



Municipal Form No. 102 (Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

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

(Fill out completely, accurately and legibly. Use ink or typewriter. Please X before the appropriate answer in items 2, 5a, 5b and 18a.)

Province Cebu City/Municipality Cebu City Registry No. 97-27584

1. NAME (First) Nina (Middle) Kamaa (Last) Cabiso

2. SEX X 1 Male 2 Female 3. DATE OF BIRTH (day) 23 (month) Oct (year) 1997

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) Cebu City, Mambaling, Cebu City

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

c. BIRTH ORDER (live births and fetal deaths including this delivery) 1st (first, second, third, etc.) d. WEIGHT AT BIRTH 2778 grams

6. MAIDEN NAME (First) Rubilyn (Middle) Amaquin (Last) Kamaa

7. CITIZENSHIP Fil. 8. RELIGION P.C.

9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0

10. OCCUPATION Housewife 11. Age at the time of this birth: 25 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) Cebu City, Mambaling, Cebu City

13. NAME (First) Catalino (Middle) Capuyan (Last) Cabiso

14. CITIZENSHIP Fil. 15. RELIGION P.C.

16. OCCUPATION Electrician 17. Age at the time of this birth: 30 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) June 2, 1995 @ Pasak, Pardo, Cebu City

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Heil (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 2:00 o'clock am/pm on the date stated above.

Signature: [Signature] Name in Print: EVELYN A. CATARATA Title or Position: PHN II Date: Oct 24, 1997

20. INFORMANT Signature: Rubilyn R. Cabiso Name in Print: RUBILYN R. CABISO Relationship to the child: MOTHER Date: Oct. 24, 1997

21. PREPARED BY Signature: [Signature] Name in Print: EVELYN A. CATARATA Title or Position: PHN II Date: Oct. 24, 1997 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: [Signature] Name in Print: EVELYN A. AISABULLA Title or Position: CLERK Date: NOV 10 1997

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 9727584

48 [ ]

49 50 231097

55 22178

61 [ ]

62 64 012778

68 69 [ ] [ ]

70 72 74 01 01 00

76 78 220 25

81 22178

86 87 [ ] [ ]

88 89 855 30

93 11/08/95 2278

94 11/10/97

06898-G4-400HDT-00653-BI002

BEST POSSIBLE IMAGE



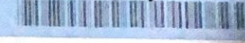
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BReN 02217-A97UP01-2

Documentary Stamp Tax Paid

Lisa Grace S. Bersales LISA GRACE S. BERSALES, Ph.D. National Statistician and Civil Registrar General Philippine Statistics Authority





BUREAU OF INTERNAL REVENUE  
RDO # 082 CEBU CITY - SOUTH

TIN VERIFICATION QUERY RESULTS

TIN NO. 351-864-128-000

LAST NAME: Cabiso

FIRST NAME: Niño

MIDDLE NAME: Ramas

ADDRESS: 611 D. C. Padilla St. Kolo Island  
Mambaling Cebu City

BIRTHDAY: 10/23/1997

TAXPAYER CLASSIFICATION: LOCAL EMPLOYEE

RDO CODE: 081

VERIFIED BY: [Signature] 4/21/2

CRAPITO S. YANQUE  
RDO # 082

## MEMBER DATA RECORD

### MEMBER INFORMATION

PhilHealth Identification Number (PIN) : 120257699671  
 Member Category : FORMAL ECONOMY NHTS Coverage :  
 Sub-Category : PRIVATE Effectivity Period :

### CABISO, NIÑO RAMAS

611 D C PADILLA STREET KOLO ISLAND,  
 MAMBALING, CEBU CITY, CEBU 6000

Foreign Address : N/A Sex : Male  
 Date of Birth : 10/23/1997  
 Place of Birth : CEBU CITY, CEBU  
 Contact No. (Foreign) : N/A Civil Status : SINGLE  
 (Local) : Tax Identification Number :

### EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) :  
 Name of Employer/Organized Group :  
 Business Address :  
 Telephone Number :  
 Tax Identification Number :

### DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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\*\*\* NO DECLARED DEPENDENT/S \*\*\*

\*\*\* NOTHING FOLLOWS \*\*\*

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

**Paalala :** Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyos, magbigay ng kopya sa ospital. (Reminder: Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a system generated report. Signature is not required.



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121238137020
REGISTRATION TRACKING NUMBER	918310207996

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE			
PERSONAL DETAILS					
	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	CABISO	NIÑO		RAMAS	<input type="checkbox"/>
FATHER	CABISO	CATALINO		CAPUYAN	<input type="checkbox"/>
MOTHER (Maiden Name)	RAMAS	RUBLYN			<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	CABISO	NIÑO		RAMAS	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
10/23/1997	Single/Unmarried				
PLACE OF BIRTH	CITIZENSHIP		SSS NUMBER		
CATMON, CEBU	FILIPINO		GSIS NUMBER		
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		
MALE	0 00	0 00			
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER		
			For AFP/PNP Employee, Serial/Badge No. For DepEd Employee, Division Code-Station Code		

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
			611D	C PADILLA ST	+63 (0921) 2449721
Subdivision		Barangay		BUSINESS (DIRECT LINE)	
MAMBALING		MAMBALING		BUSINESS (TRUNK LINE)	
Municipality/City		Province/State/Country		E-MAIL ADDRESS	
CEBU CITY		CEBU, PHILIPPINES		ncabiso980@gmail.com	
ZIP Code					
6000					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot no. Block no. Phase No.	
House No.		Street Name		Subdivision	
611D		C PADILLA ST		MAMBALING	
Municipality/City		Province/State/Country		Zip Code	
CEBU CITY		CEBU, PHILIPPINES		6000	
PREFERRED MAILING ADDRESS		PRESENT HOME ADDRESS			

PRESENT EMPLOYMENT DETAILS						
OCCUPATION SALES REPRESENTATIVES, SERVICES, ALL OTHER			EMPLOYMENT STATUS CASUAL	TYPE OF WORK		
EMPLOYER/BUSINESS NAME LEAFTEL			COUNTRY OF ASSIGNMENT			
EMPLOYER/BUSINESS ADDRESS			MANNING AGENCY			
Unit/Room No., Floor Building Name JY SQUARE MALL			MONTHLY INCOME			
Lot No.	Block No.	Phase No.	House No.	Street Name	Basic	0.0
Subdivision			Barangay		Allowances/Others	0.0
Municipality/City CEBU CITY			Province CEBU		Total Mo. Income	0.0
State/Country (if abroad) PHILIPPINES			ZIP Code 6000	OFFICE ASSIGNMENT		
				DATE EMPLOYED JUN 2021		

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP		
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS	FROM	TO

HEIRS						
LASTNAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH
						[ ]

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

\_\_\_\_\_  
SIGNATURE OF MEMBER

\_\_\_\_\_  
DATE

FOR Pag-IBIG FUND USE ONLY			
RECEIVED BY	DATE		
Signature over Print Name	Designation/Position	Branch/Unit	JUN 23 2021

**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.

HQP-PFF-038  
(07/10/2017)



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

SS NUMBER

**06-3870206-8**

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>CABISU</b>		(FIRST NAME) <b>NINO</b>	(MIDDLE NAME) <b>KAMAS</b>	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) <b>11 02 1991</b>
SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS <input 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) <b>Cebu City</b>		(CITY, COUNTRY, if born outside the Philippines)	
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.) <b>611 D</b>	(STREET NAME)	(SUBDIVISION)	
(BARANGAY/DISTRICT/LOCALITY) <b>E. PADILLA</b>	(CITY/MUNICIPALITY) <b>Cebu City</b>	(PROVINCE) <b>Cebu</b>	(COUNTRY) <b>PHILIPPINES</b>	ZIP CODE <b>6100</b>	
MOBILE/CELLPHONE NUMBER <b>09255341057</b>	E-MAIL ADDRESS <b>ncabisu@yahoo.com</b>	TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)			
FATHER (LAST NAME) <b>CABISU</b>	(FIRST NAME) <b>CATALINO</b>	(MIDDLE NAME) <b>CAROLAN</b>	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) <b>KAMAS</b>	(FIRST NAME) <b>RUBILYN</b>	(MIDDLE NAME) <b>AMAGUIN</b>	(SUFFIX)		

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

Check this box if using additional sheet.

SPOUSE (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
CHILD/REN (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
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 (MMDDYYYY)
1.					
2.					


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

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

**CABISU, NINO**  **Sept. 02, 2016**  
PRINTED NAME SIGNATURE DATE

RIGHT THUMB	RIGHT INDEX
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**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)	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) <b>BRIAN E. MAHINAY</b> Member Service Section 09/02/16 10:10:36 AM
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) <b>P</b>	APPROVED MSC (FOR SE/OFW/NWS) <b>P</b>	SIGNATURE OVER PRINTED NAME DATE & TIME	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	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)	SIGNATURE OVER PRINTED NAME DATE & TIME
		SIGNATURE OVER PRINTED NAME	<b>09/02/16</b> DATE & TIME

## INSTRUCTIONS

1. Fill out this form and submit to the nearest SSS branch office together with the required documents
2. Fill out the applicable portions as follows  
Parts I-A, B and D, if applying for SS number as pre-employment requirement  
Parts I-A, B, C and D, if applying for Self-Employed, Overseas Filipino Worker (OFW) or Non-Working Spouse membership  
For Part I-B "DEPENDENT(S)/BENEFICIARY/IES", use "Additional Sheet for Dependent(s) Beneficiary/ies)", if necessary
3. Always indicate "N/A" or "Not Applicable" if the required data is not applicable
4. If this form is to be downloaded from the internet, please fill-out in two (2) copies

## REMINDERS

1. New registrant who is over sixty (60) years old and not a surviving spouse pensioner/guardian of a pensioner, is not qualified to apply for an SS number.
2. Your SS number is your lifetime number. You should not have more than one SS number.
3. The following required documents should be the original or certified true copy issued by the City or Municipal Civil Registrar or Philippine Statistics Authority/National Statistics Office:
  - 3.1 Birth Certificate
  - 3.2 Marriage Contract/Marriage Certificate
  - 3.3 Death Certificate
4. All identification (ID) cards and/or documents with English translation issued by foreign government are acceptable.

## LIST OF DOCUMENTARY REQUIREMENTS

Always present the original or certified true copy/ies when submitting the photocopy/ies of the required ID card(s) and/or document(s).

### A. ID Cards and/or Documents for the Issuance of SS Number

Birth Certificate, or in its absence, any of the following documents:

- Baptismal Certificate or its equivalent
- Driver's License
- Passport
- Professional Regulation Commission (PRC) card
- Seaman's Book (Seafarer's Identification and Record Book)

In the absence of the above ID cards and/or documents, any two (2) of the following documents both with the correct name and at least one (1) with date of birth

- Alien Certificate of Registration
- ATM card (with cardholder's name)
- Bank Account Passbook
- Baptismal Certificate of children or its equivalent
- Birth Certificate of children
- Certificate of Confirmation issued by National Commission on Indigenous Peoples (formerly Office of Southern Cultural Community and Office of Northern Cultural Community)
- Certificate of Licensure/Qualification Documents from Maritime Industry Authority
- Certificate of Muslim Filipino Tribal Affiliation issued by National Commission on Muslim Filipinos
- Company ID card
- Court Order granting petition for change of name or date of birth
- Credit card
- Firearm License card issued by Philippine National Police (PNP)
- Fishworker's License issued by Bureau of Fisheries and Aquatic Resources (BFAR)
- Government Service Insurance System (GSIS) card/Member's Record/Certificate of Membership
- Health or Medical card
- Home Development Mutual Fund (Pag-IBIG) Transaction card/Member's Data Form
- Homeowners Association ID card
- ID card issued by Local Government Units (LGUs) (e.g., Barangay/ Municipality/ City)
- ID card issued by professional association recognized by PRC
- Life Insurance Policy

- Marriage Contract/Marriage Certificate
- National Bureau of Investigation (NBI) Clearance
- Overseas Worker Welfare Administration (OWWA) card
- Philippine Health Insurance Corporation (PHIC) ID card/Member's Data Record
- Police Clearance
- Postal ID card
- School ID card
- Seafarer's Registration Certificate issued by Philippine Overseas Employment Administration (POEA)
- Senior Citizen card
- Student Permit issued by Land Transportation Office (LTO)
- Taxpayer's Identification Number (TIN) card
- Transcript of Records
- Voter's ID card/Affidavit/Certificate of Registration

### B. Additional Supporting Documents

#### For married

- Marriage Contract/Marriage Certificate or a copy of Member Data Change Request form (SS Form E-4) of the spouse duly received by the SSS where the name of the registrant is reported as the spouse

#### For widowed

- Marriage Contract/Marriage Certificate
- Marriage Contract/Marriage Certificate and Death Certificate of spouse or Court Order on the Declaration of Presumptive Death, if previously reported spouse is presumed dead

#### For legally separated

- Decree of Legal Separation

#### For annulled or with void marriage

- Certificate of Finality of Annulment/Nullity or annotated Marriage Contract/Marriage Certificate

#### For divorced

- Decree of Divorce and Certificate of Naturalization (granted before divorce) or its equivalent

#### For divorced Muslim member

- Certificate of Divorce (OCRG Form No. 102)

#### For reporting child/ren - whichever is applicable

- Birth Certificate/s or Baptismal Certificate/s or its equivalent
- Decree of Adoption

### C. Documents for local enrolment in the Flexi-fund Program

- Valid Overseas Employment Certificate (OEC) or E-receipt issued by POEA