

BIR Form No.

1902

July 2008 (ENCS)

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

1 Date of Issuance
09/29/2021

3 RDO Code
047

2 Sex
 Male
 Female

4 Citizenship
FILIPINO

5 [Redacted]

8 Date of Birth
07/07/1999

9 [Redacted]

10 Telephone No.
[Redacted]

11 Zip Code
6000

12 Municipality Code
[Redacted]

[Redacted]

ATC
11013

13 Employment Status of Spouse

- Unemployed
- Employed Locally
- Employed Abroad
- Employed in Business/Practice of Profession



Republic of the Philippines
SOCIAL SECURITY SYSTEM

SS NUMBER SLIP

35-0918106-1

ROSELL, ASHLEY MARIE MAHUSAY

07/07/1999



SOCIAL SECURITY SYSTEM
CEBU AREA OFFICE
SEP 21 2001
MARICRIS O. PONCE
RECEIVED



MEMBER'S DATA FORM (MDF)

HQP-PFF-039
(v13, 04/2023)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO	121248773466
REGISTRATION TRACKING NO	919122105082

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE			
<i>Please specify</i>					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	ROSELL	ASHLEY MARIE		MAHUSAY	<input type="checkbox"/>
FATHER	ROSELL	GREGORIO		DERELON	<input type="checkbox"/>
MOTHER (Maiden Name)	MAHUSAY	ROSELLA		ONGCO	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE		ROSELL	ASHLEY MARIE	MAHUSAY	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
07/07/1999		Single/Unmarried			
PLACE OF BIRTH		CITIZENSHIP		SSS NUMBER	
CEBU CITY, CEBU, PHILIPPINES		FILIPINO			
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	0.00	0.00			
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER	
				For AFP/PNP Employee: Serial/Badge No. 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
				HOLY NAME	+63 (0906) 8783823
Subdivision		Barangay		Business (Direct Line)	
Municipality/City		Province/State/Country		Business (Trunk Line)	
CEBU CITY		CEBU, PHILIPPINES		Email Address	
ZIP Code				rosellashley02@gmail.com	
8000					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Let No., Block No., Phase No.	
House No.		Street Name		Barangay	
CEBU CITY		HOLY NAME		MABOLO	
Municipality/City		Province/State/Country		ZIP Code	
CEBU CITY		CEBU, PHILIPPINES		8000	
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

PRESENT EMPLOYMENT DETAILS					
OCCUPATION CUSTOMER SERVICE REPRESENTATIVES			EMPLOYMENT STATUS CASUAL	TYPE OF WORK	
EMPLOYER/BUSINESS NAME TELEPERFORMANCE PHILIPPINES INC			COUNTRY OF ASSIGNMENT		
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor _____ Building Name TELEPERFORMANCE TOWER			MONTHLY INCOME		
Lot No.	Block No.	Phase No.	House No.	Street Name INEZ VILLA	Basic _____ Allowances/Others _____ Total Mo. Income _____
Subdivision ASIATOWN IT PARK			Barangay LAHUG		
Municipality/City CEBU CITY			Province CEBU		
State/Country (if abroad) PHILIPPINES			ZIP Code 6000	DATE EMPLOYED SEP 2021	

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 destroy my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) opt-out of 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	DATE
FOR Pag-IBIG FUND USE ONLY	
RECEIVED BY	DATE
Signature over Printed Name	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.

IDMF - CEBU AYALABRANC
RECEIVED

By: Eisen Heredia A. Manog
Marketing and Customer Support Assistant

DATE: FEB 08 2024



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



PhilHealth
Your Partner in Health



12-025812176-2

ROSELL, ASHLEY MARIE MAHUSAY

JULY 07, 1999 - FEMALE
MABOLO CEBU CITY, CEBU - 6000



1 2 0 2 5 8 1 2 1 7 6 2

Rosell
Signature

INFORMAL 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.

A handwritten signature in black ink, appearing to be 'R. B. Ferrer', written over a faint, circular watermark or seal.

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