

NATIONAL BUREAU OF INVESTIGATION NATIONAL BUREAU OF INVESTIGATION



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



36570444

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.  
**A162JFGA00-L07788388**  
FAMILY NAME  
**ABARQUEZ**  
MIDDLE NAME  
**HUNAHONAN**  
ADDRESS  
**COGON DRIVE COGON PARDO CEBU CITY**  
DATE OF BIRTH  
**October 07, 2000**  
CITIZENSHIP  
**FILIPINO**

VALID UNTIL  
**September 29, 2024**  
FIRST NAME  
**FRENZ MARIE UNDEA**  
HUSBAND'S SURNAME  
**HUNAHONAN**  
PLACE OF BIRTH  
**CAGAYAN DE ORO CITY**  
CIVIL STATUS  
**SINGLE**



SIGNATURE

GENDER  
**FEMALE**

PURPOSE  
**MULTI-PURPOSE CLEARANCE**  
REMARKS  
**NO DEROGATORY RECORD**



A162JFGA00-L07788388

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

Date Printed: Friday, October 6, 2023 02:13 PM

Agency L07 DATID pepitof  
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Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
**PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID**  
**(UMID) CARD APPLICATION (E-1/E-6)**

MO0364IW202309275743 Date/Time Generated: 27 September 2023 12:01:35 PM

SS NUMBER <b>06-4676776-5</b>		NAME			
(LAST NAME) <b>ABARQUEZ</b>	(FIRST NAME) <b>FRENZ MARIE UNDREA</b>	(MIDDLE NAME) <b>HUNAHONAN</b>	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) <b>10072000</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>CEBU CITY (CAPITAL)</b>	(PROVINCE/STATE) <b>CEBU</b>	(COUNTRY) <b>PHILIPPINES</b>	SEX <b>FEMALE</b>	
FATHER'S NAME (LAST NAME) <b>ABARQUEZ</b>	(FIRST NAME) <b>ANDRES</b>	(MIDDLE NAME) <b>GENEROLIZO</b>	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) <b>HUNAHONAN</b>	(FIRST NAME) <b>CAROLINA</b>	(MIDDLE NAME) <b>ONDAO</b>	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) <b>242</b>		(STREET NAME) <b>COGON DRIVE</b>	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) <b>COGON PARDO</b>	(CITY/MUNICIPALITY) <b>CEBU CITY (CAPITAL)</b>	(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6000</b>	COUNTRY CODE <b>0063</b>	
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) <b>152</b>	WEIGHT (IN KILOGRAMS) <b>57</b>	DISTINGUISHING FEATURE/S	NATIONALITY <b>FILIPINO</b>	RELIGION <b>ROMAN CATHOLIC</b>
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER <b>(0927) 305-1828</b>	EMAIL ADDRESS <b>frenzabarquez123@gmail.com</b>			
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		Foreign Address		SS No./Common Reference No. of Working Spouse	
Year Prof./Business Started					
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 <b>FOR EMPLOYMENT / PRIOR REGISTRANT</b>		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:					
<ul style="list-style-type: none"> <li>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;</li> <li>sharing of these data with SSS service providers to carry out the purposes stated above; and</li> <li>disposal of this application in the manner consistent with the Data Privacy Act.</li> </ul>					
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.					

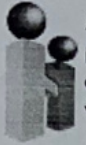


# MEMBER'S DATA FORM (MDF)

**FOR Pag-IBIG Fund USE ONLY**  
Pag-IBIG MID NUMBER  
121329225114  
REGISTRATION TRACKING NUMBER  
923270227597

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	ABARQUEZ	FRENZ MARIE UNDREA		HUNAHONAN	<input type="checkbox"/>
FATHER	ABARQUEZ	ANDRES		GENTEROLIZO	<input type="checkbox"/>
MOTHER (Maiden Name)	HUNAHONAN	CAROLINA		ONDAO	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ABARQUEZ	FRENZ MARIE UNDREA		HUNAHONAN	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
10/07/2000	Single/Unmarried				
PLACE OF BIRTH		CITIZENSHIP		SSS NUMBER	
CAGAYAN DE ORO CITY, MISAMIS ORIENTAL		FILIPINO		GSIS NUMBER	
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	152.00	57.00			
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
			242	COGON DRIVE	+63 (0927) 3051829
Subdivision		Barangay		Business (Direct Line)	
		COGON PARDO		Business (Trunk Line)	
Municipality/City		Province/State/Country		Email Address	
CEBU CITY		CEBU, PHILIPPINES		frenzabarquez123@gmail.com	
ZIP Code					
6000					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Phase No.	
House No	Street Name	Subdivision		Barangay	
242	COGON DRIVE			COGON PARDO	
Municipality/City		Province/State/Country		ZIP Code	
CEBU CITY		CEBU, PHILIPPINES		6000	
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			



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)	: 12-026178833-6	PhilSys Number	:
Member Category	: DIRECT CONTRIBUTOR - SELF	NHTS Coverage	: N/A
Sub-Category	: EARNING INDIVIDUAL - INDIVIDUAL	Validity Period	: N/A - N/A

**ABARQUEZ, FRENZ MARIE UNDEA HUNAHONAN**

242 COGON DRIVE COGON PARDO, CEBU CITY CEBU

Foreign Address	: N/A	Sex	: FEMALE
		Date of Birth	: 10/07/2000
		Place of Birth	: CAGAYAN DE ORO CITY, MISAMIS ORIENTAL
Contact No. (Foreign)	: N/A	Civil Status	: SINGLE
(Local)	: +639273051829	Tax Identification Number	:

**ENTITY INFORMATION**

PhilHealth Number (PEN/POGN)	: N/A		
Name of Employer/Organized Group	: N/A		
Business Address	: N/A		
Telephone Number	: N/A	Employment Status	:
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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\*\*\* 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 makinabang 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 avajiment of benefits.)

This is a Member Portal System generated report. Signature is not required.  
 Nov 07, 2023 11:36 AM