



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No.

1904

July 2021 (ENC5)

Taxpayer and Person Registering under E.O. 98

(Securing a TIN to be able to transact with any government office) and Others

634 - 155 - 961 - 00000
TIN to be issued (To be filled out by BIR)

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

1 Date of Registration (MMDDYYYY) 09 18 20 23	2 PhilSys Card Number (PCN) (if Applicable)	3 RDO Code (To be filled out by BIR)
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Part I - Taxpayer Information

4 Taxpayer Type

<input type="checkbox"/> E.O. 98 (Filipino Citizen)	<input type="checkbox"/> One-Time Transaction - Foreign National
<input type="checkbox"/> E.O. 98 (Foreign National)	<input type="checkbox"/> Passive Income Earner Only
<input type="checkbox"/> One-Time Transaction - Filipino Citizen	<input type="checkbox"/> Estate (Non-Business)

5 Foreign TIN (if any)

6 Country of Residence, if applicable

7 Taxpayer's Name

7A (if Individual) (Last Name) (First Name) (Middle Name) (Suffix) (Nickname)
Balintag Sophia Agulo Orillo

7B (if Non-Individual) (Registered Name)

7C (if ESTATE, ESTATE of (First Name, Middle Name, Last Name, Suffix)) (if TRUST, FAO: (First Name, Middle Name, Last Name, Suffix))

8 Date of Birth/Organization (MMDDYYYY) 02 | 12 | 20 | 01

9 Place of Birth Surigao City

10 Local Residence Address

Unit/Room/Floor/Building No.	Building Name/Tower	Lot/Block/Phase/House No.	Street Name
		026	Capitol Road
Subdivision/Village/Zone	Barangay	Province	Town/District
Purok Everlasting	Brgy. Washington	Surigao Del Norte	
Municipality/City			ZIP Code
Surigao City			8406

11 Principal Foreign Address, if applicable (Indicate complete foreign address)

12 Municipality Code (To be filled out by BIR)

13 Date of Arrival in the Philippines (MMDDYYYY)

14 Gender Male Female

15 Civil Status Single Married Widower Legally Separated

16 Spouse TIN 00000

17 Spouse Name (Last Name, First Name, Middle Name, Suffix)

18 Contact Number (Landline/Mobile No.) 0970 8939622

19 Official Email Address sophia.balintag90@gmail.com

20 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix) Cathy Jan Bantilan Orillo

21 Father's Name (First Name, Middle Name, Last Name, Suffix) Jojo Benito Bahintag

22 Identification Details (government issued ID (e.g., passport, driver's license, etc.), company ID, etc.)

Type	Number	Effectivity Date (MMDDYYYY)	Expiry Date (MMDDYYYY)

Part II - Transaction Details

23 Purpose of TIN Application

<input type="checkbox"/> A Dealings with Banks	<input type="checkbox"/> B Dealings with Government Agencies	<input type="checkbox"/> C Tax Treaty Relief	<input type="checkbox"/> D Sale, Assignment and/or Disposal of Shares of Stock
<input type="checkbox"/> E Sale, Assignment and/or Disposal of Real Properties classified as Capital Asset	<input type="checkbox"/> F Sale, Assignment and/or Disposal of Real Properties classified as Ordinary Asset	<input type="checkbox"/> G Donation of Properties/ies	<input type="checkbox"/> H Transfer of Properties/ies by Succession (Death)
<input checked="" type="checkbox"/> I First Time Job Seeker	<input type="checkbox"/> J Others (specify)		

Part III - Withholding Agent/Accredited Tax Agent Information

24 Taxpayer Identification Number (TIN) 634 - 155 - 961 - 00000

25 RDO Code

26 Withholding Agent/Accredited Tax Agent's Name (if Individual, Last Name, First Name, Middle Name, Suffix) (if Non-Individual, Registered Name) (if different from taxpayer)

27 Registered Address (Sub-street, Building/Street, Barangay, City/Municipality, Province)

27A ZIP Code

28 Contact Number (Landline/Mobile No.)

29 Official Email Address

30 Declaration

I declare, under the penalties of perjury, that this application has been made in good faith, verified by me and to the best of my 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 give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

Sophia Agulo Balintag
TAXPAYER/AUTHORIZED REPRESENTATIVE
(Signature over Printed Name)

Title/Position of Signatory

Stamp of BIR Receiving Office and Date of Receipt

40 SEP 2021

*Note: The BIR Data Privacy Policy is in the BIR website (www.bir.gov.ph)



Republic of the Philippines
Department of Justice
National Bureau of Investigation



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
B453BSLS10-SC1967098

FAMILY NAME
BALINTAG

MIDDLE NAME
ORILLO

ADDRESS
CAPITOL ROAD BRGY WASHINGTON SURIGAO CITY

DATE OF BIRTH
February 12, 2001

CITIZENSHIP
FILIPINO
PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

VALID UNTIL
September 19, 2024

FIRST NAME
SOPHIA AGNES

HUSBAND'S SURNAME

PLACE OF BIRTH
SURIGAO CITY

CIVIL STATUS
SINGLE



SIGNATURE

GENDER
FEMALE



Date Printed: Tuesday, September 19, 2023 11:16 AM

Agency SC
CASID malintadm
DATID malintadm
O.R. No. FREEM71UM51
RECID malintadm
O.R. Date 09/19/2023 11:11:12 AM
INTID
DST PAID PRTID malintadm

ATTY. MEDARDO G. DE LEMOS
Officer-in-Charge



B453BSLS10-SC1967098



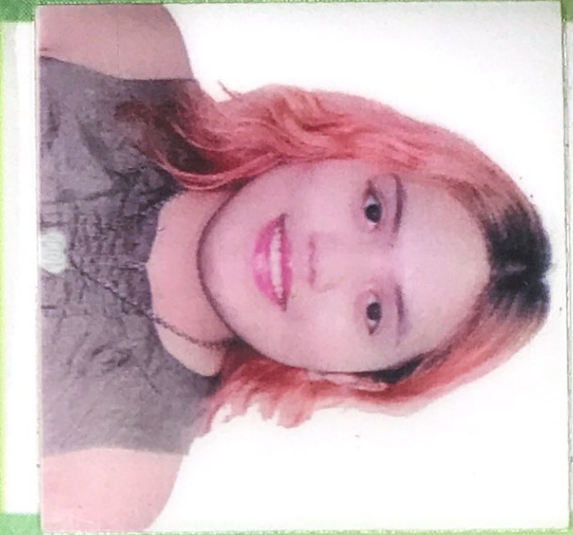
Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID
(UMID) CARD APPLICATION (E-1/E-6)

MO0374IW202310066801 Date/Time Generated: 06 October 2023 02:45:41 PM

SS NUMBER 08-3226212-6					
NAME					
(LAST NAME) BALINTAG	(FIRST NAME) SOPHIA AGNES	(MIDDLE NAME) ORILLO	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 02122001	PLACE OF BIRTH (CITY/MUNICIPALITY) SURIGAO CITY (CAPITAL)	(PROVINCE/STATE) SURIGAO DEL NORTE	(COUNTRY) PHILIPPINES	SEX FEMALE	
FATHER'S NAME (LAST NAME) BALINTAG	(FIRST NAME) JOJO	(MIDDLE NAME) BETONIO	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) ORILLO	(FIRST NAME) CATHY JANE	(MIDDLE NAME) BANTILAN	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) 026 N/A	(STREET NAME) CAPITOL ROAD	(SUBDIVISION) N/A			
(BARANGAY/DISTRICT/LOCALITY) WASHINGTON (POB.)	(CITY/MUNICIPALITY) SURIGAO CITY (CAPITAL)	(PROVINCE) SURIGAO DEL NORTE	POSTAL CODE 8400	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 161	WEIGHT (IN KILOGRAMS) 72	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL NO.) 086-8278726	MOBILE NUMBER (0910) 465-8888	EMAIL ADDRESS sophiabalintag90@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					
2					
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)	
Profession/Business Year Prof./Business Started Monthly Earnings		Foreign Address Monthly Earnings Are you applying for membership in the Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (P)	
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					
<p>1. I certify that the information provided are true and correct.</p> <p>2. I hereby consent to:</p> <ul style="list-style-type: none"> 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. <p>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.</p> <p>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.</p>					



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



18-025341867-0

BALINTAG, SOPHIA AGNES ORILLO

FEBRUARY 12, 2001 . FEMALE
CAPITOL ROAD WASHINGTON (POB.) SURIGAO CITY,
SURIGAO DEL NORTE - 8400



1 8 0 2 5 3 4 1 8 6 7 0


Signature

CERTIFICATION

The person whose name and signature appear on this card is a beneficiary of the National Health Insurance Program. He/She, including his/her qualified dependents, are entitled to the benefits and privileges of the Program by virtue of Republic Act No. 7875, as amended.



ATTY. DANTE A. GIERAN, CPA

President and Chief Executive Officer (CEO)