

TCD201900402944



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE



628-909-979-00000

Name:
PABLO NORHANA INTE

Address:
**KITABOG 2000 TITAY ZAMBOANGA SIBUSAY
PHILIPPINES**

BIR Date:
15-OCT-1999

TIN Issuance Date:
27-JUN-2023







SIGNATURE

CR: 23F-230-973

www.bir.gov.ph

 contact-us@bir.gov.ph

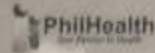
 981-7000

- This card bears your permanent Taxpayer Identification Number (TIN).
- Always indicate your TIN in all returns/documents filed with the BIR.
- Issuance of TIN Card for the first time shall be free of charge. However, in case of subsequent issuance upon taxpayer's request due to loss or damage, a P100.00 fee shall be collected to cover cost of reprinting.
- Report immediately to your Revenue District Officer, the loss of this card and change of name or address.
- Any person who secures and/or uses more than one TIN shall be criminally liable and shall be punishable by fine and imprisonment.

BIR Form No. 1931 January 2019 (ENC5)



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



Norhana

14-025411742-7

PABLO, NORHANA INTE

OCTOBER 18, 1999 - FEMALE
KITABOG TITAY, ZAMBONGA CITY



140254117427

CERTIFICATION

The person whose name and signature appear on this card is a beneficiary of the National Health Insurance Program. He/She, including his/her qualified dependents, are entitled to the benefits and privileges of the Program by virtue of Republic Act No. 7875, as amended.

EMMANUEL R. LEDESMA, JR.
Acting President and Chief Executive Officer (CEO)



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

MO0092IW202212286429 Date/Time Generated: 28 December 2022 04:55:27 PM

SS NUMBER 10-1421186-8			
NAME			
(LAST NAME) PABLO	(FIRST NAME) NORHANA	(MIDDLE NAME) INTE	(SUFFIX)
FACTS OF BIRTH			
DATE OF BIRTH (MMDDYYYY) 10181999	PLACE OF BIRTH (CITY/MUNICIPALITY) TITAY	(PROVINCE/STATE) ZAMBOANGA SIBUGAY	(COUNTRY) PHILIPPINES SEX FEMALE
FATHER'S NAME (LAST NAME) PABLO	(FIRST NAME) ARQUIZA	(MIDDLE NAME) SALLE	(SUFFIX)
MOTHER'S MAIDEN NAME (LAST NAME) INTE	(FIRST NAME) SETTI	(MIDDLE NAME) DACULA	(SUFFIX)
DEMOGRAPHIC DATA			
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)		(STREET NAME)	(SUBDIVISION)
(BARANGAY/DISTRICT/LOCALITY) KITABOG	(CITY/MUNICIPALITY) TITAY	(PROVINCE) ZAMBOANGA SIBUGAY	POSTAL CODE 7003 COUNTRY CODE 0063
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 160	WEIGHT (IN KILOGRAMS) 43	DISTINGUISHING FEATURE/S FILIPINO NATIONALITY FILIPINO RELIGION MUSLIM
OTHER CARD APPLICANT DATA			
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER (0938) 731-8483	EMAIL ADDRESS pablonorhana9@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			
2			
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE			
SELF-EMPLOYED (SE) Profession/Business SALES WORKERS NOT ELSEWHERE CLASSIFIED Year Prof. Business Started 12282022 Monthly Earnings 4,000.00	OVERSEAS FILIPINO WORKER (OFW) Foreign Address Monthly Earnings Are you applying for membership in the Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (P) _____	
PURPOSE OF APPLICATION			
PURPOSE SELF EMPLOYED	PROFESSION/BUSINESS SALES WORKERS NOT ELSEWHERE CLASSIFIED	ESTIMATED MONTHLY SALARY 4,000.00	
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/creating of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits; - sharing of these data with SSS partner providers to carry out the services stated above; and			



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121321916487
REGISTRATION TRACKING NUMBER	923171947866

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO. MIDDLE NAME
MEMBER	PABLO	NORHANA		INTE	<input type="checkbox"/>
FATHER	PABLO	ARQUIZA		SALLE	<input type="checkbox"/>
MOTHER (Maiden Name)	INTE	SETTI		OACULA	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	PABLO	NORHANA		INTE	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
10/18/1999		Single/Unmarried			
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
TITAY, ZAMBOANGA SIBUGAY			FILIPINO		1014211868
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	0.00	45.00			
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER	
				No	
				For AFP/PNP Employee, Escal/Badge	
				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
					+63 (0938) 7318483
Subdivision		Barangay		Business (Direct Line)	
Municipality/City		Province/State/Country		Business (Trunk Line)	
TITAY		ZAMBOANGA SIBUGAY, PHILIPPINES		Email Address	
ZIP Code					
7003					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Phase No.	
House No.		Street Name		Barangay	
				KITABOG	
Municipality/City		Province/State/Country		ZIP Code	
TITAY		ZAMBOANGA SIBUGAY, PHILIPPINES		7003	
PREFERRED MAILING ADDRESS		PRESENT HOME ADDRESS			



Republic of the Philippines
Department of Justice
National Bureau of Investigation



33234750

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
P140JNRA99-OW071249335

FAMILY NAME
PABLO

MIDDLE NAME
INTE

ADDRESS
PUROK ALOEVERA KITABOG TITAY ZAMBOANGA SIBUGAY

DATE OF BIRTH
October 18, 1999

CITIZENSHIP
FILIPINO

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

VALID UNTIL
April 23, 2025

FIRST NAME
NORHANA

HUSBAND'S SURNAME

PLACE OF BIRTH
TITAY ZAMBOANGA DEL SUR

CIVIL STATUS
SINGLE



SIGNATURE
Norhana



P140JNRA99-OW071249335

Medardo de Lemos
ATTY. MEDARDO G. DE LEMOS
Director

Date Printed: Tuesday, April 23, 2024 11:21 AM

Agency **OW07**

CASID **guevarraja**

O.R. No **MP1PUFJ2MU**

O.R. Date **04/23/2024 11:19:53 AM**

DST PAID

DATID **guevarraja**

BIOD **guevarraja**

REC'D

INTID

PRTID **guevarraja**