

Republic of the Philippines
Department of Justice
National Bureau of Investigation



35204039

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.
S210GEHL20-R71414894

FAMILY NAME
SEGOVIA

MIDDLE NAME
BORLA

ADDRESS
SITIO RIVERSIDE BRGY PAZ PORO CEBU

DATE OF BIRTH
July 08, 2002

CITIZENSHIP
FILIPINO

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

VALID UNTIL
June 22, 2024

FIRST NAME
EARL

HUSBAND'S SURNAME

PLACE OF BIRTH
CEBU CITY

CIVIL STATUS
SINGLE



SIGNATURE

GENDER
MALE



S210GEHL20-R71414894

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

Date Printed: Thursday, June 22, 2023 11:18 AM
Agency R7 DATID villarinn
CASID villarinn BIOID villarinn
O.R. No. MPPEQHJFQ7 RECID
O.R. Date 06/22/2023 11:12:32 AM INTID
DST PAID PRTID villarinn

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PERSONAL COPY



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

MO0252IW202306206723 Date/Time Generated: 20 June 2023 09:33:18 PM

SS NUMBER 06-4605502-4					
NAME					
(LAST NAME) SEGOVIA	(FIRST NAME) EARL	(MIDDLE NAME) BORLA	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 07082002	PLACE OF BIRTH (CITY/MUNICIPALITY) PORO	(PROVINCE/STATE) CEBU	(COUNTRY) PHILIPPINES	SEX MALE	
FATHER'S NAME (LAST NAME) SEGOVIA	(FIRST NAME) MARCELO	(MIDDLE NAME) ACEBEDO	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) BORLA	(FIRST NAME) EDLYN	(MIDDLE NAME) TRIMUCHA	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) PUROK RIVERSIDE B		(STREET NAME)	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) PAZ	(CITY/MUNICIPALITY) PORO	(PROVINCE) CEBU	POSTAL CODE 6049	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 165.1	WEIGHT (IN KILOGRAMS) 90	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER (0995) 791-3942	EMAIL ADDRESS earlyyysegov@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 SEGOVIA	HUGH	BORLA		Brother	09082005
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 Earnings		Monthly Earnings Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		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					
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.					

INSTRUCTIONS

1. Fill out this form in one (1) copy.
2. Erasures/alterations are not encouraged. However, if necessary, such will be limited up to two (2) erasures/alterations only. Always affix initials on all erasures/alterations of this form.
3. Place a checkmark on the applicable box.
4. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
5. Indicate the home address. If permanent home address is in the province but working in Metro Manila during weekdays or working abroad, indicate the provincial address instead of the Metro Manila address.
6. Write the "HEIGHT" in centimeters and "WEIGHT" in kilograms.
To convert: 1 ft = 30.48 cm 1 in = 2.54 cm 1 lb = 0.4536 kg
7. Limit the distinguishing features to those that can be found on the face such as "mole under the right eye" and "mole or birth mark on the left cheek/forehead".
8. Always indicate the following **mandatory** information:
 - Country of place of birth, if born outside the Philippines
 - Mobile number, if applied locally*
 - Email address, if applied abroad*
 - * if card applicant cannot provide the required mobile number/email address, indicate the card applicant's immediate family member's mobile number/email address where SSS can communicate with the card applicant.
9. For all types of card replacement, pay the required fee at any SSS branch office/accredited bank/collecting agent. Write the Special Bank Receipt (SBR)/Receipt Number/Transaction Reference Number on the field provided and submit this form together with the required document/s and proof of payment to the nearest SSS branch office.
10. For card replacement due to unclaimed UMID cards beyond five (5) years, a replacement fee and biometric data re-capture is required.
11. Submit this form to the nearest SSS branch with the following required documents (use the table Documentary Requirements Guide).

DOCUMENTARY REQUIREMENTS GUIDE	
<p>IDENTIFICATION REQUIREMENTS (Present the original)</p> <p>A. Primary ID card/document [any one (1) of the following]:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Unified Multi-Purpose ID Card <input type="checkbox"/> 2. Social Security Card <input type="checkbox"/> 3. Alien Certificate of Registration <input type="checkbox"/> 4. Driver's License <input type="checkbox"/> 5. Firearm Registration <input type="checkbox"/> 6. License to Own and Possess Firearms <input type="checkbox"/> 7. National Bureau of Investigation (NBI) Clearance <input type="checkbox"/> 8. Passport <input type="checkbox"/> 9. Permit to Carry Firearms Outside of Residence <input type="checkbox"/> 10. Postal Identity Card <input type="checkbox"/> 11. Seafarer's Identification & Record Book (Seaman's Book) <input type="checkbox"/> 12. Voter's ID Card <p>B. Any two (2) other ID cards/documents, both with signature and at least one (1) with photo (In absence of a primary card). Please specify.</p> <p><input type="checkbox"/> _____</p>	<p>IDENTIFICATION REQUIREMENTS (Present the original)</p> <p>A. For card replacement due to amendment of data/authenticating finger</p> <ul style="list-style-type: none"> <input type="checkbox"/> Previously issued SS digitized ID or UMID card of the card applicant <input type="checkbox"/> Proof of payment <p>B. For card replacement due to lost SS digitized ID or UMID Card</p> <ul style="list-style-type: none"> <input type="checkbox"/> Duly notarized Affidavit of Loss <input type="checkbox"/> Proof of payment <p>C. For card replacement due to non-receipt of UMID Card</p> <ul style="list-style-type: none"> <input type="checkbox"/> Duly notarized Affidavit of Non-Receipt of Card <input type="checkbox"/> Notice/Email from Identity Management Department (IMD) that the courier lost/was not able to deliver the UMID Card <input type="checkbox"/> Proof of payment <p>C. For card replacement due to damaged UMID Card, UMID Card as ATM Card and other reason/s</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proof of payment

12. Observe proper attire when applying for a UMID card.

DOs	DONTs
<ul style="list-style-type: none"> • Collared shirt/blouse is encouraged • Face and neck should be free from bandage or accessories 	<ul style="list-style-type: none"> • Wearing of the following: <ul style="list-style-type: none"> a. For Male - undershirt/"sando" and/or earrings b. For Female - dangling or overstated earrings c. Eyeglasses and/or colored contact lenses d. Metal piercing in any part of the face e. Head gear f. Sunglasses

Unified Multi-Purpose ID (UMID) Card Application Page 2

REMINDERS

1. Card applicants who chose to enroll their UMID Card as ATM card at point of card application shall claim the same at the specified bank's branch or kiosk within thirty (30) days upon receipt of SMS notification from SSS.
2. For regular UMID Card, the default mode of issuance is pick-up at the SSS branch office where card application was made.
3. UMID Cards for pick-up at SSS Offices where card application was filed, shall be claimed within sixty (60) days from receipt of SMS notification from SSS. Otherwise, unclaimed UMID Cards within the 60-days claiming period shall be verified thru IMD or SSS hotline. Unclaimed UMID Cards beyond five (5) years shall be shredded or destroyed.
4. To verify the status of your UMID Card application, you may reach us at 920-6401 local 5714 or email at sss_id@sss.gov.ph.
5. Card applicants shall be required to verify the status/availability of their UMID Cards if with change of mobile number after the card application was made or non-receipt of SMS notification from SSS within thirty (30) days from card application.
6. Unsuccessfully delivered UMID Cards (RTS) will be sent to the SSS branch office where biometric data capture was made.



Republic of the Philippines
SOCIAL SECURITY SYSTEM

SS NUMBER SLIP

06-4605502-4

SEGOVIA, EARL BORLA

07/08/2002





Republic of the Philippines
SOCIAL SECURITY SYSTEM

Transaction Number Slip

MO0252IW202306206723

Name of Applicant: SEGOVIA, EARL BORLA

Date of Birth: 07/08/2002



MO0252IW202306206723 SEGOVIA, EARL BORLA

INSTRUCTIONS:

1. Present this transaction number slip at the SSS Branch/Service Office/Foreign Office together with your two (2) valid IDs and the required supporting documents (list was emailed to you) for tagging of your SS number's status with "APPLICATION THRU THE WEB/MOBILE APP-WITH APPROVED SUPPORTING DOCUMENTS".
2. Upon the advice of our Member Service Representative, proceed to UMID Card enrollment. Secure and maintain the confidentiality of your Transaction Number until you have completed your enrollment.



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121322011670
REGISTRATION TRACKING NUMBER	923172132469

OCCUPATIONAL STATUS	UNEMPLOYED/NOT YET EMPLOYED
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MEMBERSHIP CATEGORY

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	SEGOVIA	EARL		BORLA	<input type="checkbox"/>
FATHER	SEGOVIA	MARCELO		ACEBEDO	<input type="checkbox"/>
MOTHER (Maiden Name)	BORLA	EDLYN		TRIMUCHA	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	SEGOVIA	EARL		BORLA	<input type="checkbox"/>

DATE OF BIRTH 07/08/2002	MARITAL STATUS Single/Unmarried	TAXPAYER IDENTIFICATION NUMBER (TIN)
PLACE OF BIRTH CEBU CITY, CEBU	CITIZENSHIP FILIPINO	SSS NUMBER
SEX MALE	HEIGHT(cm.) 165.10	GSIS NUMBER
WEIGHT(kg.) 90.00	PROMINENT DISTINGUISHING FACIAL FEATURES	EMPLOYEE NUMBER <i>For AFP/PNP Employee, Serial/Badge No.</i>
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT	<i>For DepEd Employee, Division Code-Station Code</i>

ADDRESS AND CONTACT DETAILS

PERMANENT HOME ADDRESS	COUNTRY + AREA CODE + TELEPHONE NUMBER
Unit/Room No. Floor	Home
Building Name	Cell Phone
Lot No., Block No., Phase No., House No., Street Name	+63 (0995) 7918942
Subdivision	Business (Direct Line)
Barangay PAZ	Business (Trunk Line)
Municipality/City PORO	Email Address
Province/State/Country CEBU, PHILIPPINES	
ZIP Code 6049	

PRESENT HOME ADDRESS	Phase No.
Unit/Room No. Floor	Barangay
Building Name	SAMBAG 1
Lot no., Block no.	ZIP Code
House No., Street Name, Subdivision	6000
Municipality/City CEBU CITY	
Province/State/Country CEBU, PHILIPPINES	

PREFERRED MAILING ADDRESS	PRESENT HOME ADDRESS
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THIS FORM MAY BE REPRODUCED. NOT FOR SALE.



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **122516881079** PhilSys Number :
 Member Category : DIRECT CONTRIBUTOR - SELF
 EARNING INDIVIDUAL - INDIVIDUAL NHTS Coverage : N/A
 Validity Period : N/A

SEGOVIA, EARL BORLA

PUROK RIVERSIDE B PAZ, PORO, CEBU - 6049

Foreign Address : N/A Sex : MALE
 Date of Birth : 7/8/2002
 Place of Birth : CEBU CITY, CEBU
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : /09957913942 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 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. Printed At : PRO VII Cebu City - 8/F Golden Peak Tower, Gorordo Ave. cor. Escario St., Cebu City
 6/22/2023 1:00:19 PM 30400612 30400612 6/22/2023