



BUREAU OF INTERNAL REVENUE  
REVENUE DISTRICT NO. 081  
CEBU CITY NORTH  
CLIENT SUPPORT SECTION  
TIN VERIFICATION SLIP

TIN: 360-607-152

LAST NAME: Cogal

FIRST NAME: Ma. Angelika

MIDDLE NAME: Tablatin

DATE OF BIRTH: 10/17/2000

RDO: 099

TAXPAYER  
CLASSIFICATION: local emp.

JHIL L. ANTONIO X. DAMOLE 2-21-20  
Revenue Officer

BIR Authorized Signature

**NOTE: PLEASE READ/ PALIHUG BASAHA**  
Please present BIRTH CERTIFICATE or ID or any  
Document showing NAME and BIRTHDATE



**MEMBER DATA RECORD**

**MEMBER INFORMATION**

PhilHealth Identification Number (PIN) : **120515995795**  
 Member Category : **FORMAL ECONOMY** NHTS Coverage :  
 Sub-Category : **PRIVATE** Effectivity Period :

**COGAL, MA ANGELIKA TABLATIN**  
 AEGAWANON, SAN REMIGIO, CEBU 6011

Foreign Address : **N/A** Sex : **Female**  
 Date of Birth : **10/17/2000**  
 Place of Birth :  
 Civil Status : **SINGLE**  
 Contact No. (Foreign) : **N/A** Tax Identification Number :  
 (Local) :

**EMPLOYER/ORGANIZED GROUP INFORMATION**

PhilHealth Number (PENPOGN) : **200276306778**  
 Name of Employer/Organized Group : **TOPSERVE SERVICE SOLUTIONS INC (FORMERLY TOPSERVE MANPOWER SOLUTIONS INC)**  
 Business Address : **8694 A & N BLDG KAMAGONG ST CORNER ST PAUL RD. SAN ANTONIO, MAKATI CITY, FOURTH DIST.**  
 Telephone Number : **896-8620**  
 Tax Identification Number : **005122560000**

**DEPENDENT INFORMATION**

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
*** NO DECLARED DEPENDENT/S ***						
*** NOTHING FOLLOWS ***						

**LOURDES F. DIOCON**  
 Regional Vice President  
 PRO - VII Cebu City

**Paalala :** Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maitagdag 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 prototype to hospital in case of confinement and availing of benefits.)

This is a system generated report. Signature is not required.  
 4/20/2014 1:34:57 PM 0408012 3040012 / 4020012



Pag-IBIG Fund  
Bogo MSO

4-22-19

DATE

COGAL      MA. ANGELIKA      TAPLAIN  
FAMILY NAME      FIRST NAME      MIDDLE NAME

**CONGRATULATION!**

You have been successfully registered with the Fund  
Your,

RTN: 9191 1207 0516

MID: 121247916948

Submit your RTN or MID to your HR/Benefits to enable the number-based remittance of your contributions by your employer.

Thank you for your continued support with the Fund

Your Pag-IBIG Fund Family

7

**E-1**

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

SS NUMBER

**06-4274920-8**

SSS Form E-1 (Rev. 2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT [www.sss.gov.ph](http://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  
& PERSONAL DATA**

NAME <b>Cagal</b>	LAST NAME <b>Ma</b>	FIRST NAME <b>Angelika</b>	MIDDLE NAME <b>Tablalin</b>	DATE OF BIRTH (mm/dd/yyyy) <b>11/01/1973</b>	TAX IDENTIFICATION NUMBER (if any)
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	MARRIAGE STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others		NATIONALITY <b>Filipino</b>		
RELIGION <b>Catholic</b>	PLACE OF BIRTH (commarca/city/town/village) <b>Lope de Vega St. Sta. Cruz, Manila</b>		COUNTRY (if born outside the Philippines)		
HOME ADDRESS (PRE-PRESENT & BIRTH HOME)	TELEPHONE (AREA NO. & BIRTH HOME)	CITY/TOWN/VILLAGE	COUNTRY <b>Philippines</b>	ISS CODE <b>0601</b>	
WORKING ADDRESS (PRESENT)	TELEPHONE (AREA NO. & WORKING ADDRESS)	CITY/TOWN/VILLAGE	COUNTRY	ISS CODE	
FATHER (LAST NAME)	FIRST NAME	MIDDLE NAME	DATE OF BIRTH (mm/dd/yyyy)		
MOTHER'S MAIDEN NAME (LAST NAME)	FIRST NAME	MIDDLE NAME	DATE OF BIRTH (mm/dd/yyyy)		

**B. DEPENDENT(S)/BENEFICIARY(IES)** Check this box if using additional sheet

SPOUSE (LAST NAME)	FIRST NAME	MIDDLE NAME	DATE OF BIRTH (mm/dd/yyyy)
CHILDREN (LAST NAME)	FIRST NAME	MIDDLE NAME	DATE OF BIRTH (mm/dd/yyyy)
1			
2			
3			
4			
OTHER BENEFICIARY (if without spouse & child and parents are both deceased) (LAST NAME)	FIRST NAME	MIDDLE NAME	DATE OF BIRTH (mm/dd/yyyy)
1			
2			

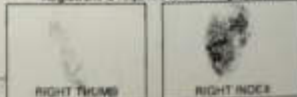
**C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE**

<b>SELF-EMPLOYED (SE)</b> Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings ₱ _____	<b>OVERSEAS FILIPINO WORKER (OFW)</b> Foreign Address _____ Monthly Earnings ₱ _____ Are you applying for membership in the New Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NON-WORKING SPOUSE (NWS)</b> SS No./Common Reference No. of Working Spouse _____ Monthly Income of Working Spouse (₱) _____ I agree with my spouse's membership with SSS. SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE _____
---	--	--

**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



RIGHT THUMB

RIGHT INDEX

**PART II - TO BE FILLED OUT BY SSS**

BUSINESS CODE (FOR SE)	WORKING SPOUSE & MSC FOR NWS	RECEIVED BY (FOR REPRESENTATIVE OFFICER/PATRON AGENT)	RECEIVED & PROCESSED BY (FOR SSS BRANCH OFFICER/REGISTRATION OFFICER)
MONTHLY SSS CONTRIBUTION (FOR SELF-EMPLOYED)	APPROVED MSC FOR WORKING SPOUSE	SIGNATURE (OVER PRINTED NAME) DATE & TIME	SIGNATURE (OVER PRINTED NAME) DATE & TIME
START OF PAYMENT (FOR SPOUSE)	FLER-FUND APPLICATION (FOR OFW)	REVIEWED BY (FOR SSS BRANCH/SERVICE OFFICE)	SIGNATURE (OVER PRINTED NAME) DATE & TIME
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	SIGNATURE (OVER PRINTED NAME)	DATE & TIME