



Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID
(UMID) CARD APPLICATION (E-1/E-6)

MO0259IW202306270539 Date/Time Generated: 27 June 2023 08:55:36 AM

SS NUMBER 06-4609480-7					
NAME					
(LAST NAME) PAGDANGANAN	(FIRST NAME) CHRISTINE	(MIDDLE NAME) JUSAYAN	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 09082000	PLACE OF BIRTH (CITY/MUNICIPALITY) CAPOOCAN	(PROVINCE/STATE) LEYTE	(COUNTRY) PHILIPPINES	SEX FEMALE	
FATHER'S NAME (LAST NAME) PAGDANGANAN	(FIRST NAME) EDWIN	(MIDDLE NAME) MERCADO	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) JUSAYAN	(FIRST NAME) MONICA	(MIDDLE NAME) MAGDUA	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION)					
(BARANGAY/DISTRICT/LOCALITY) BALUD	(CITY/MUNICIPALITY) CAPOOCAN	(PROVINCE) LEYTE	POSTAL CODE 6530	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 153	WEIGHT (IN KILOGRAMS) 59	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER (0945) 436-5090	EMAIL ADDRESS christine.pagdanganan@evsu.edu.ph			
DEPENDENT(S)/BENEFICIARY/IES					
SPOUSE (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
CHILDREN (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) PAGDANGANAN	(FIRST NAME) MONICA	(MIDDLE NAME) JUSAYAN	(SUFFIX)	RELATIONSHIP Guardian/Caretaker	DATE OF BIRTH (MMDDYYYY) 03161972
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)	
Profession/Business		Foreign Address		SS No./Common Reference No. of Working Spouse	
Year Prof./Business Started					
Monthly Earnings		Monthly Earnings		Monthly Income of Working Spouse (P)	
		Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT / PRIOR REGISTRANT		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME) (BANK BRANCH)					
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION					
1. I certify that the information provided are true and correct. 2. I hereby consent to: - the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updating of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits; - sharing of these data with SSS service providers to carry out the purposes stated above; and - disposal of this application in the manner consistent with the Data Privacy Act. 3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank. 4. I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.					



MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **132504210301**
 Member Category : INFORMAL ECONOMY NHTS Coverage :
 Sub-Category : INFORMAL SECTOR Effectivity Period :

PAGDANGANAN, CHRISTINE JUSAYAN
 BALUD, CAPOOCAN, LEYTE 6530

Foreign Address : N/A Sex : Female
 Date of Birth : 09/08/2000
 Place of Birth : CAPOOCAN, LEYTE
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : Tax Identification Number :

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : N/A
 Name of Employer/Organized Group : N/A
 Business Address : N/A
 Telephone Number : N/A
 Tax Identification Number : N/A

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** NO DECLARED DEPENDENT/S ***

*** 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 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. (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 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.

7/10/2023 12:11:08 PM 10006397 20285501 / 10006397 / 7/7/2023 7/10/2023



Pag-IBIG Fund

"Lingkod Pag-IBIG: Tapat na Serbisyo, Mula sa Puso"



Pag-IBIG MID NO. : 121325051245

NAME : PAGDANGANAN, CHRISTINE
JUSAYAN

DATE OF BIRTH : SEPTEMBER 08, 2000

T. I. N. :

PRESENT HOME ADDRESS : BALUD, CAPOOCAN, LEYTE 6530

MOBILE PHONE NO. :

HOME TEL. NO. :

EMAIL ADDRESS : pagdanganantineisthis@gmail.com

COMPANY/EMPLOYER NAME :

COMPANY/EMPLOYER
ADDRESS :



TCD201900817475



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

TIN
629-639-801-00000



Name
PAGDANGAN, CHRISTINE JUSAYAN

Address
BALUD 6530 CAPOOCAN LEYTE PHILIPPINES

Birth Date
08-SEP-2000

TIN Issuance Date
10-JUL-2023



CN: 088-2307661

SIGNATURE