



**ASIGNAR, DESERY MINISTERIO**

SS Number: 06-4348195-0 | CRN Number: 0113-1581181-5

Your password will expire on Sep 06, 2023 | Your last login was on Apr 04, 2023 5:00:03 AM thru the SSS Website

[HOME](#) [MEMBER INFO](#) [INQUIRY](#) [BENEFITS](#) [LOANS](#) [SERVICES](#) [PAYMENT REFERENCE NUMBER \(PRN\)](#) [LOGOUT](#)

## Member Details

### Address & Contact Information

SS Number Status :	0 - ACTIVE
Document Compliance :	DOCUMENTARY REQUIREMENT(S) SUBMITTED
Membership Status :	PERMANENT
Prior Registrant :	NO
Date of SS Number Issuance :	08/20/2019
Sex :	FEMALE
Reporting Date :	10-12-2019
Reporting ID :	03-9147935-3
Latest ER ID :	06-1739682-2
Latest ER Name :	EPERFORMAX CONTACT CENTERS (CE
Claim Flag Status :	0 - NO FINAL/FUNERAL CLAIM
Transferred to (New SS Number) :	
Membership Type :	EMPLOYEE
Change in Coverage Status	NO STATUS CHANGE
Date of Loan Disqualification	
SS Number Withdrawal Reason	
Record Location	CEBU
TIN Number	



## MEMBER'S DATA FORM (MDF)

HQP-PFF-039  
(V07, 10/2017)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121257372159
REGISTRATION TRACKING NUMBER	919231479245

<b>OCCUPATIONAL STATUS</b>		EMPLOYED			
<b>MEMBERSHIP CATEGORY</b>		EMPLOYED - PRIVATE			
	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	ASIGNAR	DESERY		MINISTERIO	<input type="checkbox"/>
FATHER	ASIGNAR	JOSEREY		ADOLFO	<input type="checkbox"/>
MOTHER (Maiden Name)	MINISTERIO	ELSIE			<input checked="" type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
<b>MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE</b>		ASIGNAR	DESERY	MINISTERIO	<input type="checkbox"/>
<b>DATE OF BIRTH</b>		<b>MARITAL STATUS</b>		<b>TAXPAYER IDENTIFICATION NUMBER (TIN)</b>	
09/16/1999		SINGLE		SSS NUMBER	
<b>PLACE OF BIRTH</b>			<b>CITIZENSHIP</b>		<b>GSIS NUMBER</b>
CEBU CITY, CEBU, PHILIPPINES			FILIPINO		
<b>SEX</b>	<b>HEIGHT(cm.)</b>	<b>WEIGHT(kg.)</b>	<b>PROMINENT DISTINGUISHING FACIAL FEATURES</b>		<b>EMPLOYEE NUMBER</b>
FEMALE	0.00	0.00			
<b>COMMON REFERENCE NUMBER (CRN)</b>		<b>FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT</b>		For AFP/PNP Employee, Serial/Badge No. For DepEd Employee, Division Code-Station Code	

ADDRESS AND CONTACT DETAILS						
<b>PERMANENT HOME ADDRESS</b>				<b>COUNTRY + AREA CODE + TELEPHONE NUMBER</b>		
Unit/Room No., Floor		Building Name		HOME		
Lot No.	Block No.	Phase No.	House No.	Street Name		CELLPHONE
				V1 NASIPIT		+63 (0966) 6581395
Subdivision			Barangay		BUSINESS (DIRECT LINE)	
			TALAMBAN			
Municipality/City			Province/State/Country		BUSINESS (TRUNK LINE)	
CEBU CITY			CEBU, PHILIPPINES			
ZIP Code			E-MAIL ADDRESS			
6000						
<b>PRESENT HOME ADDRESS</b>						
Unit/Room No., Floor		Building Name		Lot no.	Block no.	Phase No.
House No.		Street Name		Subdivision		Barangay
		V1 NASIPIT		TALAMBAN		
Municipality/City			Province/State/Country		Zip Code	
CEBU CITY			CEBU, PHILIPPINES		6000	
<b>PREFERRED MAILING ADDRESS</b>			PERMANENT HOME ADDRESS			

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

PRESENT EMPLOYMENT DETAILS						
OCCUPATION CUSTOMER SERVICE REPRESENTATIVES			EMPLOYMENT STATUS CASUAL		TYPE OF WORK	
EMPLOYER/BUSINESS NAME CONCENTRIX CVG PHILIPPINES INC					COUNTRY OF ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS					MANNING AGENCY	
Unit/Room No., Floor		Building Name			MONTHLY INCOME	
Lot No.	Block No.	Phase No.	House No.	Street Name JM DEL MAR AVENUE	Basic	0.00
Subdivision ASIATOWN IT PARK					Allowances/Others	0.00
Barangay LAHUG					Total Mo. Income	0.00
Municipality/City CEBU CITY					OFFICE ASSIGNMENT	
Province CEBU					DATE EMPLOYED	
State/Country (if abroad) PHILIPPINES				ZIP Code 6000	AUG 2019	

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

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

I HEREBY CERTIFY THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

\_\_\_\_\_  
SIGNATURE OF MEMBER

\_\_\_\_\_  
DATE

FOR Pag-IBIG FUND USE ONLY			
RECEIVED BY	DATE		
Signature over Printed Name	Designation/Position	Branch/Unit	

BY: *[Signature]*  
DATE: *[Date]*  
MANDAUF BRANCH

**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.



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)	: 12-025850186-7	PhilSys Number	:
Member Category	: DIRECT CONTRIBUTOR -		
Sub-Category	: EMPLOYED PRIVATE	NHTS Coverage	: N/A
		Validity Period	: N/A - N/A

**ASIGNAR, DESERY MINISTERIO**

V-ONE NASIPIT TALAMBAN, CEBU CITY CEBU

Foreign Address	: N/A	Sex	: FEMALE
		Date of Birth	: 09/16/1999
		Place of Birth	: CEBU CITY, CEBU
Contact No. (Foreign)	: N/A	Civil Status	: SINGLE
(Local)	: +639666581395	Tax Identification Number	:

**ENTITY INFORMATION**

PhilHealth Number (PEN/POGN)	: 012000011648		
Name of Employer/Organized Group	: EPERFORMAX CONTACT CENTERS (CEBU) CORP		
Business Address	: JY SQUARE I T CTR 1 & 3 SALINAS DRV, LAHUG (POB.), CEBU CITY CEBU		
Telephone Number	: 411-9700	Employment Status	: EMPLOYED
Tax Identification Number	: 006648340	Date	: 02/24/2020

**DEPENDENT INFORMATION**

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

**MARJORIE A. CABRIETO**  
 REGIONAL VICE PRESIDENT  
 PRO - VII Cebu 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 makikinabang 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 availment of benefits.)

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

Jun 08, 2023 06:40 PM



BIR Form No.  
**2316**

# Certificate of Compensation Payment/Tax Withheld



September 2021 (ENCS)

For Compensation Payment With or Without Tax Withheld

ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY) **2022**

2 For the Period From (MM/DD) **0101** To (MM/DD) **1231**  
Part IV-B Details of Compensation Income & Tax Withheld from Present Employer

### Part I - Employee Information

3 TIN **363-820-253-0000**

4 Employee's Name (Last Name, First Name, Middle Name) **Asignar, Desery Ministerio**

5 RDO Code **081**

6 Registered Address  
V-One Nasipit, Talamban Cebu City

6A ZIP Code

6B Local Home Address  
V-One Nasipit, Talamban Cebu City

6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **09161999**

8 Contact Number

9 Statutory Minimum Wage rate per day **0.00**

10 Statutory Minimum Wage rate per month **0.00**

11  Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

### Part II - Employer Information (Present)

12 TIN **006-648-340-0000**

13 Employer's Name **EPERFORMAX CONTACT CENTERS (CEBU) CORP.**

14 Registered Address  
JY SQUARE IT CENTER 1 & 3 SALINAS DRIVE, LAHUG, CEBU CITY

14A ZIP Code **6000**

15 Type of Employer  Main Employer  Secondary Employer

### Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address

18A ZIP Code

### Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) **213,328.19**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) **61,355.09**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) **151,973.10**

22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **151,973.10**

24 Tax Due **0.00**

25 Amount of Taxes Withheld **0.00**

25A Present Employer **0.00**

25B Previous Employer, if applicable **0.00**

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **0.00**

27 5% Tax Credit (PERA Act of 2008) **0.00**

28 Total Taxes Withheld (Item 26 less Item 27) **0.00**

### A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE **0.00**

30 Holiday Pay (MWE) **0.00**

31 Overtime Pay (MWE) **0.00**

32 Night Shift Differential (MWE) **0.00**

33 Hazard Pay (MWE) **0.00**

34 13th Month Pay and Other Benefits (maximum of P90,000) **46,465.19**

35 De Minimis Benefits **0.00**

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **14,889.90**

37 Salaries and Other Forms of Compensation **0.00**

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) **61,355.09**

### B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary **136,942.41**

40 Representation **0.00**

41 Transportation **0.00**

42 Cost of Living Allowance (COLA) **0.00**

43 Fixed Housing Allowance **0.00**

44 Others (specify)

44A Night Diff & Premiums **15,030.69**

44B **0.00**

### SUPPLEMENTARY

45 Commission **0.00**

46 Profit Sharing **0.00**

47 Fees including Director's Fees **0.00**

48 Taxable 13th Month Benefits **0.00**

49 Hazard Pay **0.00**

50 Overtime Pay **0.00**

51 Others (specify)

51A **0.00**

51B **0.00**

52 Total Taxable Compensation Income (Sum of Items 39 to 51B) **151,973.10**

I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

53 **Nezabette C. Ralleca** Present Employer/Authorized Agent Signature over Printed Name Date Signed **01312023**

CONFORME: 54 **Asignar, Desery Ministerio** Employee Signature over Printed Name Date Signed **02192023**

CTC/Valid ID No. of Employee **06-4348195-0** Place of Issue **Cebu City** Date Signed **218.00**

### To be accomplished under substituted filing

I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.

55 **Nezabette C. Ralleca** Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 2315 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

56 **Asignar, Desery Ministerio** Employee Signature over Printed Name