



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

MO0293IW202307254580 Date/Time Generated: 25 July 2023 07:25:35 PM

SS NUMBER		06-4630408-9			
(LAST NAME)		(FIRST NAME)		(MIDDLE NAME)	(SUFFIX)
BALBUENA		REYNZEL			
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY)	PLACE OF BIRTH (CITY/MUNICIPALITY)	(PROVINCE/STATE)	(COUNTRY)	SEX	
07212004	MINGLANILLA	CEBU	PHILIPPINES	FEMALE	
FATHER'S NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)		
UNDANG	APOLONIO	BARTULO			
MOTHER'S MAIDEN NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)		
BALBUENA	EVELYN	GONZALES			
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)		(STREET NAME)	(SUBDIVISION)		
CANDAYA					
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	POSTAL CODE	COUNTRY CODE	
LINAO	CITY OF TALISAY	CEBU	6045	0063	
CIVIL STATUS	HEIGHT (IN CENTIMETERS)	WEIGHT (IN KILOGRAMS)	DISTINGUISHING FEATURE/S	NATIONALITY	RELIGION
SINGLE	147	40		FILIPINO	ROMAN CATHOLIC
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER	EMAIL ADDRESS			
	(0956) 521-1441	reynzelbalbuena04@gmail.com			
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)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1	UNDANG	JOHN HENRICK	BALBUENA	Brother	08022005
2	UNDANG	JOSHUA	BALBUENA	Brother	01152010
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 Income of Working Spouse (P)			
Monthly Earnings	Monthly Earnings	Are you applying for membership in the Flex-Fund Program?			
		☐ YES ☐ NO			
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT / PRIOR REGISTRANT	PROFESSION/BUSINESS	ESTIMATED MONTHLY SALARY			
UMID CARD APPLICATION WITH ATM OPTION					
☒ UMID CARD AS ATM CARD (BANK NAME)		(BANK BRANCH)			
UNION BANK OF THE PHILIPPINES		UNIONBANK			
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'S DATA FORM (MDF)

HQP-PFF-039
(V09, 06/2022)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121324523030
REGISTRATION TRACKING NUMBER	923206951405

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	BALBUENA	REYNZEL			☒
FATHER	UNDANG	APOLONIO		BARTULO	☐
MOTHER (Maiden Name)	BALBUENA	EVELYN		GONZALES	☐
SPOUSE (if Married)					☐
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	BALBUENA	REYNZEL			☒
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
07/21/2004		Single/Unmarried			
PLACE OF BIRTH		CITIZENSHIP		SSS NUMBER	
MINGLANILLA, CEBU		FILIPINO		GSIS NUMBER	
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER
FEMALE	147.00	40.00			For AFP/PNP Employee, Serial/Badge
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		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	Cell Phone
				CANDAYA	
Subdivision	Barangay			+63 (0966) 5211441	
	LINA O			Business (Direct Line)	
Municipality/City	Province/State/Country			Business (Trunk Line)	
TALISAY CITY	CEBU, PHILIPPINES				
ZIP Code				Email Address	
6045				reynzelbalbuena04@gmail.com	
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name	Lot no.	Block no.	Phase No.
House No.	Street Name	Subdivision		Barangay	
	CANDAYA			LINA O	
Municipality/City	Province/State/Country		ZIP Code		
TALISAY CITY	CEBU, PHILIPPINES		6045		
PREFERRED MAILING ADDRESS		PRESENT HOME ADDRESS			

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

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

(032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871

www.philhealth.gov.ph



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **120261532358** PhilSys Number :
Member Category : DIRECT CONTRIBUTOR - SELF
EARNING INDIVIDUAL - INDIVIDUAL NHTS Coverage : N/A
Validity Period : N/A

BALBUENA, REYNZEL

LINAO, TALISAY, CEBU - 6045

Foreign Address : N/A Sex : FEMALE
Date of Birth : 7/21/2004
Place of Birth : MINGLANILLA, CEBU
Contact No. (Foreign) : N/A Civil Status : SINGLE
(Local) : /09665211441 Tax Identification Number :

ENTITY INFORMATION

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

DEPENDENT INFORMATION

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

MARJORIE A. CABRIETO
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. (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.

Printed At : CEBU CITY - CEBU

07/27/2023 10:05:18 AM 0778021 30778021 7/27/2023

Republic of the Philippines
Department of Justice
National Bureau of Investigation

352861070

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.
B415GRUL40-ML12867471

FAMILY NAME
BALBUENA

MIDDLE NAME

ADDRESS
SITIO CANDAYA BRGY LINAO TALISAY CITY CEBU

DATE OF BIRTH
July 21, 2004

CITIZENSHIP
FILIPINO

PURPOSE

MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

VALID UNTIL
August 02, 2024

FIRST NAME
REYNZEL

HUSBAND'S SURNAME

PLACE OF BIRTH
MINGLANILLA CEBU

CIVIL STATUS
SINGLE

GENDER
FEMALE



SIGNATURE

[Signature]



Date Printed: Wednesday, August 2, 2023 11:00 AM