



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

MO0479IW202402145717 Date/Time Generated: 14 February 2024 02:01:46 PM

|   |  |  |                                     |   |                             |
|---|--|--|-------------------------------------|---|-----------------------------|
| SS NUMBER<br><b>06-4744916-3</b>  |  |  |                                     |   |                             |
| <b>NAME</b>   |  |  |                                     |   |                             |
| (LAST NAME)<br><b>CAPADNGAN</b>   | (FIRST NAME)<br><b>DAYLENE JANE</b>                              | (MIDDLE NAME)<br><b>DAHUNAN</b>  | (SUFFIX)                            |   |                             |
| <b>FACTS OF BIRTH</b>   |  |  |                                     |   |                             |
| DATE OF BIRTH (MMDDYYYY)<br><b>05152001</b>   | PLACE OF BIRTH (CITY/MUNICIPALITY)<br><b>CEBU CITY (CAPITAL)</b> | (PROVINCE/STATE)<br><b>CEBU</b>  | (COUNTRY)<br><b>PHILIPPINES</b>     | SEX<br><b>FEMALE</b>                          |                             |
| FATHER'S NAME (LAST NAME)<br><b>CAPADNGAN</b>   |  | (FIRST NAME)<br><b>ALBERTO</b>   | (MIDDLE NAME)<br><b>ALCOMENDRAS</b> | (SUFFIX)                                      |                             |
| MOTHER'S MAIDEN NAME (LAST NAME)<br><b>DAHUNAN</b>  |  | (FIRST NAME)<br><b>EMMA</b>  | (MIDDLE NAME)<br><b>AMAMANGPANG</b> | (SUFFIX)                                      |                             |
| <b>DEMOGRAPHIC DATA</b>   |  |  |                                     |   |                             |
| HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION)  |  |  |                                     |   |                             |
| (BARANGAY/DISTRICT/LOCALITY)<br><b>BINALIW</b>  | (CITY/MUNICIPALITY)<br><b>CEBU CITY (CAPITAL)</b>                | (PROVINCE)<br><b>CEBU</b>  | POSTAL CODE<br><b>6000</b>          | COUNTRY CODE<br><b>0063</b>                   |                             |
| CIVIL STATUS<br><b>SINGLE</b>   | HEIGHT (IN CENTIMETERS)<br><b>160.02</b>                         | WEIGHT (IN KILOGRAMS)<br><b>52</b>   | DISTINGUISHING FEATURE/S            | NATIONALITY<br><b>FILIPINO</b>                | RELIGION<br><b>CATHOLIC</b> |
| <b>OTHER CARD APPLICANT DATA</b>  |  |  |                                     |   |                             |
| TELEPHONE NUMBER (AREA CODE + TEL NO.)  | MOBILE NUMBER<br><b>(0922) 288-5401</b>                          | EMAIL ADDRESS<br><b>daylene15.dc@gmail.com</b>   |                                     |   |                             |
| <b>DEPENDENT(S)/BENEFICIARY/IES</b>   |  |  |                                     |   |                             |
| 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   |  |  |                                     |   |                             |
| <b>FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE</b>  |  |  |                                     |   |                             |
| <b>SELF-EMPLOYED (SE)</b>   |  | <b>OVERSEAS FILIPINO WORKER (OFW)</b>  |                                     | <b>NON-WORKING SPOUSE (NWS)</b>               |                             |
| 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?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                                     |   |                             |
| <b>PURPOSE OF APPLICATION</b>   |  |  |                                     |   |                             |
| PURPOSE<br><b>FOR EMPLOYMENT / PRIOR REGISTRANT</b>   |  | PROFESSION/BUSINESS  |                                     | ESTIMATED MONTHLY SALARY                      |                             |
| <b>UMID CARD APPLICATION WITH ATM OPTION</b>  |  |  |                                     |   |                             |
| <input checked="" type="checkbox"/> UMID CARD AS ATM CARD   |  | (BANK NAME)<br><b>UNION BANK OF THE PHILIPPINES</b>  | (BANK BRANCH)<br><b>UNIONBANK</b>   |   |                             |
| <b>CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION</b>  |  |  |                                     |   |                             |
| 1. I certify that the information provided are true and correct.<br>2. I hereby consent to:<br>• 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;<br>• sharing of these data with SSS service providers to carry out the purposes stated above; and<br>• disposal of this application in the manner consistent with the Data Privacy Act.<br>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.<br>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**

- Fill out this form in one (1) copy.
- 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.
- Place a checkmark on the applicable box.
- Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- 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
- 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



## MEMBER'S DATA FORM (MDF)

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

| FOR Pag-IBIG Fund USE ONLY |              |
|----------------------------|--------------|
| Pag-IBIG MID NO            | 121337012578 |
| REGISTRATION TRACKING NO   | 924053122822 |

| OCCUPATIONAL STATUS    UNEMPLOYED/NOT YET EMPLOYED                    |  |              |  |             |                          |
|---|--|--------------|--|-------------|--------------------------|
| MEMBERSHIP CATEGORY <span style="float: right;">Please specify</span> |  |              |  |             |                          |
| PERSONAL DETAILS  |  |              |  |             |                          |
| NAME  | LAST NAME                                    | FIRST NAME   | NAME EXTENSION                                 | MIDDLE NAME | NO MIDDLE NAME           |
| MEMBER  | CAPADNGAN                                    | DAYLENE JANE |  | DAHUNAN     | <input type="checkbox"/> |
| FATHER  | CAPADNGAN                                    | ALBERTO      |  | ALCOMENDRAS | <input type="checkbox"/> |
| MOTHER (Maiden Name)  | DAHUNAN                                      | EMMA         |  | AMAMANGPANG | <input type="checkbox"/> |
| SPOUSE (if Married)   |  |              |  |             | <input type="checkbox"/> |
| MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE                   | CAPADNGAN                                    | DAYLENE JANE |  | DAHUNAN     | <input type="checkbox"/> |
| DATE OF BIRTH   | MARITAL STATUS                               |              | TAXPAYER IDENTIFICATION NUMBER (TIN)           |             |                          |
| 05/15/2001  | Single/Unmarried                             |              |  |             |                          |
| PLACE OF BIRTH  | CITIZENSHIP                                  |              | SSS NUMBER                                     | 0647449163  |                          |
| CEBU CITY, CEBU   | FILIPINO                                     |              | GSIS NUMBER                                    |             |                          |
| SEX   | HEIGHT(cm)                                   | WEIGHT(kg)   | EMPLOYEE NUMBER                                |             |                          |
| FEMALE  | 162 00                                       | 52 00        | For AFP/PNP Employee, Serial/Badge No.         |             |                          |
| COMMON REFERENCE NUMBER (CRN)   | FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT |              | 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                             |
|                             |                             |                        |           | SPRING VALLEY CO NTRY HOMES | +63 (0922) 2885401                     |
| Subdivision                 |                             | Barangay               |           |                             | Business (Direct Line)                 |
|                             |                             | BINALIW                |           |                             | Business (Trunk Line)                  |
| Municipality/City           |                             | Province/State/Country |           |                             | Email Address                          |
| CEBU CITY                   |                             | CEBU, PHILIPPINES      |           |                             | daylene15.dc@gmail.com                 |
| ZIP Code                    |                             |                        |           |                             |  |
| 6000                        |                             |                        |           |                             |  |
| PRESENT HOME ADDRESS        |                             |                        |           |                             |  |
| Unit/Room No., Floor        | Building Name               | Lot No.                | Block No. | Phase No.                   |  |
|                             |                             |                        |           | BINALIW                     |  |
| House No.                   | Street Name                 | Subdivision            |           | Barangay                    |  |
|                             | SPRING VALLEY COUNTRY HOMES |                        |           | BINALIW                     |  |
| Municipality/City           |                             | Province/State/Country |           |                             | ZIP Code                               |
| CEBU CITY                   |                             | CEBU, PHILIPPINES      |           |                             | 6000                                   |
| PREFERRED MAILING ADDRESS   |                             | PERMANENT HOME ADDRESS |           |                             |  |

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

| PRESENT EMPLOYMENT DETAILS |           |               |                   |                       |                   |      |
|----------------------------|-----------|---------------|-------------------|-----------------------|-------------------|------|
| OCCUPATION                 |           |               | EMPLOYMENT STATUS | TYPE OF WORK          |                   |      |
| EMPLOYER/BUSINESS NAME     |           |               |                   | COUNTRY OF ASSIGNMENT |                   |      |
| EMPLOYER/BUSINESS ADDRESS  |           |               |                   | MONTHLY INCOME        |                   |      |
| Unit/Room No., Floor       |           | Building Name |                   | Basic                 |                   | 0.00 |
| Lot No.                    | Block No. | Phase No.     | House No.         | Street Name           | Allowances/Others | 0.00 |
| Subdivision                |           | Barangay      |                   | Total Mo. Income      |                   | 0.00 |
| Municipality/City          |           | Province      |                   | OFFICE ASSIGNMENT     |                   |      |
| State/Country (if abroad)  |           | ZIP Code      |                   | DATE EMPLOYED         |                   |      |

| PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG MEMBERSHIP |                   |    |
|--|-------------------|----|
| EMPLOYER/BUSINESS NAME                               | OFFICE ASSIGNMENT |    |
| EMPLOYER/BUSINESS ADDRESS                            | FROM              | TO |

| HEIRS     |            |                |             |                |              |               |
|-----------|------------|----------------|-------------|----------------|--------------|---------------|
| LAST NAME | FIRST NAME | NAME EXTENSION | MIDDLE NAME | NO MIDDLE NAME | RELATIONSHIP | DATE OF BIRTH |
| DAHUNAN   | EMMA       |                | AMAMANGPANG | [ ]            | MOTHER       | 12/04/1966    |
| CAPADNGAN | ALBERTO    |                | ALCOMENDRAS | [ ]            | FATHER       | 04/08/1967    |

**CERTIFICATION**

I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed, (b) object to processing, (c) access, (d) rectify, suspend or withdraw my personal data, (e) damages, and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).

\_\_\_\_\_  
SIGNATURE OF INFORMANT

\_\_\_\_\_  
DATE

| FOR Pag-IBIG FUND USE ONLY           |                               |                      |
|--------------------------------------|-------------------------------|----------------------|
| RECEIVED BY                          | DATE                          |                      |
| _____<br>Signature over Printed Name | _____<br>Designation/Position | _____<br>Branch/Unit |

**DISCLAIMER**

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.

**IDMF - CEBU AYALABRANC**  
**RECEIVED**

BY: Eisen Florentino R. Manuel  
Support Assistant

DATE: FEB 26 2024



## MEMBER DATA RECORD

### MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN): **122508850857** PhilSys Number : :  
 Member Category : DIRECT CONTRIBUTOR - SELF  
 EARNING INDIVIDUAL - INDIVIDUAL NHTS Coverage : N/A  
 Validity Period : N/A

### CAPADNGAN, DAYLENE JANE DAHUNAN

BINALIW, CEBU CITY, CEBU - 6000

Foreign Address : N/A Sex : FEMALE  
 Date of Birth : 05/15/2001  
 Place of Birth : CEBU CITY, CEBU  
 Contact No. (Foreign) : N/A Civil Status : SINGLE  
 (Local) : /09222885401 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: N/A  
 Tax Identification Number : N/A Date : N/A

### DEPENDENT INFORMATION

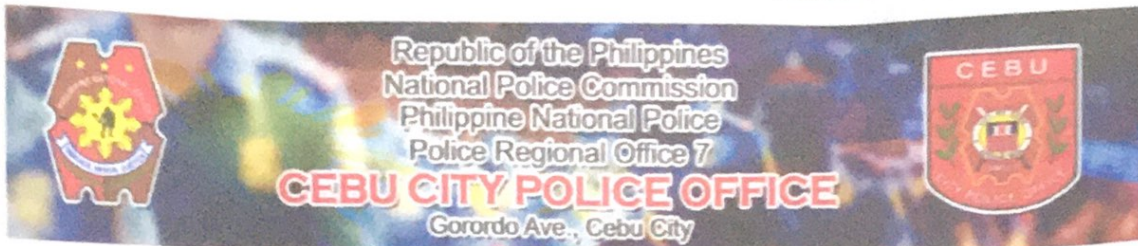
| PIN | Surname | Given Name | Middle Name | Sex | Relation | Date of Birth |
|-----|---------|------------|-------------|-----|----------|---------------|
|-----|---------|------------|-------------|-----|----------|---------------|

\*\*\* 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~~ <sup>hospital</sup>; 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 avallment of benefits.)

This is a system generated report. Signature is not required. Printed At : CEBU CITY - CEBU



## 24/7 ONLINE VIEWABLE / VERIFIABLE POLICE CLEARANCE CARD / CERTIFICATE

### To Whom It May Concern,

This is to certify that the person whose photo, signature and right thumb mark appearing in the card has requested for a **RECORD CLEARANCE CHECK** from this Police Station. Verification has been made and the result(s) and finding(s) are listed:

### NOTICE

This Police Clearance card and certificate is issued to the person whose name, photo and signature appear in front.

This card is **NON-TRANSFERABLE** and may be cancelled without prior notice.

If found, please return this ID to:  
**CEBU CITY POLICE OFFICE**  
 Gorordo Ave., Cebu City

This serves as a valid identification card until the date of expiration.

**PCPT GAIL AIZA L. MACARIO**  
Assistant Chief, IDMU, CCPO  
Case Monitoring Officer, CRMEU

**PCOL IRENEO BACARINAS DALOGDOG**  
City Director  
Cebu City Police Office

**NAME :** DAYLENE JANE DANUNAN  
**ALIAS (A.K.A) :** CAPADNGAN  
**ADDRESS :** SPRING VALLEY COUNTRY HOMES BRGY.  
 BINALIW CEBU CITY  
**DATE OF ISSUANCE :** 02/23/2024  
**DATE OF EXPIRATION :** 02/22/2025  
**DIST. MARK(S) :** NONE  
**LOCATION :** NONE

**FINDINGS :** NO DEROGATORY RECORDS / INFORMATION  
**REMARKS :** NONE  
**PRIMARY PURPOSE:** LOCAL EMPLOYMENT  
**ID NO. :** CEB0512706  
**KEY CODE :** 02230029  
**C.C.C. O.R NO. :** 6100506  
**ENCODER :** JAYHANNE GALENDEZ

Applicants are required to submit the **Official Copy of the Police Clearance Certificate** to prospective Employers and/or Government Offices to comply with the purpose for which the Police Clearance Certificate was issued.

Applicants/Employers/Government Offices are highly encouraged to verify/compare the **OFFICIAL COPY** of the POLICE CLEARANCE CERTIFICATE with the digitally stored image for authentication purpose.

Please login to [app3.epi-clearance.com/cebu/cebu/verification](http://app3.epi-clearance.com/cebu/cebu/verification) and follow the instructions indicated in the verification page.

### FALSIFICATION OF PUBLIC DOCUMENTS IS PUNISHABLE BY LAW

If there are any discrepancies with the Official copy of the Police Clearance Certificate as against the digital image appearing in the website, please report it to Cellphone No. 0917 - 599 - 4517 for public assistance.

**OFFICIAL COPY**

**PCPT GAIL AIZA L. MACARIO**  
 Assistant Chief, IDMU, CCPO  
 Case Monitoring Officer, CRMEU

**PCOL IRENEO BACARINAS DALOGDOG**  
 City Director  
 Cebu City Police Office

POWERED BY:  
  
 Online Viewable & Verifiable Documents

UTILITY MODEL REGISTRATION NO.: 2-2016000629  
 EASTLAND PRINTINK, INC.



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



39360210

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  
C135EDOE10-L071013101

VALID UNTIL  
February 22, 2025

FAMILY NAME  
CAPADNGAN

FIRST NAME  
DAYLENE JANE

MIDDLE NAME  
DAHUNAN

HUSBAND'S SURNAME

ADDRESS  
SPRING VALLEY COUNTRY HOMES BINALIW 1 CEBU CITY

DATE OF BIRTH  
May 15, 2001

PLACE OF BIRTH  
CEBU CITY

CITIZENSHIP  
FILIPINO

CIVIL STATUS  
SINGLE

PURPOSE  
MULTI-PURPOSE CLEARANCE

REMARKS  
NO RECORD ON FILE



SIGNATURE

*Daylene*

GENDER  
FEMALE



Date Printed: Thursday, February 22, 2024 03:26 PM



C135EDOE10-L071013101

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

|           |                       |       |         |
|-----------|-----------------------|-------|---------|
| Agency    | L07                   | DATID | pepitof |
| CASID     | pepitof               | BIOID | pepitof |
| O.R. No.  | MP8KR6YUML            | RECID |         |
| O.R. Date | 02/22/2024 3:26:23 PM | INTID |         |
| DST PAID  |                       | PRTID | pepitof |



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



39360210

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NBI ID NO  
C135EDOE10-L071013101

VALID UNTIL  
February 22, 2025

FAMILY NAME  
CAPADNGAN

FIRST NAME  
DAYLENE JANE

MIDDLE NAME  
DAHUNAN

HUSBAND'S SURNAME

ADDRESS  
SPRING VALLEY COUNTRY HOMES BINALIW 1 CEBU CITY

DATE OF BIRTH  
May 15, 2001

PLACE OF BIRTH  
CEBU CITY

CITIZENSHIP  
FILIPINO

CIVIL STATUS  
SINGLE

PURPOSE  
MULTI-PURPOSE CLEARANCE

REMARKS  
NO RECORD ON FILE



SIGNATURE

*Daylene*

GENDER  
FEMALE



Date Printed: Thursday, February 22, 2024 03:26 PM



C135EDOE10-L071013101

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

|           |                       |       |         |
|-----------|-----------------------|-------|---------|
| Agency    | L07                   | DATID | pepitof |
| CASID     | pepitof               | BIOID | pepitof |
| O.R. No.  | MP8KR6YUML            | RECID |         |
| O.R. Date | 02/22/2024 3:26:23 PM | INTID |         |
| DST PAID  |                       | PRTID | pepitof |

PERSONAL COPY