



MEMBER'S DATA FORM (MDF)

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

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121303997397
REGISTRATION TRACKING NUMBER	922209464576

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	CAVAL	ZYRA MAE		FLORES	<input type="checkbox"/>
FATHER	MENDOZA	MICHAEL JEROME		NAYRA	<input type="checkbox"/>
MOTHER (Maiden Name)	CAVAL	JOJI		FLORES	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	CAVAL	ZYRA MAE		FLORES	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
04/14/1998		Single/Unmarried			
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
TACLOBAN CITY, LEYTE			FILIPINO		GSIS NUMBER
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	165.00	68.00			
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		
			<small>For AFP/PNP Employee, Serial/Badge No. For DepEd Employee, Division Code-Station Code</small>		

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	Cell Phone
			223	AVENIDA VETERANOS L	+63 (0916) 9428693
Subdivision			Barangay		Business (Direct Line)
			33		Business (Trunk Line)
Municipality/City			Province/State/Country		Email Address
TACLOBAN CITY			LEYTE, PHILIPPINES		zyzcaval@gmail.com
ZIP Code					
6500					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot no.,	Block no.,
				Phase No.	
House No		Street Name		Subdivision	
				Barangay	
Municipality/City			Province/State/Country		ZIP Code
TACLOBAN CITY			LEYTE, PHILIPPINES		6500
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)

MO0930IW202207284739 Date/Time Generated: 28 July 2022 08:27:04 AM

SS NUMBER 06-4443393-6					
NAME					
(LAST NAME) CAVAL	(FIRST NAME) ZYRA MAE	(MIDDLE NAME) FLORES	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 04141998	PLACE OF BIRTH (CITY/MUNICIPALITY) TACLOBAN CITY (CAPITAL)	(PROVINCE/STATE) LEYTE	(COUNTRY) PHILIPPINES	SEX FEMALE	
FATHER'S NAME (LAST NAME) MENDOZA	(FIRST NAME) MICHAEL JEROME	(MIDDLE NAME) NAYRA	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) CAVAL	(FIRST NAME) JOJI	(MIDDLE NAME) FLORES	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) 223	(STREET NAME) AVENIDA VETERANOS	(SUBDIVISION)			
(BARANGAY/DISTRICT/LOCALITY) BARANGAY 33	(CITY/MUNICIPALITY) TACLOBAN CITY (CAPITAL)	(PROVINCE) LEYTE	POSTAL CODE 6500	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 165	WEIGHT (IN KILOGRAMS) 58	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION ROMAN CATHOLIC
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER (0916) 942-8693	EMAIL ADDRESS zyzycaval@gmail.com			
DEPENDENT(S)/BENEFICIARY/IES					
SPOUSE	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILDREN	(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
1					
2					
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)	
Profession/Business		Foreign Address		SS No./Common Reference No. of Working Spouse	
Year Prof./Business Started					
Monthly Earnings		Monthly Earnings		Monthly Income of Working Spouse (P)	
		Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION					
<input checked="" type="checkbox"/> UMID CARD AS ATM CARD		(BANK NAME) UNION BANK OF THE PHILIPPINES		(BANK BRANCH) UNIONBANK	
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION					
<p>1. I certify 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/updating 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

Corporate Action Center Hotline - (02) 441-7442

www.philhealth.gov.ph



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **13-025571225-0** PhilSys Number :
 Member Category : **DIRECT CONTRIBUTOR - SELF**
 Sub-Category : **EARNING INDIVIDUAL - INDIVIDUAL** NHTS Coverage : **N/A**
 Validity Period : **N/A - N/A**

CAVAL, ZYRA MAE FLORES

AVENIDA VETERANOS BGY 33, TACLOBAN CITY LEYTE

Foreign Address : **N/A** Sex : **FEMALE**
 Date of Birth : **04/14/1998**
 Place of Birth : **TACLOBAN CITY, LEYTE**
 Contact No. (Foreign) : **N/A** Civil Status : **SINGLE**
 (Local) : **+639169428693** Tax Identification Number :

ENTITY INFORMATION

PhilHealth Number (PEN/POGN) : **N/A**
 Name of Employer/Organized Group : **N/A**
 Business Address : **N/A**
 Telephone Number : **N/A** Employment Status :
 Tax Identification Number : **N/A** Date : **N/A**

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** NOTHING FOLLOWS ***

RONALD S. JABAY
 REGIONAL VICE PRESIDENT
 PRO - VIII Tacloban City

Paalala: Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makinabang ng benepisyo, 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 MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availed of benefits.)



(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.)

Province Leyte Registry No. 2003-9751
City/Municipality Tacloban City

1. NAME (First) ZYRA MAE (Middle) PJOSES (Last) CAVAL

2. SEX X 1 Male X 2 Female

3. DATE OF BIRTH (day) 14 (month) April (year) 1998

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
TACLOBAN CITY HOSPITAL, Macabaran, Tacloban City, Leyte

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.

b. 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 2,650 grams

6. MAIDEN NAME (First) JOJI (Middle) PJOSES (Last) CAVAL

7. CITIZENSHIP Philippino

8. RELIGION Catholic

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 Student

11. Age at the time of this birth: 19 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Brgy. 33 Monica Veteranos St., Tacloban City, Leyte

13. NAME (First) (Middle) (Last)

14. CITIZENSHIP

15. RELIGION

16. OCCUPATION

17. Age at the time of this birth: _____ years

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

19a. ATTENDANT X 1 Physician _____ 2 Nurse _____ 3 Midwife _____
_____ 4 Hilote (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 4:30p.m. o'clock am/pm on the date stated above.

Signature LESA B. GERRILLA, M.D. Address Tacloban City Hospital Macabaran, Tacloban City
Name in Print _____ Date April 14, 1998
Title or Position Medical Officer-IV

20. INFORMANT
Signature [Signature] Address Same
Name in Print JOJI P. CAVAL Date April 15, 1998
Relationship to the child Father

21. PREPARED BY
Signature [Signature]
Name in Print JULIO P. MAKABENTA
Title or Position Clerk-III
Date April 15, 1998

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print MISS JUDY M. BORJA
Title or Position CITY CIVIL REGISTRAR
Date _____

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 _____

48 _____

49 50 _____

56 _____

61 _____

62 64 _____

68 69 _____

70 72 74 _____

76 79 _____

81 _____

86 87 _____

88 91 _____

93 _____

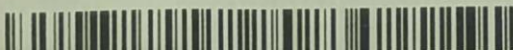
94 _____

0770

DEC 30 2003

08245-3E-402RTS-00800-BI001

BEST POSSIBLE IMAGE

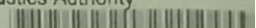


T 402003450320080007292022001

BReN
03747-A98HE08-0

CSM

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



August 1988/on or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, _____ and JOJI F. CAVAL parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/my knowledge and belief

(Signature of Father) _____ (Signature of Mother) JOJI F. CAVAL
Community Tax No. _____ Date Issued _____ Place Issued _____

SUBSCRIBED AND SWORN to before me this 10th day of September, 2005 at Taaloban City, Philippines.

ATTY. EDWIN Y. CHUA NOTARY PUBLIC (Signature of Administering Officer) UNTIL DECEMBER 31, 2007 TR # 4090207 (Name in Print) (Title/Designation) (Address)

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

I, JOJI F. CAVAL, of legal age, single/married and with residence and postal address at 223 Avenida Veteranos St., Taaloban City, after having been duly sworn to in accordance with law, do hereby depose and say:

- 1. That I am the applicant for the delayed registration of my birth/of the birth of
2. That I/he/she was born on April 14, 1998 at Tac. City Hospital, Tac. City
3. That I/he/she was attended at birth by _____ who resides at _____
4. That I/he/she is a citizen of _____
5. That my/his/her parents were [] married on _____ at _____ [] not married but was acknowledge by my/his/her father whose name is _____
6. That the reason for the delay in registering my/his/her birth was due to _____
7. That a copy of my/his/her birth certificate is needed for the purpose of _____
8. [] (For the applicant only) That I am married to _____ [] (For the father/mother/guardian) That I am the mother of the said person.

(Signature of Applicant) JOJI F. CAVAL
Community Tax No. _____ Date Issued _____ Place Issued _____

SUBSCRIBED AND SWORN to before me this 10th day of September, 2005 at Taaloban City, Philippines.

ATTY. EDWIN Y. CHUA NOTARY PUBLIC (Signature of Administering Officer) UNTIL DECEMBER 31, 2007 TR # 4090207 (Name in Print) (Title/Designation) (Address)

08245-3E-402RTS-00800-BI001

BEST POSSIBLE IMAGE

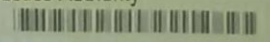


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BReN 03747-A98HE08-0

CSM

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





Republic of the Philippines
Department of Justice
National Bureau of Investigation



28402056

This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for NBI Clearance and the results is as follows.

NBI ID NO.
C140DZNE89-R8453710

VALID UNTIL
July 28, 2023

FAMILY NAME
CAVAL

FIRST NAME
ZYRA MAE

MIDDLE NAME
FLORES

HUSBAND'S SURNAME

ADDRESS
223 AVENIDA VETERANOS BRGY 33 TACLOBAN CITY

PLACE OF BIRTH
TACLOBAN CITY

DATE OF BIRTH
April 14, 1998

CIVIL STATUS
SINGLE

CITIZENSHIP
FILIPINO

PURPOSE

MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE



SIGNATURE

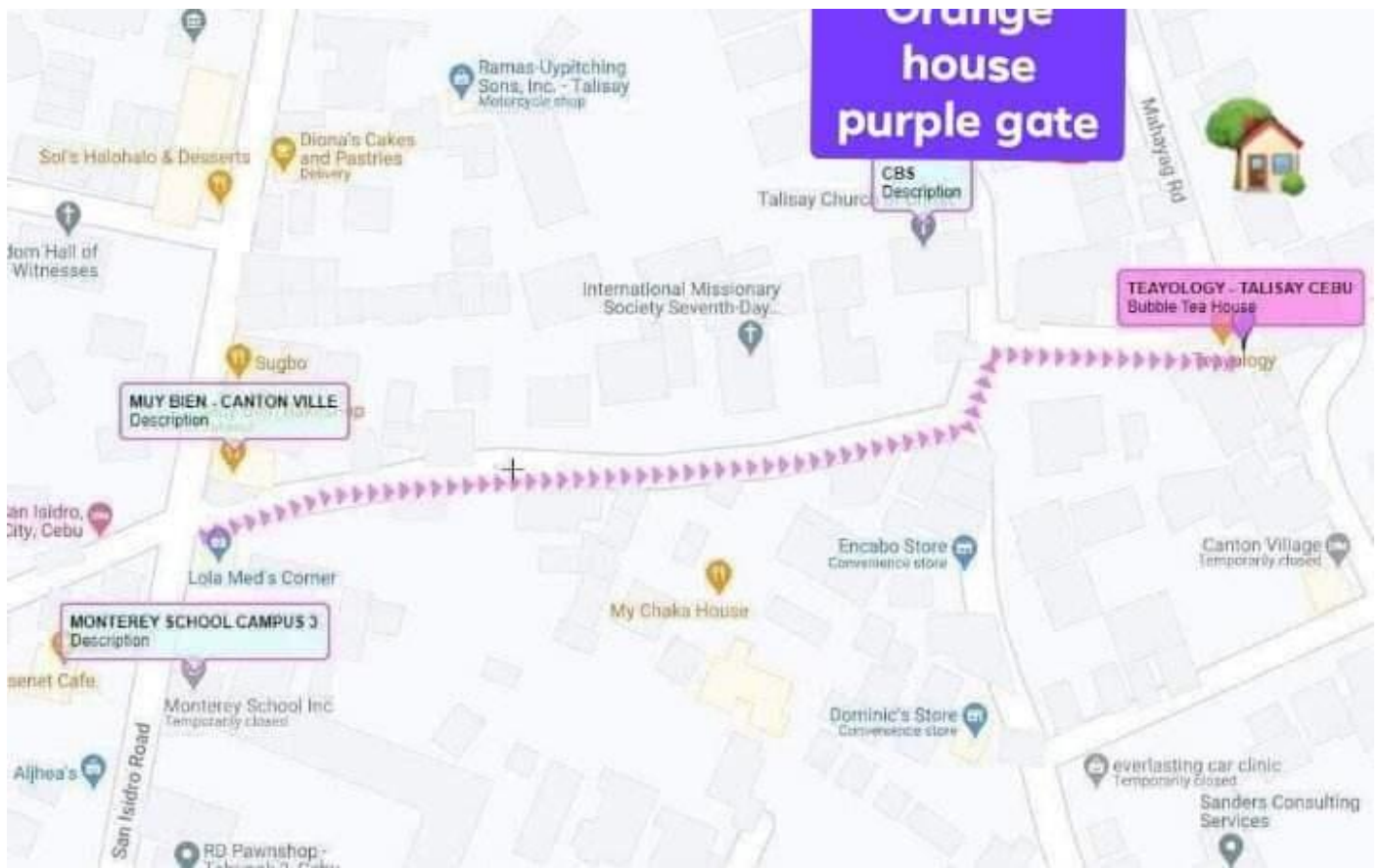
GENDER
FEMALE



C140DZNE89-R8453710

Medardo G. de Lemos
ATTY. MEDARDO G. DE LEMOS
Officer-in-Charge

Date Printed: Thursday, July 28, 2022 02:21 PM
Agency R8 DATID barriosmy
CASID barriosmy BIOID barriosmy
O.R. No. FRXTRVZ505 RECID
O.R. Date 07/28/2022 2:20:03 PM INTID
DST PAID PRTID barriosmy







ASIAN DEVELOPMENT FOUNDATION COLLEGE

P. Burgos Street, Tacloban City
Tel. No. 523-7650


January 18, 2023

CERTIFICATION

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY that as per record on file, **ZYRA MAE F. CAVAL** has been a student of Asian Development Foundation College and has Completed All the Academic Requirements towards the degree of **BACHELOR OF SCIENCE IN HOTEL AND RESTAURANT MANAGEMENT (BSHRM)** last 1st Semester S.Y. 2021-2022.

This certification is issued upon request of the interested party for **EMPLOYMENT** purposes.


EDWARD FREDERICK I. CHUA, MIT
Assistant Registrar



Not valid
Without seal

TCD2019003589.00

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE


TIN:
613-096-434-00000



Name:
CAVAL, ZYRA MAE FLORES

Address:
223 AVENIDA VETERANOS BARANGAY 33 6500
TACLOBAN CITY (CAPITAL) LEYTE PHILIPPINES

[Signature]
SIGNATURE

Birth Date: 14-APR-1998 **TIN Issuance Date:** 16-AUG-2022


CN: 088-2204205

www.bir.gov.ph  contact_us@bir.gov.ph  981-7000

- This card bears your permanent Taxpayer Identification Number (TIN).
- Always indicate your TIN in all returns/documents filed with the BIR.
- Issuance of TIN Card for the first time shall be free of charge. However, in case of subsequent issuance upon taxpayer's request due to loss or damage, a P100.00 fee shall be collected to cover cost of reprinting.
- Report immediately to your Revenue District Officer, the loss of this card and change of name or address.
- Any person who secures and/or uses more than one TIN shall be criminally liable and shall be punishable by fine and imprisonment.

BIR Form No. 1931 January 2019 (ENCS)