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Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD
FOR ISSUANCE OF SS NUMBER

SS NUMBER
06-3819876-6

COV-01214 (09-2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

NAME (LAST NAME) CINCOFLORES		(FIRST NAME) ERICKA MAE		(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 01/11/1998	
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	CIVIL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others					TAX IDENTIFICATION NUMBER (IF ANY)	
NATIONALITY FILIPINO	RELIGION ROMAN CATHOLIC		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) 181 B. RODRIGUEZ EXT. BARANGAY JAMBAG II CEBU CITY PHILIPPINES				
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) 181 B. RODRIGUEZ EXT. BARANGAY JAMBAG II CEBU CITY PHILIPPINES		(HOUSE/LOT & BLK. NO.)	(STREET NAME)	(SUBDIVISION)			
(BARANGAY/DISTRICT/LOCALITY)		(CITY/MUNICIPALITY)	(PROVINCE)	(COUNTRY)	ZIP CODE 6000		
MOBILE/CELLPHONE NUMBER 0933010920		E-MAIL ADDRESS jya-erick@yaho.com		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)			
FATHER (LAST NAME) HERAMIS	(FIRST NAME) MARVIN	(MIDDLE NAME) DAAI	(SUFFIX)				
MOTHER'S MAIDEN NAME (LAST NAME) CINCOFLORES	(FIRST NAME) GUENNIE	(MIDDLE NAME) FANION	(SUFFIX)				

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

SPOUSE (LAST NAME)		(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)		
CHILD/REN (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.							

C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE

SELF-EMPLOYED (SE) Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings P _____	OVERSEAS FILIPINO WORKER (OFW) Foreign Address _____ Monthly Earnings P _____ Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse _____ Monthly Income of Working Spouse (P) _____ I agree with my spouse's membership with SSS. SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE _____
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D. CERTIFICATION

I certify that the information provided in this form are true and correct.
(If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

ERICKA MAE CINCOFLORES
PRINTED NAME

[Signature]
SIGNATURE

05/10/16
DATE

RIGHT THUMB

RIGHT INDEX

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS) P	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) JARVIS NIKE B JARANILLA Member Service Section 05-10-16 / 02:30 PM Cebu City Branch
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	SIGNATURE OVER PRINTED NAME DATE & TIME
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	REVIEWED BY MELVIN Z. DESUYO Member Service Section Cebu City Branch SIGNATURE OVER PRINTED NAME DATE & TIME 05-10-16



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Corporate Action Center Hotline - (02) 441-7442

www.philhealth.gov.ph



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : 12-051493719-8 PhilSys Number :
 Member Category : DIRECT CONTRIBUTOR -
 Sub-Category : EMPLOYED PRIVATE NHTS Coverage : N/A
 Validity Period : N/A - N/A

CINCOFLORES, ERICKA MAE

131-B RODRIGUEZ EXT SAMBAG II (POB.), CEBU CITY CEBU

Foreign Address : N/A Sex : FEMALE
 Date of Birth : 03/11/1998
 Place of Birth : CEBU CITY, CEBU
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : 0923 3860370 / +639330109280 Tax Identification Number : 328086043

ENTITY INFORMATION

PhilHealth Number (PEN/POGN) : 012070003113
 Name of Employer/Organized Group : WEB2 INC
 Business Address : UNIT 204 AND 205 KEPPEL CENTER CEBU BUSINESS PARK, LUZ, CEBU CITY CEBU
 Telephone Number : 09171796336 Employment Status : EMPLOYED
 Tax Identification Number : 740962877000 Date : 09/07/2023

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
122545219490	VALERIANO	KHEN	CINCOFLORES	MALE	SON	07/29/2019
122549005355	VALERIANO	KHLIAN	CINCOFLORES	FEMALE	DAUGHTER	09/23/2021

*** NOTHING FOLLOWS ***

MARJORIE A. CABRIETO
 REGIONAL VICE PRESIDENT
 PRO - VII Cebu City

Paalala: Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang 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 MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a Member Portal System generated report. Signature is not required.

Feb 02, 2024 08:19 AM

Republic of the Philippines
Department of Justice
National Bureau of Investigation

35267858

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
C521CEKE89-R71437763

FAMILY NAME
CINCOFLORES

MIDDLE NAME

VALID UNTIL
August 08, 2024

FIRST NAME
ERICKA MAE

HUSBAND'S SURNAME

ADDRESS
2 G ARCHBISHOP REYES AVENUE SITIO STO NINO 3 BRGY LUZ CEBU CITY

DATE OF BIRTH
March 11, 1998

PLACE OF BIRTH
CEBU CITY

CIVIL STATUS
SINGLE

CITIZENSHIP
FILIPINO

GENDER
FEMALE

SIGNATURE



PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE



Date Printed: Tuesday, August 08, 2023 10:55 AM

Agency R7 DATD dupag

CASID dupag BIOID dupag

O.R. No MP4DWCCXU4 RECID

O.R. Date 08/08/2023 10:52:10 AM INTID


DST PAID PRTID villarml

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



C521CEKE89-R71437763


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
 **REPUBLIC OF THE PHILIPPINES**
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

CINCOFLORES, ERICKA MAE
TIN: 328-086-043-000

131 B. RODRIGUEZ EXT.,
SAMBAG II CEBU CITY

DATE OF BIRTH: MARCH 11, 1998
DATE OF ISSUE: MAY 30, 2018




SIGNATURE

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 **REPUBLIC OF THE PHILIPPINES**
Philippine Health Insurance Corporation

 **PhilHealth**
Your Partner in Health

12-051493719-8
CINCOFLORES, ERICKA MAE -
MARCH 11, 1998 - FEMALE
131 B RODRIGUEZ EXT SAMBAG II (POB) CEBU CITY, CEBU
- 6000






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FORMAL ECONOMY