

PRESENT EMPLOYMENT DETAILS					
OCCUPATION		EMPLOYMENT STATUS		TYPE OF WORK	
EMPLOYER/BUSINESS NAME				COUNTRY OF ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS				MONTHLY INCOME	
Unit/Room No., Floor		Building Name		Basic	
Lot No.,		Block No.,		Phase No.	
House No.		Street Name		Allowances/Others	
Subdivision		Barangay		Total Mo. Income	
Municipality/City		Province		OFFICE ASSIGNMENT	
State/Country(if abroad)		ZIP Code		DATE EMPLOYED	

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

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

CERTIFICATION	
<p>I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).</p>	
SIGNATURE OF INFORMANT	DATE
FOR Pag-IBIG FUND USE ONLY	
RECEIVED BY	DATE
SIGNATURE: <u>ANN MARIE F. CHAN</u> Signature over Printed Name	SIGNATURE: _____ Designation/Position
SIGNATURE: _____ Branch/Unit	DATE

HOME-CERIALAYALARRANDY  
RECEIVED

BY: MISOTTI  
DATE: 08/22/2021

**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.

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## MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121249349880
REGISTRATION TRACKING NUMBER	919129775819

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	GUTANG	REGAN		TARITAS	<input type="checkbox"/>
FATHER					<input type="checkbox"/>
MOTHER (Maiden Name)	TARITAS	ANASTACIA			<input checked="" type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	GUTANG	REGAN		TARITAS	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
05/06/2000		Single/Unmarried			
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
VALLE HERMOSO, NEGROS ORIENTAL ,PHILIPPINES			FILIPINO		GSIS NUMBER
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER
MALE	0.00	0.00			For AFP/PNP Employee, Serial/Badge No.
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT			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	Cell Phone
				STO NIÑO	+63 (0955) 9789318
Subdivision		Barangay			Business (Direct Line)
		QUIOT			Business (Trunk Line)
Municipality/City		Province/State/Country			Email 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	
		STO NIÑO		Barangay	
Municipality/City		Province/State/Country			ZIP Code
CEBU CITY		CEBU, PHILIPPINES			6000
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			



# Pag-IBIG FUND

(Home Development Mutual Fund)

Member's Name: GUTANG REGAN TARITAS

To our valued member,

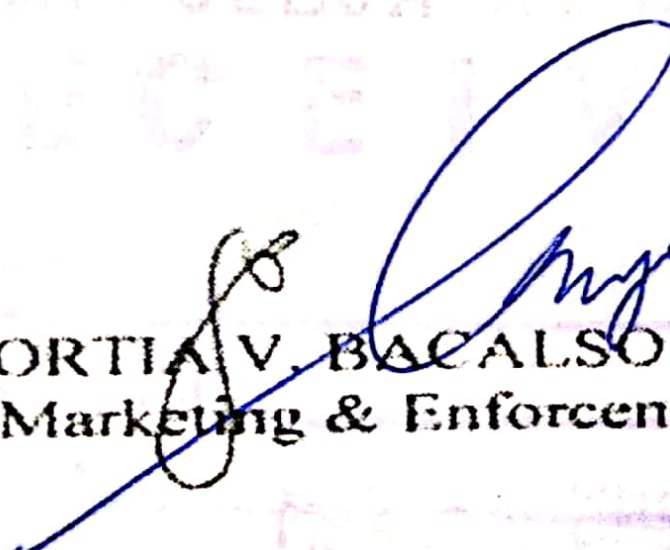
You are now registered with Pag-IBIG Fund.

Your Tracking No. (RTN) 9191-2977-5819

Membership Identification no. (MID) 1212-4934-9880

The No. is to used in all your transactions with the Fund. Thank you for your continued support to the Fund.

Very truly yours,

  
MS. PORTIA V. BACALSO  
COD, Marketing & Enforcement Div.



1146

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

SS NUMBER  
0642828556

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) CUTANG		NAME (FIRST NAME) PEGAN		NAME (MIDDLE NAME) TARITAN		(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 03/06/2010	
SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS <input checked="" 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 FILIPINO	RELIGION CATHOLIC	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) DRG. ABSULHAN VALERIANO NEGROS ORIENTAL			(CITY, COUNTRY, if born outside the Philippines)			
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) SO. ST. NINO, QUOT CRU CITY		(HOUSE/LOT & BLK. NO.)	(STREET NAME) PHILIPPINES		(COUNTRY)		ZIP CODE 6000	
(BARANGAY/DISTRICT/LOCALITY)		(CITY/MUNICIPALITY)		(PROVINCE)				
MOBILE/CELLPHONE NUMBER 09559984315		E-MAIL ADDRESS PEGANGUTANG@GMAIL.COM			TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)			
FATHER (LAST NAME) CUTANG		FATHER (FIRST NAME) PABLO		FATHER (MIDDLE NAME) DURAN		FATHER (SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) TARITAN		MOTHER'S MAIDEN NAME (FIRST NAME) RUBEN		MOTHER'S MAIDEN NAME (MIDDLE NAME) MAYOR		MOTHER'S MAIDEN NAME (SUFFIX)		

B. DEPENDENT(S)/BENEFICIARY/IES

SPOUSE (LAST NAME)		SPOUSE (FIRST NAME)		SPOUSE (MIDDLE NAME)		SPOUSE (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
CHILD/REN (LAST NAME)		CHILD/REN (FIRST NAME)		CHILD/REN (MIDDLE NAME)		CHILD/REN (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
1.									
2.									
3.									
4.									
5. OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased)				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? <input type="checkbox"/> YES <input type="checkbox"/> 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			
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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.)

PRINTED NAME  
PEGAN CUTANG

SIGNATURE

DATE  
05-03-19

Registrant is required to affix fingerprints.



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)	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE)
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	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

SSS CEBU BRANCH  
MEMBERSHIP SERVICES SECTION

RUBEN C. ARZADON

03 MAY 2019



## MEMBER DATA RECORD

### MEMBER INFORMATION

PhilHealth Identification Number (PIN): **122525793565**  
 Member Category : FORMAL ECONOMY NHTS Coverage :  
 Sub-Category : PRIVATE Effectivity Period :

### GUTANG, REGAN TARITAS

SITIO STO NIÑO, QUIOT PARDO, CEBU  
 CITY, CEBU 6000

Foreign Address : N/A Sex : Male  
 Date of Birth : 05/06/2000  
 Place of Birth : VALLEHERMOSO, NEGROS ORIENTAL  
 Contact No. (Foreign) : N/A Civil Status : SINGLE  
 (Local) : 0955 9789318 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 benepisyo, magbigay ng kopya sa ospital. *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.**

TCD201908473797



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
BUREAU OF INTERNAL REVENUE



TIN:  
**615-618-635-00000**

Name:  
**GUTANG, REGAN TARITAS**

Address:  
**BACK JAPER QUIOT PARDO  
CEBU CITY, 6000**

Birth Date: **06-May-2000** TIN Issuance Date: **05-Oct-2022**

SIGNATURE



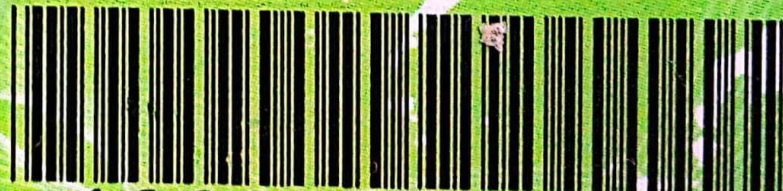
CN: 047-2019797



REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation



**12-252579356-5**  
**GUTANG, REGAN TARITAS**  
MAY 06, 2000 - MALE  
GITIO STO NIÑO QUIOT PARDO CEBU CITY, CEBU -  
6000



1 2 2 5 2 5 7 9 3 5 6 5

**INFORMAL ECONOMY**

Signature