



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

TIN: 744-509-240-000

~~LAST NAME:~~ DAÑO

~~FIRST NAME:~~ SHAZNAHE

~~MIDDLE NAME:~~ N/A

~~DATE OF BIRTH:~~ APRIL 13, 1999

RDO: 029

TAXPAYER
CLASSIFICATION: local employee

[Signature]
CECILIA L. BARRON, CPA
7/25/19

BIR Authorized Signature

NOTE: PLEASE READ/ PALIHUG BASAHA

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



Republic of the Philippines
SOCIAL SECURITY SYSTEM

SS NUMBER SLIP

SS Number: 06-4318866-4

DAÑO, SHAZNAYE

Birthdate: 04/13/1999



06-4318866-4 DAÑO, SHAZNAYE



COV-01214 (09-2015)

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

SS NUMBER
0643188664

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT 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) Dano (FIRST NAME) Shazate (MIDDLE NAME) _____ (SUFFIX) _____ DATE OF BIRTH (MMDDYYYY) 01/13/1919

SEX Male Female CIVIL STATUS Single Married Widowed Legally Separated Others _____ TAX IDENTIFICATION NUMBER (IF ANY) 7144510912140

NATIONALITY Filipino RELIGION Catholic PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) Maasin So. Lete

HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION)
Sta Fe Matelam Lete _____

(BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY) ZIP CODE 6520

MOBILE/CELLPHONE NUMBER _____ E-MAIL ADDRESS shazatecano27@gmail.com TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.) _____

FATHER (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)
Dano Butzel Doquila

MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)
Dano Butzel Doquila

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

SELF-EMPLOYED (SE)
Profession/Business _____
Year Prof./Business Started _____
Monthly Earnings P _____

OVERSEAS FILIPINO WORKER (OFW)
Foreign Address _____
Monthly Earnings P _____ Are you applying for membership in the Flexi-Fund Program? YES NO

NON-WORKING SPOUSE (NWS)
SS No./Common Reference No. of Working Spouse _____
Monthly Income of Working Spouse (P) _____
I agree with my spouse's membership with SSS. YES NO
SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE _____

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

SHAZATE DANO
PRINTED NAME

[Signature]
SIGNATURE

06/26/2019
DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE) _____ WORKING SPOUSE'S MSC (FOR NWS) P

MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P APPROVED MSC (FOR SE/OFW/NWS) P

START OF PAYMENT (FOR SE/NWS) _____ FLEXI-FUND APPLICATION (FOR OFW) Approved Disapproved

RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) _____ RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) 8:40 AM

SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____ ROSA M. O. O. JUN 28 2019
SSS MAASIN BRANCH

REVIEWED BY (MSS, BRANCH/SERVICE OFFICE) _____ SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY											
Pag-IBIG MID NUMBER											
1	2	1	2	5	3	2	3	8	4	6	4
REGISTRATION TRACKING NUMBER											
919177368701											

- INSTRUCTIONS**
- Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on one single sheet of paper.
 - Type or print all entries in BLOCK or CAPITAL LETTERS.
 - All fields marked with asterisk (*) are mandatory.
 - On the "OCCUPATIONAL STATUS" portion, if without employment or purpose is pre-employment or never been employed, select "UNEMPLOYED/NOT YET EMPLOYED".
 - The "NAME EXTENSION" shall refer to JR., II, III and the like.
 - Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
 - On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
 - On the "HEIRS" portion, the provision on the Laws on Succession, as provided in the New Civil Code of the Philippines, as amended by the New Family Code, shall be observed.
 - For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCIF, HQP-PFF-049) and submit to any Pag-IBIG Branch nearest you.

*OCCUPATIONAL STATUS		<input type="checkbox"/> EMPLOYED	<input checked="" type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED
*MEMBERSHIP CATEGORY			
MANDATORY		VOLUNTARY	
<input type="checkbox"/> EMPLOYED PRIVATE	<input type="checkbox"/> SELF-EMPLOYED (SE)	<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT	<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION
<input type="checkbox"/> EMPLOYED GOVERNMENT	<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER	<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> JOB ORDER PERSONNEL	<input type="checkbox"/> NON-WORKING SPOUSE	<input type="checkbox"/> OTHERS, Please specify
	<input type="checkbox"/> OTHER EARNING GROUPS (OEGs)	<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP	
		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	NAME EXTENSION <small>(e.g. Jr., II)</small>
*MEMBER	DAÑO	SHAZNAYE	
FATHER			
*MOTHER (Maiden Name)	HERNANDEZ	RUTCHEL	DAÑO
*SPOUSE (If Married)			
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	DAÑO	SHAZNAYE	
*DATE OF BIRTH	*MARRIAGE STATUS	TAXPAYER IDENTIFICATION NUMBER (TIN)	
0 4 1 3 1 9 9 9	<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	7 4 4 5 0 9 2 4 0	
*PLACE OF BIRTH (City/Municipality/Province/Country) <small>(Please indicate country if born outside the Philippines)</small>	*CITIZENSHIP	SSS/GSIS NUMBER	
MAASIN, SOUTHERN LEYTE	FILIPINO		
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES <small>(Ex. Moles, Scars, etc.)</small>
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	160 (cm)	60 (kg)	
COMMON REFERENCE NUMBER (CRN) <small>(If Available)</small>	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <small>(If payment of MS is not thru payroll deduction)</small>		EMPLOYEE NUMBER
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		
ADDRESS AND CONTACT DETAILS			
*PERMANENT HOME ADDRESS			(Indicate country code if abroad)
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No. House No	Street Name
Subdivision	Barangay STA FE	Municipality/City MATALOM	Province/State/Country (if abroad) LEYTE
			ZIP Code 6526
*PRESENT HOME ADDRESS			COUNTRY + AREA CODE
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No. House No	Street Name
Subdivision	Barangay STA FE	Municipality/City MATALOM	Province/State/Country (if abroad) LEYTE
			TELEPHONE NUMBER Home
			Cell Phone
			0935 1074943
			Business (Direct Line)
			Business (Trunk Line)
			Local
*PREFERRED MAILING ADDRESS			Email Address
<input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address			shaznayedano27@gmail.com



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

208 VLC Bldg. MH del Pilar, Tacloban City 6500

Healthline (053) 321 8164 (053) 321 1327 to 28 (053) 325 3563 (fax) www.philhealth.gov.ph

26 June 2019

Member Name : **DAÑO , SHAZNAYE -**
Member Address : **SANTA FE, MATALOM, LEYTE 6526**

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 : **1302-5537-1259**

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,

LEO "DOUGLAS" V. CARDONA, JR., M.D.,CSE
Regional Vice President
PRO - VIII Tacloban City

This is a system generated document, signature is not required