



SIGUERA, MARY CHRISTINE MAHUSAY

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Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

B/F, Golden Peak Tower, Gorordo Ave., cor. Escario St., Cebu City 6000
(032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871
www.philhealth.gov.ph



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN): **122543151295** PhilSys Number :
Member Category : DIRECT CONTRIBUTOR - SELF
EARNING INDIVIDUAL - INDIVIDUAL NHTS Coverage : N/A
Validity Period : N/A

SIGUERA, MARY CHRISTINE MAHUSAY
226 COGON A LOPEZ ST LABANGON, CEBU CITY, CEBU - 6000

Foreign Address : N/A Sex : FEMALE
Date of Birth : 07/03/2002
Place of Birth : CEBU CITY, CEBU
Contact No. (Foreign) : N/A Civil Status : SINGLE
(Local) : /09914462186 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
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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: 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 : CEBU CITY - CEBU
3/1/2024 2:45:14 PM 20140699 20140699 03/01/2024 /

(To be filled out by BIR) DLN: _____



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No.

1902

July 2021 (ENCS) P1

0 0 0 0 0
New TIN to be issued, if applicable (To be filled out by BIR)

For Individuals Earning Purely Compensation Income
(Local and Alien Employee)

Fill in all applicable white spaces. Mark all appropriate boxes with an "X"

1 BIR Registration Date (To be filled out by BIR) (MM/DD/YYYY) _____ 2 PhilSys Card Number (PCN) _____

Part I - Taxpayer/Employee Information

3 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN) _____ 4 RDO Code (To be filled out by BIR) _____ 5 Taxpayer Type
 Local Resident Alien Special Non-Resident Alien

6 Taxpayer's Name (Last Name) _____ (First Name) _____

Siguera _____ (Middle Name) _____ Mary Christine _____ (Suffix) _____ 7 Gender
 Male Female

8 Civil Status Single Married Widow/er Legally Separated

9 Date of Birth (MM/DD/YYYY) 07/03/2002 10 Place of Birth cebu city

11 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix) Mahusay, Analyn, Damas

12 Father's Name (First Name, Middle Name, Last Name, Suffix) Siguera, Renante Getanvelas

13 Citizenship Filipino 14 Other Citizenship, if applicable _____

15 Local Residence Address Unit/Room/Floor/Building No. _____ Building Name/Tower _____

Lot/Block/Phase/House No. 226 COGON Street Name A. Lopez St.

Subdivision/Village/Zone _____ Barangay Labangon

Town/District _____ Municipality/City cebu

Province cebu ZIP Code 6000

16 Foreign Address _____

17 Municipality Code (To be filled out by BIR) _____ 18 Tax Type INCOME TAX 19 Form Type BIR Form No. 1700 20 ATC II 011

21 Identification Details (government issued ID (e.g., passport, driver's license, etc.), company ID, etc.)
 Type _____ Number _____ Effectivity Date (MM/DD/YYYY) _____ Expiry Date (MM/DD/YYYY) _____

Issuer _____ Place/Country of Issue _____

22 Preferred Contact Type Landline Number Fax Number Mobile Number 0991 - 446 - 2186

Email Address (required) mchristinesiguera@gmail.com

Part II - Spouse Information (if applicable)

23 Employment Status of Spouse Unemployed Employed Locally Employed Abroad Engaged in Business/Practice of Profession

24 Spouse Name (Last Name) _____ (First Name) _____

(Middle Name) _____ (Suffix) _____ 25 Spouse TIN _____ 0 0 0 0 0

26 Spouse Employer's Name (if individual, Last Name, First Name, Middle Name, Suffix) (if Non-individual, Registered Name) (Attach additional sheet/s, if necessary)

27 Spouse Employer's TIN _____

Part III - For Employee with Two or More Employers (Multiple Employments) Within the Calendar Year

28 Type of Multiple Employments

- Successive Employments (With previous employer/s within the calendar year)
 - Concurrent Employments (With two or more employers at the same time within the calendar year)
- (If successive, enter previous employer/s; if concurrent, enter secondary employer/s)

Previous and/or Concurrent Employments During the Calendar Year (Attach additional sheet/s, if necessary)

29A Name of Employer	29B Employer's TIN	
30A Name of Employer	30B Employer's TIN	
31A Name of Employer	31B Employer's TIN	

32 Declaration
 I declare under the penalties of perjury that this application, and all its attachments, have been made in good faith, verified by me and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

 Taxpayer (Employee)/Authorized Representative
 (Signature over Printed Name)

Part IV - Primary/Current Employer Information

33 Type of Registered Office <input type="checkbox"/> Head Office <input type="checkbox"/> Branch Office	34 TIN	35 RDO Code
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36 Employer's Name (If individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual, Registered Name)

37 Employer's Address

Unit/Room/Floor/Building No.	Building Name/Tower
Lot/Block/Phase/House No.	Street Name
Subdivision/Village/Zone	Barangay
Town/District	Municipality/City
Province	ZIP Code

38 Contact Details

Landline Number	Fax Number	Mobile Number
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39 Relationship Start Date/Data Employee was Hired (MM/DD/YYYY) _____

40 Municipality Code (To be filled out by BIR) _____

41 Declaration
 I declare under the penalties of perjury that this application and all its attachments, have been made in good faith, verified by me and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

 EMPLOYER/AUTHORIZED REPRESENTATIVE
 (Signature over Printed Name)

 Title/Position of Signatory

Stamp of BIR Receiving Office
 and Date of Receipt

*NOTE: The BIR Data Privacy Policy is in the BIR website (www.bir.gov.ph)

Documentary Requirements:

For Local Employee:

- 1. Any government-issued ID (e.g., Birth Certificate, Passport, Driver's License, Community Tax Certificate, PhilID) that shows the name, address and birthdate of the applicant. In case the ID has no address, any proof of residence; (1 photocopy)
- 2. Marriage Contract, for married female. (1 photocopy)

For Foreign Nationals/Alien Employee:

- 1. Passport (Bio page, including date of entry/arrival and exit/departure stamp, if applicable); (1 photocopy)
- 2. Employment Contract or equivalent document indicating the duration of employment, compensation and other benefits and scope of duties. (1 certified true copy)

If transacting through a Representative:

- 2.1 Special Power of Attorney (SPA); (1 original)
- 2.2 Any government-issued ID of the taxpayer and authorized representative. (1 photocopy)

In the case of employer securing TIN in behalf of its employee:

- (a) Letter of Authority (LOA) with company letterhead (if applicable) signed by the President or HR Head indicating the company name and its authorized representative; (1 original)
- (b) Any government-issued ID of the signatory (for signature validation); (1 certified true copy)
- (c) Any government-issued ID of the authorized person of the employer; (1 photocopy)
- (d) Transmittal List of Newly Hired Employees with a place of assignment and certifying that the list is its newly hired employees; (1 original)
- (e) Letter of Authority from the employees; (1 original)
- (f) Printed copy of eREG System message that the employee has a similar record, if applicable. (1 original)

POSSESSION OF MORE THAN ONE TAXPAYER IDENTIFICATION NUMBER (TIN) IS CRIMINALLY PUNISHABLE PURSUANT TO THE PROVISIONS OF THE NATIONAL INTERNAL REVENUE CODE OF 1997, AS AMENDED.

(To be filled out by BIR) DLN:

BIR Form No.



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 Male Female

8 Civil Status Single Married Widow/er Legally Separated

9 Date of Birth (MM/DD/YYYY) 10 Place of Birth

11 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix)

12 Father's Name (First Name, Middle Name, Last Name, Suffix)

13 Citizenship 14 Other Citizenship, if applicable

15 Local Residence Address
 Unit/Room/Floor/Building No. Building Name/Tower
 Lot/Block/Phase/House No. Street Name
 Subdivision/Village/Zone Barangay
 Town/District Municipality/City
 Province ZIP Code

16 Foreign Address

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Type Number Effectivity Date (MM/DD/YYYY) Expiry Date (MM/DD/YYYY)

Issuer Place/Country of Issue

22 Preferred Contact Type
 Landline Number Fax Number Mobile Number
 Email Address (required)

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24 Spouse Name (Last Name) (First Name) (Middle Name) (Suffix)

25 Spouse TIN 0 0 0 0 0

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(Signature over Printed Name)

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Lot/Block/Phase/House No.	Street Name
Subdivision/Village/Zone	Barangay
Town/District	Municipality/City
Province	ZIP Code

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Landline Number	Fax Number	Mobile Number
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Stamp of BIR Receiving Office and Date of Receipt

EMPLOYER/AUTHORIZED REPRESENTATIVE
(Signature over Printed Name)

Title/Position of Signatory

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- (c) Any government-issued ID of the authorized person of the employer; (1 photocopy)
- (d) Transmittal List of Newly Hired Employees with a place of assignment and certifying that the list is its newly hired employees; (1 original)
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PRESENT EMPLOYMENT DETAILS					
OCCUPATION		EMPLOYMENT STATUS		TYPE OF WORK	
OTHER EARNING GROUP ORGANIZATIONS					
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	
Municipality/City				Province	
State/Country(if abroad)				ZIP Code	
				OFFICE ASSIGNMENT	
				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
					[]

CERTIFICATION	
<p>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).</p>	
 SIGNATURE OF INFORMANT	March 12, 2024 DATE
FOR Pag-IBIG FUND USE ONLY	
RECEIVED BY _____ Signature over Printed Name	DATE _____
_____ Designation/Position	_____ 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.

RECEIVED
 BY: _____
 DATE: **MAR 13 2024**