorten the same as it deems proper, and shall notify you of an earlier effective date of your last working day.

We expect that you will continue to perform to the best of your abilities and give your full commitment and cooperation for the remaining period in order to handover your tasks and duties the smoothest way possible.

Accordingly, the Company reserves the right to deny any request for leave/s (VL or SIL) and prior scheduled leaves, for you to properly effectuate your turnover and facilitate your prompt accomplishment of your exit clearance. Any ineligible **SIL (Service Incentive Leave)** filed prior to the last working day, as stated in the employment contract, shall be refunded back to the employer. In addition, for a period of five (5) years after your separation, you are demanded to observe and comply the **NON-COMPETE CLAUSE AND OUTSIDE EMPLOYMENT** provisions as stated in your employment contract and/or its amendment. It is therefore understood that you shall not engage in, or have any share or ownership in a business or occupation which may render yourself a competitor of the Company nor act or enter into any transaction which may, in any manner, compete or help any person to compete with the Company or with any of its business; and that you shall not use or take advantage of your position or personal contact in the Company for your own personal benefits.

We wish to remind you that all your remaining receivables (Last pay, COE, and BIR Form 2316) will be released subject to your completion of your Exit Clearance and within 30 working days thereafter. You may visit the Human Resource Department for further information/ instructions regarding your exit clearance.

It has been the Company's pleasure to have worked with you. We wish you well in your future endeavors. You may call us through (032) 383-0018, should you have further inquiries.

Sincerely,

MS. MYLENE CELESTE B. WONG
HR MANAGER