



## Pag-IBIG FUND

(Home Development Mutual Fund)

Member's Name: SARMIENTO LORENZO MARLON

To our valued member,

You are now registered with Pag-IBIG Fund.

Your Tracking No. (RTN) 2150/44328717

Membership Identification no. (MID) 1212/4673891

The No. is to be used in all your transactions with the Fund. Thank you for your continued support to the Fund.

Very truly yours,

BY:   
POSITION: MS. PORTIA V. BACALSO  
COD, Marketing & Enforcement Div.

RECEIVED



REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation

PhilHealth



04-000053010-9

SARMIENTO, LORENZO MARLON  
LANURIAS

AUGUST 29, 1986 - MALE  
LAKOG (POB) CEBU CITY, CEBU - 6000

*Lanurias*



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FORMAL ECONOMY

### 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.

ROY B. FERRER, M.D., MSc.  
Acting President and Chief Executive Officer



COV-01214 (09-2015)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD
FOR ISSUANCE OF SS NUMBER

SS NUMBER

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

Form section A containing personal data: NAME (LAST, FIRST, MIDDLE, SUFFIX), DATE OF BIRTH, SEX, CIVIL STATUS, NATIONALITY, RELIGION, PLACE OF BIRTH, HOME ADDRESS, MOBILE/CELLPHONE NUMBER, E-MAIL ADDRESS, TELEPHONE NUMBER, FATHER, MOTHER'S MAIDEN NAME.

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

Form section B containing dependent/beneficiary information: SPOUSE, CHILD/REN (1-5), OTHER BENEFICIARY/IES (1-2).

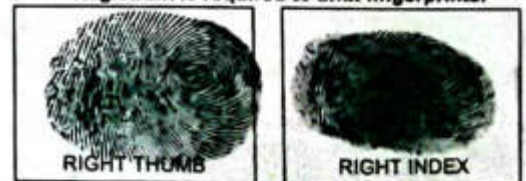
C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE

Form section C containing employment details: SELF-EMPLOYED (SE), OVERSEAS FILIPINO WORKER (OFW), NON-WORKING SPOUSE (NWS).

D. CERTIFICATION

I certify that the information provided in this form are true and correct. (If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.



PRINTED NAME, SIGNATURE, DATE

PART II - TO BE FILLED OUT BY SSS

Form section II containing SSS processing information: BUSINESS CODE, MONTHLY SS CONTRIBUTION, START OF PAYMENT, RECEIVED BY, REVIEWED BY, SIGNATURE OVER PRINTED NAME, DATE & TIME.