



Republic of the Philippines
SOCIAL SECURITY SYSTEM
SS NUMBER SLIP

SS Number: 06-4282699-8
BACORNAY, CHRISTINE BUBULI
Birthdate: 12/12/2000





MEMBER'S DATA FORM (MDF)

Pag-IBIG MID NUMBER
1 2 1 2 4 8 7 1 0 1 7 6
 REGISTRATION TRACKING NUMBER
 4.2.3

INSTRUCTIONS

- Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on a single sheet of paper.
- Type or print all entries in BLOCK or CAPITAL LETTERS.
- All fields marked with asterisk (*) are mandatory.
- On the "OCCUPATIONAL STATUS" portion, if not employed or purpose is pre-employment, select "UNEMPLOYED/NOT YET EMPLOYED".
- The "NAME EXTENSION" shall refer to JR., II, III and the like.
- Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
- On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
- On the "HEIRS" portion, the provision on the Laws on Succession, under the New Civil Code, shall be observed.
- For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCIF, HQP-PFF-049) and submit to any Pag-IBIG Branch nearest you.

*OCCUPATIONAL STATUS EMPLOYED UNEMPLOYED/NOT YET EMPLOYED
 CHECK THIS BOX IF FIRST TIME JOB SEEKER

*MEMBERSHIP CATEGORY

MANDATORY	VOLUNTARY
<input type="checkbox"/> EMPLOYED (PRIVATE) <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> EMPLOYED (GOVERNMENT) <input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER <input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD <input type="checkbox"/> JOB ORDER PERSONNEL <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW) <input type="checkbox"/> OTHER EARNING GROUP (OEGs)	<input type="checkbox"/> EMPLOYED (FOREIGN GOVERNMENT) <input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION <input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE <input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT <input type="checkbox"/> NON-WORKING SPOUSE <input type="checkbox"/> OTHERS, Please specify <input type="checkbox"/> MEMBER OF RELIGIOUS GROUP <input type="checkbox"/> PENSIONER/INVESTOR/LESSOR

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	BACORNAY	CHRISTINE		BUBULI	<input type="checkbox"/>
FATHER	BACORNAY	NOEL		AMANCE	<input type="checkbox"/>
*MOTHER (Maiden Name)	BUBULI	LILY		TABADA	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

*DATE OF BIRTH 12 12 2000 m m d d y y y y	*MARITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	TAXPAYER IDENTIFICATION NUMBER (TIN) 378 720 380
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)	*CITIZENSHIP FILIPINO	SSS/GSIS NUMBER 0642826998
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	HEIGHT 5'1 (cm)	WEIGHT 54 (kg)
COMMON REFERENCE NUMBER (CRN) (If Available)	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)	EMPLOYEE NUMBER For AFP/PNP Employee, Serial/Badge No. For DepEd Employee, Division Code-Station Code
FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction) <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name 4 3 SUNFLOWER	(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Home
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code TISA CEBU CEBU CITY CEBU 6000	Cell Phone
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name 4 3 SUNFLOWER	Business (Direct Line)
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code TISA CEBU CEBU CITY CEBU 6000	Business (Trunk Line) Local
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	Email Address



Pag-IBIG Fund

(Home Development Mutual Fund)

March 1, 2022

Date

BACORNAY, CHRISTINE BUBULI

Dear Sir/Madam:

We are pleased to inform you that **121248710176** is your assigned Pag-IBIG Membership ID (MID) Number. Membership with the Fund shall be activated only upon remittance and posting of your initial membership savings (MS). Thereafter, use your Pag-IBIG MID in remitting MC, paying loan amortization, availing loan programs and other business transactions with the Fund.

Should you have any query/clarification regarding this notice, please visit or call this Branch.

Very truly yours,



PAG-IBIG FUND Colon Branch
Marketing Sales Unit
ORIGINAL DOCUMENTS SEEN

By: MELCHOR C. DAPTON
Marketing Assistant

Date: 03/01/2022

Name and Designation of Authorized Signatory

CEBU – COLON BRANCH
3rd Floor Gaisano Capital South
Brgy. Kalubihan, Colon St., Cebu City
Contact No. (032)231-2918; Email us at: colon.me@pagibigfund.gov.ph



MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **120258123986**
 Member Category : FORMAL ECONOMY NHTS Coverage :
 Sub-Category : PRIVATE Effectivity Period :

BACORNAY, CHRISTINE BUBULI

TISA, CEBU CITY, CEBU 6000

Foreign Address : N/A Sex : Female
 Date of Birth : 12/12/2000
 Place of Birth : CEBU CITY, CEBU
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : Tax Identification Number :

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : 200474314917
 Name of Employer/Organized Group : WIZARD MANPOWER AND ALLIED SERVICES INC
 Business Address : SUITE 409 BLDG # 815 QUEZON AVE, QUEZON CITY, SECOND DISTRICT
 Telephone Number : 4135583
 Tax Identification Number : 125590533000

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
*** NO DECLARED DEPENDENT/S ***						
*** NOTHING FOLLOWS ***						

LOURDES F. DIOCSON

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~~ hospital. *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.