

Republic of the Philippines
SOCIAL SECURITY SYSTEM
SS NUMBER SLIP

SS Number: 06-4272214-4

CORDIS, MARIE NICOLE PETERE

Birthdate: 03/31/1995



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

NO APPROPRIATE
STAMP TO SUBMITTE

SS NUMBER
06-42722144

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) **COROIS** (FIRST NAME) **MARIE NICOLE** (MIDDLE NAME) **PETRE** (SUFFIX) _____ DATE OF BIRTH (MMDDYYYY) **03|31|1995**

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

NATIONALITY **FILIPINO** RELIGION **ROMAN CATHOLIC** PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) **GAGALANGIN, TONDO, MANILA**

HOME ADDRESS (RM/FLR/UNIT NO. & BLDG. NAME) (HOUSELOT & BLK. NO.) (STREET NAME) (SUBDIVISION)
#7 PEARL ST, FAIRVIEW VILLAGE, LANAAN 2, TALLAS CITY

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

MOBILE/CELLPHONE NUMBER **0977-167-7944** E-MAIL ADDRESS **msn0319@gmail.com** TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.) **N/A**

FATHER (LAST NAME) **COROIS** (FIRST NAME) **PEMELIO** (MIDDLE NAME) **VICLATA** (SUFFIX) **SR.**

MOTHER'S MAIDEN NAME (LAST NAME) **PETRE** (FIRST NAME) **PERLA** (MIDDLE NAME) **SASA** (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. **N/A**

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

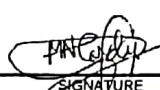
SELF-EMPLOYED (SE) Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings **P** _____

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. _____ 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.)

MARIE NICOLE P. COROIS  **April 15, 2019**

PRINTED NAME SIGNATURE DATE

Registrant is required to affix fingerprints.

RIGHT THUMB RIGHT INDEX

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 SENWS) _____ FLEXI-FUND APPLICATION (FOR OFW) Approved Disapproved

RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) _____ RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) **APR 15 2019**
JE-ANN B. LISONDRA
RECEIVED/CERTIFIED PHOTOCOPY OF ORIGINAL

SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____ SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____

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



MARIE NICOLE PETERE CORDIS
06-4272214-4

[Update Information](#)



MARIE NICOLE PETERE CORDIS
06-4272214-4

[Update Information](#)

Member Details

+ Address & Contact Information

04/15/2019

Sex:

FEMALE

Latest ER ID:

06-1804064-3-000

Latest ER Name:

GREAT LEARNINGS AND TECHNOLOGI

Claim Flag Status:

0 - NO FINAL/FUNERAL CLAIM

Transfer to (New SS Number):

Membership Type:

EMPLOYEE

SS Number Withdrawal Reason:

-

Member Details

+ Address & Contact Information

SS Number Status:

0 - ACTIVE

Document Compliance:

0 - NON-COMPLIANCE ON DOCUMENTARY REQUIREMENT(S)

Membership Status:

TEMPORARY

Prior Registrant:

NO

Date of SS Number Issuance:

04/15/2019

Sex:

FEMALE

Latest ER ID:

06-1804064-3-000

Latest ER Name:



GENERATE
PRN



GENERATE
PRN





Pag-IBIG Fund

(Home Development Mutual Fund)

MEMBER'S NAME: CORNIS MARIE NICOLE PETERNE
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

REGISTRATION TRACKING NUMBER (RTN) : 991 0573 1572

MEMBERSHIP ID NUMBER (MID) : 1212-4753-9133


TO OUR VALUED MEMBER,

YOU ARE NOW REGISTERED WITH PAG-IBIG FUND, THE MEMBERSHIP IDENTIFICATION NUMBER (MID) IS TO BE USED IN ALL YOUR TRANSACTION WITH THE FUND.

THE SLIP WILL SERVE AS AN OFFICIAL DOCUMENT FROM THE FUND AND CAN BE PRESENTED TO YOUR EMPLOYER FOR WHATEVER PURPOSE IT MAY SERVE.

THANK YOU FOR YOUR CONTINUED SUPPORT TO THE FUND.

VERY TRULY YOURS,


SARA ELUISA G. JAVIER
BRANCH HEAD
CEBU DOWNTOWN BRANCH





Pag-IBIG | REGULAR SAVINGS

Pag-IBIG MID No.

121247539133

Membership Category

EMPLOYED - PRIVATE

Current Employer

GREAT LEARNINGS AND TECHNOLOGIES (GLATS) CEBU, INC.

Initial Remittance Date

06/17/2019

Last Remittance Date

02/17/2023

Total Employee Share

PHP 4,500.00

Total Employer Share

PHP 4,500.00

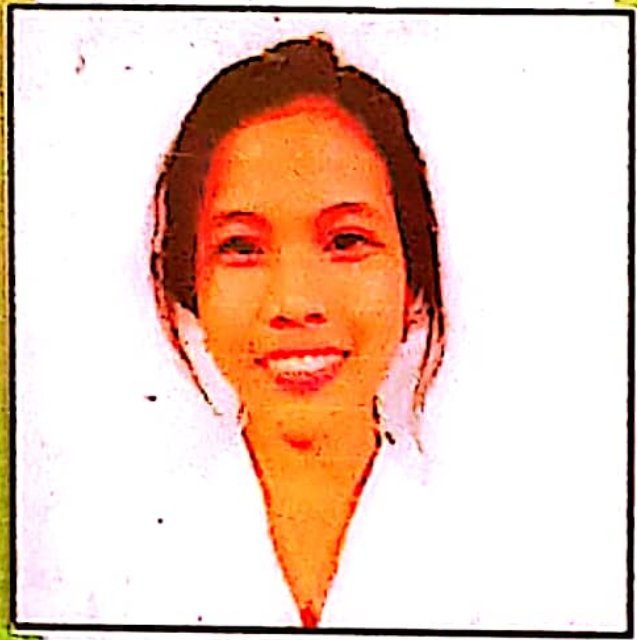
Total No. of Contribution

Total Dividends





REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



13-250680656-2

CORDIS, MARIE NICOLE PETERE

MARCH 31, 1995 - FEMALE

AGBANGA MATALOM, LEYTE - 6526


Signature



1 3 2 5 0 6 8 0 6 5 6 2

INDIGENT



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **13-250680656-2** PhilSys Number :
 Member Category : **DIRECT CONTRIBUTOR -**
 Sub-Category : **EMPLOYED PRIVATE** NHTS Coverage : **N/A**
 Validity Period : **N/A - N/A**

CORDIS, MARIE NICOLE PETERE

AGBANGA, MATALOM LEYTE

Foreign Address : **N/A** Sex : **FEMALE**
 Date of Birth : **03/31/1995**
 Place of Birth : **TONDO, NCR, CITY OF MANILA, FIRST DISTRICT**
 Contact No. (Foreign) : **N/A** Civil Status : **SINGLE**
 (Local) : **+639771677944** Tax Identification Number :

ENTITY INFORMATION

PhilHealth Number (PEN/POGN) : **012000039635**
 Name of Employer/Organized Group : **GREAT LEARNINGS AND TECHNOLOGIES (GLATS) CEBU, INC.**
 Business Address : **UNIT 705, FLB CORP, BOHOL AVE., LUZ, CEBU CITY CEBU**
 Telephone Number : **233-1212** Employment Status : **EMPLOYED**
 Tax Identification Number : **009408015000** Date :

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 malwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng beneplyso, 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 availment of benefits.)

This is a Member Portal System generated report. Signature is not required.

Feb 22, 2023 11:32 AM

Member Information



Print MDR

Member Information

PhilHealth Identification Number	13-250680656-2
Last Name	CORDIS
First Name	MARIE NICOLE
Middle Name	PETERE
Name Extension	
Sex	FEMALE
Date of Birth	03/31/1995
Email Address	
Mobile Number	+639771677944
Telephone Number	
Permanent Address	AGBANGA, MATALOM I FYTF



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

CORDIS, MARIE NICOLE PETERE

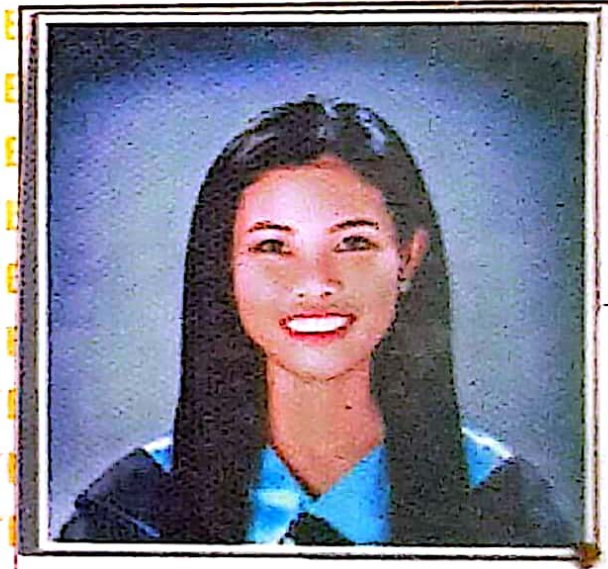
TIN: 361-801-696

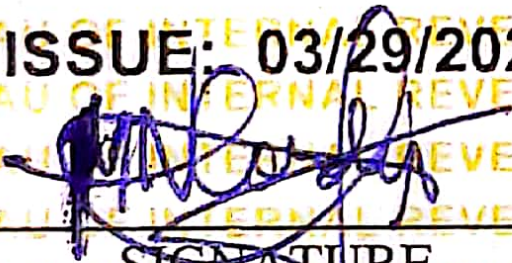
802-A CHARLIEVILLE

BULACAO, CEBU CITY

DATE OF BIRTH: 03/31/1995

DATE OF ISSUE: 03/29/2021




SIGNATURE

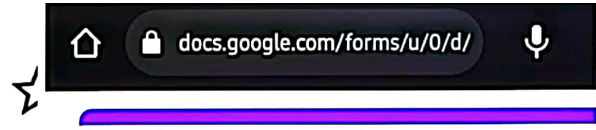
EXIT CLEARANCE  Inbox



Ice Glats Feb 7
to me 



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Google Forms



BIR 2316 Request Form

Please fill out the form to request for BIR .
Please be advised that the turnaround time is about two (2) months for the BIR 2316 to be processed.
Thank you.

 **fabyvo3195@gmail.com** (not shared)
[Switch account](#)

 Draft saved

* Required

Glats Name *

Nich

BIR 2316 - Please fill out this form for BIR2316 request: <https://forms.gle/DQq6eDho4erLEwcW6>. Please note that the processing time will take up to two (2) months from the time of request.

For questions and clarifications, please send a message to:
GLATS HRD E-mail: glats.hrd@gmail.com
Glats HRD Skype Account: [live:cid.3314ec58353defb2](skype:live:cid.3314ec58353defb2)

Thank you for being part of GLATS INC. We wish you all the best!

Sincerely yours,
Coach Ice