



E-1

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

SS NUMBER  
**06-4058060-5**

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](http://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)		NAME (FIRST NAME)		NAME (MIDDLE NAME)		DATE OF BIRTH (MM/DD/YYYY)
HILONGO		RHONE ARTH SALVER		LAMIT		06/17/1999
SEX	CIVIL STATUS					TAX IDENTIFICATION NUMBER (TIN)
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others					
NATIONALITY		RELIGION		PLACE OF BIRTH (CITY/MUNICIPALITY/PROVINCE) - (CITY/COUNTRY if born outside the Philippines)		
FILIPINO		ROMAN CATHOLIC		BONGA, MARIA, SIQUIOR		
HOME ADDRESS (BARANGAY, TRICIA LOCALITY)		(CITY/MUNICIPALITY)		(PROVINCE)		ZIP CODE
BONGA		MARIA		SIQUIOR		PHILIPPINES
MOBILE/CELLPHONE NUMBER		E-MAIL ADDRESS		TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.)		
09974077499		rhonextorin@yaho.com				
FATHER (LAST NAME)		FATHER (FIRST NAME)		FATHER (MIDDLE NAME)		(SUFFIX)
HILONGO		RONNIE				
MOTHER'S MAIDEN NAME (LAST NAME)		MOTHER'S MAIDEN NAME (FIRST NAME)		MOTHER'S MAIDEN NAME (MIDDLE NAME)		(SUFFIX)
LAMIT		ELMA				

**B. DEPENDENT(S)/BENEFICIARY/ES**

SPOUSE (LAST NAME)		SPOUSE (FIRST NAME)		SPOUSE (MIDDLE NAME)		(SUFFIX)	DATE OF BIRTH (MM/DD/YYYY)
CHILDREN (LAST NAME)		CHILDREN (FIRST NAME)		CHILDREN (MIDDLE NAME)		(SUFFIX)	DATE OF BIRTH (MM/DD/YYYY)
1							
2							
3							
4							
5							
OTHER BENEFICIARY/ES (If without spouse & child and parents are both deceased) (LAST NAME)		OTHER BENEFICIARY/ES (FIRST NAME)		OTHER BENEFICIARY/ES (MIDDLE NAME)		(SUFFIX)	RELATIONSHIP
1							
2							

**C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE**

<b>SELF-EMPLOYED (SE)</b> Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings _____ P		<b>OVERSEAS FILIPINO WORKER (OFW)</b> Foreign Address _____ Monthly Earnings _____ P		<b>NON-WORKING SPOUSE (NWS)</b> 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!)

**RHONE ARTH SALVER HILONGO**  
PRINTED NAME

*Rhone Arth Salver Hilongo*  
SIGNATURE  
12-8-17  
DATE

Registrant is required to affix fingerprints



**PART II - TO BE FILLED OUT BY SSS**

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS)	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)	RECEIVED & PROCESSED BY (MSS BRANCH/SERVICE OFFICE/FOREIGN OFFICE)
	P		MILDFUE AND PREGO 08 DEC 2017 DATE & TIME
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
P	P		
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW)	REVIEWED BY (MSS BRANCH/SERVICE OFFICE)	DATE & TIME
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		



Pag-IBIG Fund  
Mandaue Branch

09/13/17  
Date

Hilongo, Rhone Arth Silver Lamit  
Name of Member

Dear Member,

Congratulations!

You have been successfully registered with the Fund. Your

(RTN) 9172-5613-5018

Pag-IBIG/MID # 1212-0961-3319

Use the RTN/MID when remitting your contributions, and if employed, submit your RTN/MID to your HR unit to enable the number-based remittance of your contributions through your employer

Expect a text message confirming your registration together with your RTN/MID.

Thank you for your continued support with the Fund.

Your Pag-IBIG Fund Family





Republic of the Philippines

**PHILIPPINE HEALTH INSURANCE CORPORATION**

8/F, Golden Peak Tower, Coronto Ave., cor. Escario St., Cebu City 6000

Healthline (032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871 www.philhealth.gov.ph

06 September 2017

Member Name : **HILONGO , RHONE ARTH SALVER LAMIT**  
Member Address : **BONGA, MARIA, SIKUIJOR 6229**

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 : **1202-5659-2652**

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,

**WILLIAM O. CHAVEZ**  
Regional Vice President  
PRO - VII Cebu City

*This is a system generated document, signature is not required*



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



33197948

NDI ID NO  
H452FRQR99-CM3169218

FAMILY NAME  
HILONGO  
MIDDLE NAME  
LAMIT

ADDRESS  
OSMENA ST GUN OB LAPU LAPU CITY

DATE OF BIRTH  
June 17, 1999

CITIZENSHIP  
FILIPINO

PURPOSE  
MULTI-PURPOSE CLEARANCE

REMARKS  
NO RECORD ON FILE

VALID UNTIL  
May 22, 2024

FIRST NAME  
RHONE ARTH SALVER  
HUSBAND'S SURNAME

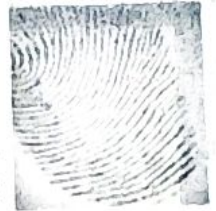
PLACE OF BIRTH  
MARIA SQUIJOR

CIVIL STATUS  
SINGLE



SIGNATURE

GENDER  
FEMALE



Date Printed: Monday, 22 May 2023 11:43 am

Agency	CM	DATE	tuang
CASID	tuang	BIOD	tuang
O/R No.	P7DUQJ90	RECD	
O/R Date	05/22/2023 11:41:30 a	INTID	
DST PAID		PRID	tuang



H452FRQR99-CM3169218

*Medardo de Lemos*  
ATTY. MEDARDO G. DE LEMOS  
Director



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



33197948

This is to certify that the person whose name, picture, signature and biometric impression were applied for NBI Clearance and the results are as follows:

NDI ID NO  
H452FRQR99-CM3169218

FAMILY NAME  
HILONGO  
MIDDLE NAME  
LAMIT

ADDRESS  
OSMENA ST GUN OB LAPU LAPU CITY

DATE OF BIRTH  
June 17, 1999

CITIZENSHIP  
FILIPINO

PURPOSE  
MULTI-PURPOSE CLEARANCE

REMARKS  
NO RECORD ON FILE

VALID UNTIL  
May 22, 2024

FIRST NAME  
RHONE ARTH SALVER  
HUSBAND'S SURNAME

PLACE OF BIRTH  
MARIA SQUIJOR

CIVIL STATUS  
SINGLE



SIGNATURE

GENDER  
FEMALE



Date Printed: Monday, 22 May 2023 11:43 am

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DST PAID		PRID	tuang



H452FRQR99-CM3169218

*Medardo de Lemos*  
ATTY. MEDARDO G. DE LEMOS  
Director

PERSONAL COPY



Marriage Form No. 100  
(Revised January 1993)  
(To be accompanied in quadruplicate)

Republic of the Philippines  
**OFFICE OF THE CIVIL REGISTRAR GENERAL**  
**CERTIFICATE OF LIVE BIRTH**

Fill out completely, separately and legibly. Use ink or fountain pen. Place 3 before the appropriate entries in boxes 2, 8, 10 and 10a.

REMARKS/ANNOTATION  
  
0450

Province Siquijor Registry No. 99-97  
City/Municipality María

CHILD	1. NAME (First Middle Last) <b>REYDYS APTE SALVER LAMIT HILONGO</b>	2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	3. DATE OF BIRTH (Day month year) <b>17 June 1999</b>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution, House No., Street, Barangay) (City/Municipality) (Province) <b>Bonga María Siquijor</b>	5b. TYPE OF BIRTH (1 Single, 2 Twin, 3 Triplet, etc.) <input checked="" type="checkbox"/> 1 Single		
	6. IF MULTIPLE BIRTH, CHILD WAS (1 First, 2 Second, 3 Others, Specify) <input checked="" type="checkbox"/> 1 First		7. BIRTH ORDER (Five births and total deaths including this delivery) (First, second, third, etc.) <b>03</b>	
	8. MAIDEN NAME (First Middle Last) <b>ELMA G. LAMIT</b>		9. WEIGHT AT BIRTH (grams) <b>2722</b>	
	10. OCCUPATION <b>Housekeeper</b>		11. Age at the time of this birth (years) <b>21</b>	
MOTHER	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <b>Bonga María Siquijor</b>		13. NAME (First Middle Last) <b>BONNIE V. HILONGO</b>	
	14. CITIZENSHIP <b>Philippine</b>		15. RELIGION <b>R. Catholic</b>	
	16. OCCUPATION <b>Farmer</b>		17. Age at the time of this birth (years) <b>24</b>	

Year of Occurrence (Use Philippine Reference Year)  
**64-A11MH01-8**

41  
**990617**

42  
**170697**

43  
**31044**

44  
**03 21 21**

45  
**03 03 00**

46  
**220 21**

47  
**31044**

48  
**1 1**

49  
**619 24**

50  
**1 1**

51  
**3**

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
**March 21, 1998 in María, Siquijor**

19a. ATTENDANT (1 Physician, 2 Nurse, 3 Midwife, 4 Healer (Traditional Midwife), 5 Others (Specify))  
 3 Midwife

19b. CERTIFICATION OF BIRTH (I solemnly certify that I attended the birth of the child who was born alive at **6:00 a.m.** on the date stated above.)  
Signature: **L. G. Deha** Address: **María, Siquijor**  
Name in Print: **LADY G. DEHA**  
Title or Position: **RM** Date: **June 17, 1999**

20. INFORMANT (Name in Print: **Melicia Hilongo** Address: **Bonga, María, Siquijor**)  
(Name in Print: **YVES L. HILONGO** Address: **Bonga, María, Siquijor**)  
(Name in Print: **Grandmother** Date: **July 6, 1999**)

21. PREPARED BY (Signature: **Ernesto Soliman** Name in Print: **ERNESTO SOLIMAN** Title or Position: **Civil Registrar General** Date: **July 6, 1999**)  
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR (Signature: **HELEN B. PANLIGUAN** Name in Print: **HELEN B. PANLIGUAN** Title or Position: **HR/HR** Date: **July 6, 1999**)

07859-08-400JRA-00172-BI007

BEST POSSIBLE IMAGE



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BReN  
06104-A99MH01-8

Documentary  
Stamp Tax Paid

*CSM*

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

