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

NOT SUPPORTING DOCUMENT SUBMITTED
MEMBER NUMBER
06-4306011-9

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.

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) Villarta (FIRST NAME) Aranetha (MIDDLE NAME) Mabale (SUFFIX) _____ DATE OF BIRTH (MMDDYYYY) 09/09/2002

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) Cebu, City

HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION) Sitio Kamipaon Barangay Basak Pardo Cebu, City Philippines

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

MOBILE/CELLPHONE NUMBER 09966210951 E-MAIL ADDRESS Aranetha Villarta@yahoo.com TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.) _____

FATHER (LAST NAME) N.A. (FIRST NAME) N.A. (MIDDLE NAME) _____ (SUFFIX) _____

MOTHER'S MAIDEN NAME (LAST NAME) Villarta (FIRST NAME) Thelma (MIDDLE NAME) Mabale (SUFFIX) _____

B. DEPENDENT(S)/BENEFICIARY/IES

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.)

ARANETHA VILLARTA PRINTED NAME [Signature] SIGNATURE 06-10-19 DATE

Registrant is required to affix fingerprints. [Fingerprint] [Fingerprint]

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE) _____ WORKING SPOUSE'S MSC (FOR NWS) P RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) _____

MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P APPROVED MSC (FOR SE/OFW/NWS) P SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____

START OF PAYMENT (FOR SE/NWS) _____ FLEXI-FUND APPLICATION (FOR OFW) Approved Disapproved REVIEWED BY (MSS, BRANCH/SERVICE OFFICE) _____ SIGNATURE OVER PRINTED NAME _____

RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE) [Signature] [Stamp]



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

Bull

Str

VILLARTA, ARANETHA MABALE

TIN: 753-279-884

RE

SITIO KANIPAAN

BASAK PARDO

CEBU CITY

DATE OF BIRTH: 04/09/2002

DATE OF ISSUE: 03/02/2021

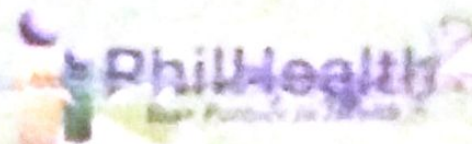


[Handwritten Signature]
SIGNATURE

INFORMAL ECONOMY



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



12-025834739-6

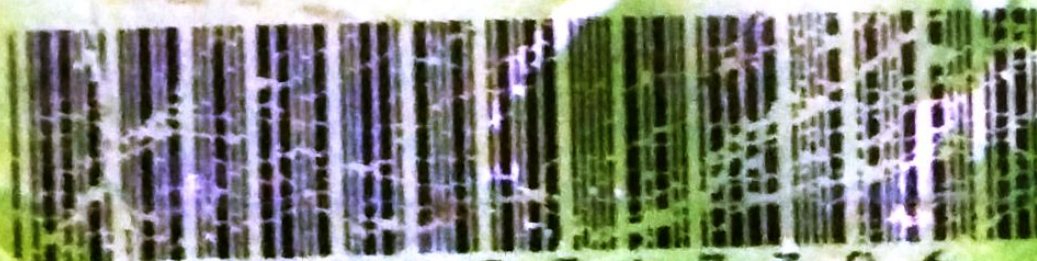


VII.LARTA, ARANETHA MABALE

APRIL 09, 2002 - FEMALE

BASAK PARDO CEBU CITY, CEBU - 6000

[Handwritten signature]



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INFORMAL ECONOMY



MEMBER'S DATA FORM (MDF)

HQP-PFF-039
(v07, 10/2017)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121253498236
REGISTRATION TRACKING NUMBER	919179649380

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE			
PERSONAL DETAILS					
	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	VILLARTA	ARANETHA		MABALE	<input type="checkbox"/>
FATHER					<input type="checkbox"/>
MOTHER (Maiden Name)	VILLARTA	THELMA		MABALE	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	VILLARTA	ARANETHA		MABALE	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
04/09/2002	Single/Unmarried		SSS NUMBER		
PLACE OF BIRTH		CITIZENSHIP		GSIS NUMBER	
CEBU CITY, CEBU, PHILIPPINES		FILIPINO		EMPLOYEE NUMBER	
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	0.00	0.00			
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		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
				SITIO KANIPAAN	+63 (0)31 1050877
Subdivision		Barangay			BUSINESS (DIRECT LINE)
		BASAK PARDO			BUSINESS (TRUNK LINE)
Municipality/City		Province/State/Country			E-MAIL ADDRESS
CEBU CITY		CEBU, PHILIPPINES			
ZIP Code					
6000					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot no.	Block no.
				Phase No.	
House No.		Street Name		Subdivision	
		SITIO KANIPAAN		Barangay	
				BASAK PARDO	
Municipality/City		Province/State/Country		Zip Code	
CEBU CITY		CEBU, PHILIPPINES		6000	
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			



Copy for CGRO

Municipal Form No. 102
(Revised February 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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, 6b and 19a.)

2011-7449

DELAYED REGISTRATION

Province Gebu
City/Municipality Cebu City

Registry No. 20117449

CHILD	1. NAME (First, Middle, Last) <u>ARANETHA MABALE VILLARTA</u>		
	2. SEX <u>F</u> 1 Male <u>F</u> 2 Female	3. DATE OF BIRTH (day, month, year) <u>9 April 2002</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Kanipaan, Basak Pardo Cebu City Cebu</u>		
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u> </u> 2 Twin <u> </u> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u> </u> 1 First <u> </u> 2 Second <u> </u> 3 Others, Specify
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>Fifth</u>		d. WEIGHT AT BIRTH <u>2722</u> grams	

MOTHER	6. MAIDEN NAME (First, Middle, Last) <u>Thelma Mabale Villarta</u>		
	7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>
	9a. Total number of children born alive: <u>5</u>	b. No. of children still living including this birth: <u>5</u>	c. No. of children born alive but are now dead: <u>0</u>
	10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>42</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Kanipaan, Basak Pardo Cebu City Cebu</u>			

FATHER	13. NAME (First, Middle, Last) <u>Unknown</u>		
	14. CITIZENSHIP <u>N.A.</u>		15. RELIGION <u>N.A.</u>
	16. OCCUPATION <u>N.A.</u>		17. Age at the time of this birth: <u>N.A.</u> years

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

19a. ATTENDANT
X 1 Physician 2 Nurse 3 Midwife
X 4 Hilot (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 D.K. o'clock am/pm on the date stated above.

Signature _____
Name in Print Don't Know
Title or Position Hilot

Address N.A.
Date _____
DATE VERIFIED _____
VERIFIED BY _____

20. INFORMANT
Signature [Signature]
Name in Print THELMA M. VILLARTA
Relationship to the child Mother

Address Kanipaan, Basak Pardo, Cebu City
Date February 23, 2011

21. PREPARED BY
Signature [Signature]
Name in Print THELMA M. VILLARTA
Title or Position Mother
Date February 23, 2011

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print ATRI EVANGELINE I. ABAYAO
Title or Position CITY CIVIL REGISTRAR
Date MAR 18 2011

FOR DOING LINK ONLY
Population Reference No. _____

TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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Republic of the Philippines
Department of Justice
National Bureau of Investigation



20097284

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
V463DAIA20-SW1093586

FAMILY NAME
VILLARTA

MIDDLE NAME
MABALE

ADDRESS
BASAK PARDO CEBU CITY

DATE OF BIRTH
April 09, 2002

CITIZENSHIP
FILIPINO

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

VALID UNTIL
March 01, 2022

FIRST NAME
ARANETHA

HUSBAND'S SURNAME

PLACE OF BIRTH
CEBU CITY

CIVIL STATUS
SINGLE



SIGNATURE
Aranetha Villarta Mabale

GENDER
FEMALE

PERSONAL COPY



V463DAIA20-SW1093586

Eric B. Distor

ERIC B. DISTOR
Officer-in-Charge

Date Printed: Monday, March 01, 2021 03:20 PM

Agency	SW	DATID	ramoser
CASID	ramoser	BIOID	ramoser
O R No	QMMFBVX5	RECID	
O.R. Date	03/01/2021 3:14:50 PM	INTID	
DST PAID		PRTID	capurasa17