



Republic of the Philippines
Department of Justice
National Bureau of Investigation



36510560

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.

C120JRXY00-ML1640353

FAMILY NAME

CABAHUG

MIDDLE NAME

ADDRESS

SITIO KALUBIAN BRGY YATI LILOAN CEBU

DATE OF BIRTH

October 23, 2000

CITIZENSHIP

FILIPINO

PURPOSE

MULTI-PURPOSE CLEARANCE

REMARKS

NO DEROGATORY RECORD

VALID UNTIL

November 07, 2024

FIRST NAME

RUSSEL JAY

HUSBAND'S SURNAME

PLACE OF BIRTH

CONSOLACION CEBU

CIVIL STATUS

SINGLE

GENDER

MALE



SIGNATURE

PERSONAL COPY



C120JRXY00-ML1640353

Medardo G. de Lemos
ATTY. MEDARDO G. DE LEMOS
Director

Date Printed: 11/15/2023 03:31 PM

Agency **ML18**

CASID **layasandi**

O.R. No. **MP7UW7VKYF**

O.R. Date **11/07/2023 9:54:51 AM**

DST PAID

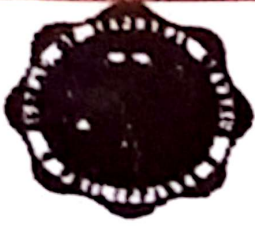
DATID **layasandi**

BIOD **layasandi**

RECID **santost2**

INTID

PRTIO **lantapemb**



BUREAU OF INTERNAL REVENUE

Revenue District No. 080

**2nd Floor Insular Square Bldg., J.P. Rizal St.,
Tabok, Mandaue City**

TIN VERIFICATION

Query Results

TIN : 391764037

NAME : RUSSEL JAY CABAHUG

DATE OF BIRTH : 10/23/2000

ADDRESS : KALUBIAN, YATI, LILUAN,
CEBU 6002

RDO CODE : RDO 47 - EAST MAKATI

TAXPAYER CLASSIFICATION : LOCAL EMPLOYEE

Cell No. : ONETT

E.O. 98

Email Add. : BUSINESS

PROFESSIONAL

[Signature]
FARHANA M. LUCMAN, CPA
 REVENUE OFFICER

NOV 07 2023

BIR, RDO 080 MANDAUE CITY



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **122528124052** PhilSys Number :
 Member Category : FORMAL ECONOMY - PRIVATE - PERMANENT/REGULAR NHTS Coverage : N/A
 Validity Period : N/A

CABAHUG, RUSSEL JAY -
 YATI, LILOAN, CEBU - 6002

Foreign Address : N/A Sex : MALE
 Date of Birth : 10/23/2000
 Place of Birth : CONSOLACION, CEBU
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : 32 348 0094/09682000176 Tax Identification Number :

ENITY 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 benepisyong, 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 : Mandaue - Wireless Plaza, Lopez Jaena corner Logarta Streets, Subangdaku, 6014, Mandaue City

11/07/2023 8:34:26 am 30805922 30674917 03/16/2021 / 20492305 05/12/2021



MEMBER'S DATA FORM (MDF)

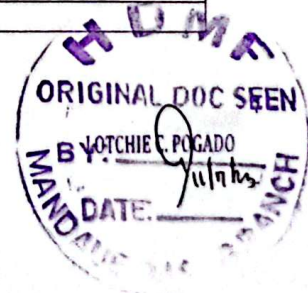
HQP-PFF-039
(V10, 04/2023)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MD NO	121281729529
REGISTRATION TRACKING NO	921099450695

OCCUPATIONAL STATUS		EMPLOYED	
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE <i>Please specify</i>	
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	NO MIDDLE NAME
MEMBER	CABAHUG	RUSSEL JAY	<input checked="" type="checkbox"/>
FATHER	NA	NA	<input type="checkbox"/>
MOTHER (Maiden Name)	CABAHUG	IRIS	<input type="checkbox"/>
SPOUSE (If Married)		VACUNADOR	<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	CABAHUG	RUSSEL JAY	<input checked="" type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)
10/23/2000	Single/Unmarried		
PLACE OF BIRTH	CONSOLIDATION CEBU	CITIZENSHIP	SSS NUMBER
		FILIPINO	GSIS NUMBER
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES
MALE	161.00	82.00	
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER
			For AFP/PNP Employee: Serial/Badge 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
		KALUBIAN	
Subdivision	Barangay		Business (Direct Line)
	YATI		
Municipality/City	Province/State/Country		Business (Trunk Line)
LILUAN	CEBU, PHILIPPINES		
ZIP Code			Email Address
6002			
PRESENT HOME ADDRESS			
Unit/Room No. Floor	Building Name	Lot No. Block No.	Phase No.
House No.	Street Name	Subdivision	Barangay
	KALUBIAN		YATI
Municipality/City	Province/State/Country		ZIP Code
LILUAN	CEBU, PHILIPPINES		6002
PREFERRED MAILING ADDRESS	PERMANENT HOME ADDRESS		

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.





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

Transaction Number: MO0398IW202101284250 Date/Time Generated: 29 January 2021 07:01:10 PM

SS NUMBER 35-0097018-7					
NAME					
(LAST NAME) CABAHUG	(FIRST NAME) RUSSEL JAY	(MIDDLE NAME)	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 10232000	PLACE OF BIRTH (CITY/MUNICIPALITY) CONSOLACION	(PROVINCE/STATE) CEBU	(COUNTRY) PHILIPPINES	SEX MALE	
FATHER'S NAME (LAST NAME) SUICO	(FIRST NAME) LLOYD	(MIDDLE NAME) ARBIOL	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) CABAHUG	(FIRST NAME) IRIS	(MIDDLE NAME) VACUNADOR	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) N/A N/A	(STREET NAME) PUROK BILAKA	(SUBDIVISION) N/A			
(BARANGAY/DISTRICT/LOCALITY) YATI	(CITY/MUNICIPALITY) LILOAN	(PROVINCE) CEBU	POSTAL CODE 6002	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 162	WEIGHT (IN KILOGRAMS) 75	DISTINGUISHING FEATURE/S		
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL NO.) 02-82590053	MOBILE NUMBER (0968) 200-0176	EMAIL ADDRESS cabahugrusssel5@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 YECYEC	JOVIMAR	CABAHUG		Brother	03132003
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				<input type="text"/> <input type="text"/>	
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	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>					