



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



12-025858209-3

ALFEREZ, EUZENIO

DECEMBER 11, 1999 - MALE

SUBANGDAKU MANDAUE CITY, CEBU - 6014



1 2 0 2 5 8 5 8 2 0 9 3

INFORMAL ECONOMY



Pag-IBIG Fund
Mandaue Branch

09.17.19

Date

Aferez, Euzenio

Name of Member

Dear Member;

Congratulations!

You have been successfully registered with the Fund. Your

(RTN): 9192.60744777

Pag-IBIG/MID # 1212.5925.2842

Use the RTN/MID when remitting your contributions, and if employed, submit you're RTN/MID to your HR unit to enable the number-based remittance of your contributions through your employer.

Expect a text message confirming your registration together with your RTN/MID. ALTERNATIVELY, to get your MID, you may email your RTN (3) days after the registration to rtbellita@pagibigfund.gov.ph or call 239 7092/ 328 0600.

Thank you for your continued support with the Fund.

Your Pag-IBIG Fund Family

MANDAUE BRANCH OFFICE



Republic of the Philippines
SOCIAL SECURITY SYSTEM
 SS NUMBER SLIP

SS Number: 06-4359521-5

ALFEREZ, EUZENIO

Birthdate: 12/11/1999



5. OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased)
 (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

1. _____

2. _____

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

SELF-EMPLOYED (SE) Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings _____ P	OVERSEAS FILIPINO WORKER (OFW) Foreign Address _____ _____ Monthly Earnings _____ P	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse _____ Monthly Income of Working Spouse (P) _____ I agree with my spouse's membership with SSS _____ SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE _____
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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

EUZENIO ALFEREZ
 PRINTED NAME

[Signature]
 SIGNATURE

9-13-19
 DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS) P	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) SSS CEBU BRANCH RECEIVED BY: <i>[Signature]</i> DATE & TIME: _____ REVIEWED BY: _____ DATE & TIME: _____
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____	
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	SIGNATURE OVER PRINTED NAME _____	



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

ALFEREZ, EUZENIO

TIN: 375-320-050-000

TABOK MANDAUE CITY

BIRTH DATE: 12/11/1999

ISSUE DATE: 09/15/2021



SIGNATURE