



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

Transaction Number: MO0539W202106239059 Date/Time Generated: 25 June 2021 01:04:16 PM

SS NUMBER <b>35-0702361-3</b>							
NAME							
LAST NAME <b>BATULAN</b>		FIRST NAME <b>HANAH MAE</b>		MIDDLE NAME <b>BACALSO</b>			
FACTS OF BIRTH							
DATE OF BIRTH (MMDDYYYY) <b>09172001</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>LAPU-LAPU CITY (OPON)</b>		PROVINCE/STATE <b>CEBU</b>	COUNTRY <b>PHILIPPINES</b>	SEX <b>FEMALE</b>		
FATHER'S NAME LAST NAME: <b>BATULAN</b> FIRST NAME: <b>ARNEL</b> MIDDLE NAME: <b>ARMECIN</b>							
MOTHER'S MARDEN NAME LAST NAME: <b>BATULAN</b> FIRST NAME: <b>MA. TERESA</b> MIDDLE NAME: <b>BACALSO</b>							
DEMOGRAPHIC DATA							
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK. NO.) <b>BUAYA</b>			STREET NAME <b>LAPU-LAPU CITY (OPON) CEBU</b>				
(BARANGAY/DISTRICT/LOCALITY) <b>BUAYA</b>		(CITY/MUNICIPALITY) <b>LAPU-LAPU CITY (OPON) CEBU</b>	(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6015</b>	COUNTRY CODE <b>0063</b>		
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) <b>168</b>	WEIGHT (IN KILOGRAMS) <b>52</b>	DISTINGUISHING FEATURES	NATIONALITY <b>FILIPINO</b>	RELIGION <b>CHRISTIAN</b>		
OTHER CARD APPLICANT DATA							
TELEPHONE NUMBER (AREA CODE + TEL. NO.)		MOBILE NUMBER <b>(0927) 115-6408</b>	EMAIL ADDRESS <b>hanahmae.batulan@ctu.edu.ph</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)							
1		(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
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 Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO					
PURPOSE OF APPLICATION							
PURPOSE FOR EMPLOYMENT		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							
<p>1. I certify that the information provided are true and correct.</p> <p>2. I hereby consent to:</p> <ul style="list-style-type: none"> <li>the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/issuance of my CRN, card production and delivery,</li> <li>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> <p>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.</p> <p>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.</p>							

VERIFIED  
 JUN 29 2021  
 JY. MARTINEZ



# MEMBER'S DATA FORM (MDF)


FOR Pag-IBIG Fund USE ONLY									
Pag-IBIG MID NUMBER									
1	2	1	2	8	4	6	7	3	4
REGISTRATION TRACKING NUMBER									
921176951216									

- INSTRUCTIONS**
1. Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on one single sheet of paper.
  2. Type or print all entries in BLOCK or CAPITAL LETTERS.
  3. All fields marked with asterisk (\*) are mandatory.
  4. On the "OCCUPATIONAL STATUS" portion, if without employment or purpose is pre-employment or never been employed, select "UNEMPLOYED/NOT YET EMPLOYED".
  5. The "NAME EXTENSION" shall refer to JR., II, III and the like.
  6. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
  7. On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
  8. On the "HEIRS" portion, the provision on the Laws on Succession, as provided in the New Civil Code of the Philippines, as amended by the New Family Code, shall be observed.
  9. For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCF, HOP-PFF-049) and submit to any Pag-IBIG Branch nearest you.

*OCCUPATIONAL STATUS		<input type="checkbox"/> EMPLOYED		<input checked="" type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED	
*MEMBERSHIP CATEGORY					
MANDATORY			VOLUNTARY		
<input type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> SELF-EMPLOYED (SE)		<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT	
<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER		<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)		<input type="checkbox"/> JOB ORDER PERSONNEL		<input type="checkbox"/> NON-WORKING SPOUSE	
		<input type="checkbox"/> OTHER EARNING GROUPS (CEG4)		<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION	
				<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT	
				<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP	
				<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	
				<input type="checkbox"/> OTHERS, Please specify	
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	BATULAN	HANAH MAE		BACALSO	<input type="checkbox"/>
FATHER	BATULAN	ARNEL		ARMECIN	<input type="checkbox"/>
*MOTHER ( Maiden Name)	BACALSO	MA TERESA		TOCMO	<input type="checkbox"/>
*SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE		BATULAN	HANAH MAE	BACALSO	<input type="checkbox"/>
*DATE OF BIRTH		*MARRITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
0 9 1 7 2 0 0 1		<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Annulled		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
		<input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		SSS/GSIS NUMBER	
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)		*CITIZENSHIP		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
SDGOOD, CEBU		FILIPINO		*EMPLOYEE NUMBER	
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Aloke, Scars, etc.)		
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	168 (cm)	52 (kg)			
COMMON REFERENCE NUMBER (CRN) (if Available)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (if payment of MS is not thru payroll deduction)			
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually			
ADDRESS AND CONTACT DETAILS					
*PERMANENT HOME ADDRESS				(Indicate country code if abroad)	
Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name				COUNTRY + AREA CODE TELEPHONE NUMBER	
Subdivision Barangay SAACI BUAYA Municipality/City LAPU-LAPU Province/State/Country (if abroad) ZIP Code				Home [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
CITY (DPO) CEBU 6015				Cell Phone [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
*PRESENT HOME ADDRESS				Business (Direct Line) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name				Business (Trunk Line) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
Subdivision Barangay SAACI BUAYA Municipality/City LAPU-LAPU Province/State/Country (if abroad) ZIP Code				Local [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
CITY (DPO) CEBU 6015				Email Address hanahbatulan@gmail.com	
*PREFERRED MAILING ADDRESS					
<input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.




**Republic of the Philippines**  
 Department of Finance  
 Bureau of Internal Revenue

**Certificate of Compensation Payment/Tax Withheld**  
 For Compensation Payment With or Without Tax Withheld

BIR Form No. **2316**  
 September 2011 (REV.)

For the Year (YYYY) **2024** For the Period From (YYYY) **0101** To (YYYY) **0229**

**Part I - Employee Information**  
 1 TIN **000 000 000 000 000 000**  
 4 Employee's Name (Last, First, Middle Initial) **Batalan, Hannah Mae, Bacalso**  
 6 Registered Address (Street, City, State, ZIP Code) **Saig New Road 6015**  
 8 LACM/State Address  
 10 Foreign Address  
 7 Date of Birth (MM/DD/YYYY) **09/17/2001** 8 Contact Number **09271156408**  
 9 Statutory Minimum Wage rate per day  
 10 Statutory Minimum Wage rate per month  
 11 Minimum Wage (Last) (where compensation is exempt from withholding tax and not subject to System Tax)

**Part II - Employer Information (Present)**  
 12 TIN **216 697 325 000 000**  
 13 Employer's Name **ENVIRONMENTAL SERVICES S.V. PHILISTINE BRANCH**  
 14 Registered Address (Street, City, State, ZIP Code) **18th, 20th, 21st Tera Tower Br 1110**  
 15 Type of Employer  Main Employer  Secondary Employer  
 16 TIN  
 17 Employer's Name  
 18 Registered Address (Street, City, State, ZIP Code) **18th, 20th, 21st Tera Tower Br**

**Part III - Compensation and Tax Information**  
 19 Gross Compensation Income from Present Employer (Sum of Items 29 and 30) **53,318.73**  
 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (Sum of Items 21 and 22) **16,778.15**  
 21 Taxable Compensation Income from Present Employer (Sum of Items 23 and 24) **36,540.58**  
 22 Add: Taxable Compensation Income from Another Employer, if applicable **0.00**  
 23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **36,540.58**  
 24 Tax Due **0.00**  
 25 Amount of Taxes Withheld **0.00**  
 25A Present Employer **0.00**  
 25B Previous Employer, if applicable **0.00**  
 26 Total Amount of Taxes Withheld as adjusted (Sum of Items 24 and 25) **0.00**  
 27 1% Tax Credit (RERA Act of 2008)  
 28 Total Taxes Withheld (Sum of Items 26 and 27) **0.00**

**Part IV - Benefits and Other Compensation**  
 29 Basic Salary (including the exempt PTD obligation or the Statutory Minimum Wage of the PSE)  
 30 Holiday Pay (PSE)  
 31 Overtime Pay (PSE)  
 32 Night Shift Differential (PSE)  
 33 Hazard Pay (PSE)  
 34 13th Month Pay and Other Benefits (Amount of PSE) **2,977.71**  
 35 De Minimis Benefits **10,226.67**  
 36 SS, GSIS, PRC & PAG-IBIG Contributions and Union Dues (Employee share only) **3,573.57**  
 37 Salaries and Other Forms of Compensation **0.00**  
 38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) **16,778.15**  
**A. TAXABLE COMPENSATION INCOME ABISLAM**  
 39 Basic Salary **29,621.04**  
 40 Representation  
 41 Transportation  
 42 Cost of Living Allowance (COLA)  
 43 Fixed Housing Allowance  
 44 Other benefits  
 45A  
 45B  
**SUPPLEMENTARY**  
 46 Commission  
 47 Profit Sharing  
 48 Fees including Director's Fees **0.00**  
 49 Hazard Pay  
 50 Overtime Pay  
 51 Other benefits  
**OTHER TAXABLE INCOME** **6,519.54**  
 51A  
 51B  
**Total Taxable Compensation Income (Sum of Items 39 to 51B)** **36,540.58**

I declare, under the penalty of perjury that the information herein stated are true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I am giving proper consent to the processing of my personal information as contemplated under the Data Privacy Act of 2012 (RA No. 10173) in its application and related purposes.

53 **EDENREY RAMOS** (Signature) Present Employer's Authorized Agent Signature over Printed Name  
 54 **Bacalso** (Signature) Employee Signature over Printed Name  
 Date Signed: **01/31/2024**  
 Date Issued:

I declare, under the penalty of perjury that the information herein stated are true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I am giving proper consent to the processing of my personal information as contemplated under the Data Privacy Act of 2012 (RA No. 10173) in its application and related purposes.

55 **EDENREY RAMOS** (Signature) Present Employer's Authorized Agent Signature over Printed Name  
 56 **Bacalso** (Signature) Employee Signature over Printed Name

NOTE: The BIR data privacy is in the BIR website (www.bir.gov.ph)