

DIPLOMA





## MEMBER'S DATA FORM (MDF)

HQP-PFF-039  
(V07, 10/2017)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121255073076
REGISTRATION TRACKING NUMBER	919198595701

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE			
	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	DE LUNA	MARIA ANTONETTE		DELA CRUZ	<input type="checkbox"/>
FATHER	DE LUNA	ANTONIO		ROSALES	<input type="checkbox"/>
MOTHER (Maiden Name)	DELA CRUZ	MARIETTA		BACUS	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	DE LUNA	MARIA ANTONETTE		DELA CRUZ	<input type="checkbox"/>
DATE OF BIRTH	MARRIAGE STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
10/14/1998	SINGLE				
PLACE OF BIRTH	CITIZENSHIP		SSS NUMBER		
CEBU CITY, CEBU, PHILIPPINES	FILIPINO		GSIS NUMBER		
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER
FEMALE	0.00	0.00			
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		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	CELLPHONE
Subdiv./no	Barangay		CITY		+63 (0933) 4851367
Municipality/City	Province/State/Country				BUSINESS (DIRECT LINE)
CEBU CITY	CEBU, PHILIPPINES				BUSINESS (TRUNK LINE)
ZIP Code					E-MAIL ADDRESS
6000					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot no.	Block no.
House No.		Street Name		Phase No.	
Municipality/City		Province/State/Country		Barangay	
CEBU CITY		CEBU, PHILIPPINES		QUIOT	
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			
		Zip Code			
		6000			

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.



PRESENT EMPLOYMENT DETAILS						
OCCUPATION				EMPLOYMENT STATUS	TYPE OF WORK	
CUSTOMER SERVICE REPRESENTATIVES				CONTRACTUAL		
EMPLOYER/BUSINESS NAME				COUNTRY OF ASSIGNMENT		
CORCENTRIX CVG PHILS INC						
EMPLOYER/BUSINESS ADDRESS				MANNING AGENCY		
Unit/Room No., Floor						
Building Name				MONTHLY INCOME		
Lot No.	Block No.	Phase No.	House No.	Street Name	Basic	0.00
				JM DEL MAR AVE	Allowance/Other	0.00
Subdivision				OFFICE ASSIGNMENT		
ASATOWN IT PARK						
Municipality/City				DATE EMPLOYED		
CEBU CITY				JULY 2019		
State/Country (if abroad)				ZIP Code		
PHILIPPINES				6200		


PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP		
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS	FROM	TO

MEMBERS					
LASTNAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME RELATIONSHIP	DATE OF BIRTH
[ ]					

I HEREBY CERTIFY THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

  
 SIGNATURE OF MEMBER

July 22, 2019  
 DATE

FOR Pag-IBIG FUND USE ONLY			
RECEIVED BY	DATE		
 NICHOLE R. DAPAL	JUL 22 2019	AKT - #557	CEBU ANAYM
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 loan programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.





Municipal Form No. 102  
(Revised January 2007)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

(To be accomplished in quadruplicate using black ink)

Province <b>CEBU</b>	Registry No. <b>2017 09002</b>
City/Municipality <b>CEBU CITY</b>	

1. NAME (First) <b>MHYCO ANTONIO</b> (Middle) (Last) <b>DE LUNA</b>	
2. SEX (Male / Female) <b>MALE</b>	3. DATE OF BIRTH (Day) <b>20</b> (Month) <b>MARCH</b> (Year) <b>2017</b>
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) <b>VICENTE SOTTO MEMORIAL MEDICAL CENTER / B. RODRIGUEZ ST., CEBU CITY, CEBU</b>	
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) <b>N/A</b>
5c. BIRTH ORDER (Order of this birth as previous live births including fetal death) (First, Second, Third, etc.) <b>1</b>	6. WEIGHT AT BIRTH <b>2,950</b> grams

7. MOTHER'S NAME (Middle) <b>DELACRUZ</b> (Last) <b>DE LUNA</b>	
8. CITIZENSHIP <b>FILIPINO</b>	9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>
10a. Total number of children born alive <b>1</b>	10b. No. of children still living including this birth <b>1</b>
10c. No. of children born alive but are now dead <b>0</b>	11. OCCUPATION <b>NONE</b>
12. AGE at the time of this birth (completed years) <b>18</b>	
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>SITIO IDIANG, QUIOT CEBU CITY CEBU PHILIPPINES</b>	

14. NAME (First) <b>UNKNOWN</b> (Middle) (Last)	
15. CITIZENSHIP <b>N/A</b>	16. RELIGION/RELIGIOUS SECT <b>N/A</b>
17. OCCUPATION <b>N/A</b>	18. AGE at the time of this birth (completed years) <b>N/A</b>
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>N/A</b>	

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year) <b>N/A</b>	20b. PLACE (City / Municipality) (Province) (Country) <b>N/A</b>
--	---

21a. ATTENDANT  
 1. Physician  2. Nurse  3. Midwife  4. Hilut (Traditional Birth Attendant)  5. Others (Specify) \_\_\_\_\_

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, Hilut, etc.)  
 I hereby certify that I attended the birth of the child who was born alive at **5:06 AM** on the date of birth specified above.

Signature **KATHLEEN FAYE M. LLAMERA, MD** Address **VSMMC, CEBU CITY, CEBU**  
 Name in Print **MEDICAL OFFICER III** Date **MARCH 20, 2017**  
 Title or Position \_\_\_\_\_

22. CERTIFICATION OF INFORMANT  
 I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature **MARIA ANTONETTE D. DE LUNA** Signature **ALONA I. MONTEJO**  
 Name in Print **MOTHER** Name in Print **CLERK**  
 Relationship to the Child **CEBU CITY, CEBU** Title or Position **MARCH 20, 2017**  
 Address **CEBU CITY, CEBU** Date \_\_\_\_\_  
 Date **MARCH 20, 2017**

24. RECEIVED BY  
 Signature **LUZ N. CUGAY** Signature \_\_\_\_\_  
 Name in Print **ADMINISTRATIVE AIDE III** Name in Print **PHILIPP A. MEGABON**  
 Title or Position \_\_\_\_\_ Title or Position **REGISTRATION OFFICER IV**  
 Date **10 APR 2017** Date \_\_\_\_\_

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)  
**10 APR 2017**

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

6	9	11	13	15	16	17	19

08356-5E-999HGB-00141-BI001

BEST POSSIBLE IMAGE




T08908356999001411122022001

BReN  
02217-B17ELOU-7

Documentary  
Stamp Tax Paid

*CSM*  
CLAIRE DENNIS S. MAPA, Ph. D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority

PROOF OF PHILHEALTH

 **Republic of the Philippines**  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
8/F, Golden Peak Tower, Georadio Ave., cor. Eacanio St., Cebu City 6000  
(032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871  
www.philhealth.gov.ph

**MDR**

**MEMBER DATA RECORD**

---

**MEMBER INFORMATION**

PhilHealth Identification Number (PIN) : 122023118511  
Member Category : FORMAL ECONOMY NHTS Coverage :  
Sub-Category : PRIVATE Effectivity Period :

**DE LUNA, MARIA ANTONETTE DELA CRUZ**  
E SABELLANO ST, QUIOT PARDO, CEBU  
CITY, CEBU

Foreign Address : N/A Sex : Female  
Date of Birth : 10/14/1998  
Place of Birth : CEBU CITY, CEBU

Contact No. (Foreign) : N/A Civil Status : SINGLE  
(Local) : Tax Identification Number :

---

**EMPLOYER/ORGANIZED GROUP INFORMATION**

Philhealth Number (PEN/POGN) : 230474000900  
Name of Employer/Organized Group : CONCENTRIX CVG PHILIPPINES INC/CONVERGYS PHILIPPINES INC)  
Business Address : 8F SLC BLDG 6797 AYALA AVE, BEL-AIR, MAKATI CITY, FOURTH DIST.

Telephone Number : 91655670  
Tax Identification Number : 205366921000

---

**DEPENDENT INFORMATION**

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

**ARLAN M. GRANALI**  
ACTING REGIONAL VICE PRESIDENT  
PRO - VII Cebu City

**Paalala :** Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepiyo, magbigay ng kopya sa ospital. *Remember: 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 photocopy to hospital in case of confinement and availing of benefits.*

*This is a system generated report. Signature is not required.*  
01/22/2022 9:47:26 PM 20221006 20220717 20221006 20221017 21220208



PROOF OF SSS

**E-1**  
 COY-012 (4/29/2015)

**SOCIAL SECURITY SYSTEM  
 PERSONAL RECORD  
 FOR ISSUANCE OF SS NUMBER**

SS NUMBER  
**06-4329535-3**

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**

**A. PERSONAL DATA**

NAME (LAST NAME) **DE LUNA** (FIRST NAME) **MARIA ANTONETTE** (MIDDLE NAME) **DELA CRUZ** (SUFFIX) (DATE OF BIRTH (MM/DD/YYYY)) **11/01/1995**  
 SEX  Male  Female CIVIL STATUS  Single  Married  Widowed  Legally Separated  Others  
 NATIONALITY **FILIPINO** RELIGION **ROMAN CATHOLIC** PLACE OF BIRTH (CITY/TOWN/MUNICIPALITY/PROVINCE) **CEBU CITY** (CITY/COUNTRY, IF NOT INSIDE THE PHILIPPINES)  
 HOME ADDRESS (BANGSA/DISTRICT/LOCALITY) **QUIOT** (CITY/MUNICIPALITY) **CEBU CITY** (PROVINCE) **E. SABELLANO** (COUNTRY) **PHILIPPINES** ZIP CODE **6000**  
 MOBILE/CELLPHONE NUMBER **09399613997** E-MAIL ADDRESS **MARICA.ANTONIA@GMAIL.COM** TELEPHONE NUMBER (COUNTRY CODE) - AREA CODE - TEL. NO.  
 FATHER (LAST NAME) **DE LUNA** (FIRST NAME) **ANTONIO** (MIDDLE NAME) **ROSALES** (SUFFIX)  
 MOTHER'S MAIDEN NAME (LAST NAME) **DELA CRUZ** (FIRST NAME) **MARICHA** (MIDDLE NAME) **BALUS** (SUFFIX)

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

CHILDREN	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	DATE OF BIRTH (MM/DD/YYYY)
1.	DE LUNA	MARCO ANTONIO			01/31/2011
2.	DE LUNA	MARCO ANTONIO	DELA CRUZ		01/09/2014
3.	DE LUNA	ANTONIO	ROSALES		01/01/1997
4.	DE LUNA	MARICHA	DELA CRUZ		01/27/1997

OTHER BENEFICIARY(IES) (if without spouse & child and parents are both deceased)  
 1. (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) RELATIONSHIP DATE OF BIRTH (MM/DD/YYYY)

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

SELF-EMPLOYED (SE) Profession/Business \_\_\_\_\_ Overseas Filipino Worker (OFW) Foreign Address \_\_\_\_\_ Non-Working Spouse (NWS) SS No./Common Reference No. of Working Spouse \_\_\_\_\_  
 Year Prof./Business Started \_\_\_\_\_ Monthly Earnings **P** Are you applying for membership in the Phil-Fund Program?  YES  NO  
 Monthly Earnings **P** 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

**MARICA ANTONETTE DE LUNA** (PRINTED NAME) *[Signature]* (SIGNATURE) **11/11/2017** (DATE)  
 RIGHT INDEX LEFT INDEX

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

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MEC (FOR NWS)	RECEIVED BY (REPRESENTATIVE OFFICER/OTHER AGENT)	RECEIVED & PROCESSED BY (PAY, BRANCH/SUB-OFFICE/FOREIGN OFFICE)
MONTHLY SS CONTRIBUTION (FOR SE/OFW)	APPROVED MEC (FOR SE/OFW)	SIGNATURE OVER PRINTED NAME DATE & TIME	SIGNATURE OVER PRINTED NAME DATE & TIME
START OF PAYMENT (FOR SE/OFW)	APPROVED MEC APPLICATION (FOR OFW)	REVIEWED BY (SSE BRANCH/SERVICE OFFICE)	SIGNATURE OVER PRINTED NAME DATE & TIME

Approved  Disapproved



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
 SS NUMBER SLIP

SS Number: 06-4329535-3  
 DE LUNA, MARIA ANTONETTE DELA  
 CRUZ  
 Birthdate: 10/14/1998



06-4329535-3 DE LUNA, MARIA ANTONETTE DELA CRUZ

**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 _____ ₱	<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

MARIA ANTONETTE DE LUNA  
 PRINTED NAME

[Signature]  
 SIGNATURE

JULY 10, 2019  
 DATE




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

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

PROOF OF TIN

BIR eRegistration System



BIR Homepage eREG FAQs RDO Directory Welcome, 244983876-000 Sign Out

**User Menu**

TIN Issuance for Employee Reports

### Success

**DE LUNA, MARIA ANTONETTE DELA CRUZ** is now registered with the BIR as **Local Employee** under **Revenue District Office (RDO) 081** with Taxpayer Identification Number **362413776-0000**.

Secure your TIN card.

Receive further instructions from the RDO.

To issue TIN for another employee, please click on TIN Issuance for Employees

**Download BIR Form 1902**

---

BIR Homepage eREG FAQs RDO Directory

Copyright © 2003. All Rights Reserved.

<https://ereg.bir.gov.ph/tinConfirm.do>

October 14, 2008 Date: NOV 13 1990 1/1







Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
CERTIFICATE OF LIVE BIRTH

Province: 0828 City/Municipality: Cebu City Registry No: 48 29035

1. NAME (First Middle Last) Maria Antonette Gela Cruz de Luna

2. SEX  Male  Female 3. DATE OF BIRTH (Month, day, year) 14 October 1998

4. PLACE OF BIRTH (Province, City/Municipality) Malabon, Quezon City, Cebu

5a. TYPE OF BIRTH  Single  Twin  Triplet, etc. 5b. IF MULTIPLE BIRTH CHILD WAS  1st  2nd  3rd  4th  5th

6. BIRTH ORDER (live births and fetal deaths including the delivery) 1st 7. WEIGHT AT BIRTH (kg, pounds, etc.) 3250 grams

8. MOTHER (First Middle Last) Maricette Jesus Gela Cruz

9. CITIZENSHIP Filipino 10. RELIGION Catholic

11. OCCUPATION Housewife 12. RESIDENCE (Province, City/Municipality) Malabon, Quezon City, Cebu

13. FATHER (First Middle Last) Artemio Rowel de Luna

14. CITIZENSHIP Filipino 15. RELIGION Catholic

16. OCCUPATION Laborer 17. AGE AT THE TIME OF BIRTH (years) 19

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not having a marriage license, attach or acknowledge receipt/admission of paternity at the back) December 30, 1997 - Zambo, Cebu City

19a. ATTENDANT:  Physician  Nurse  Midwife  Other (Specify)

19b. CERTIFICATION OF BIRTH (I hereby certify that I observed the birth of the child who was born alive at 0105 o'clock on 14 day of October 1998.)  
Signature: Marina Ebrado Address: Malabon, Quezon City  
Title or Position: MSW/Trained Pilot Date: October 14, 1998

20. INFORMANT: Signature: Artemio de Luna Address: Malabon, Quezon City  
Name in Print: Artemio de Luna Date: October 14, 1998  
Relationship to the child: Father

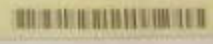
21. PREPARED BY: Signature: Marina Ebrado  
Name in Print: MSW/Trained Pilot  
Title or Position: MSW/Trained Pilot Date: October 14, 1998

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature: LORELIAN DE JESU  
Name in Print: REGISTRAR GENERAL  
Title or Position: REGISTRAR GENERAL Date: NOV 13 1998

07919-G8-999IRZ-05975-B1001  
BEST POSSIBLE IMAGE  
  
T080C79:89990597509052021001  
EP60952439

BRn  
02217-A98VE1B-0  
Documentary  
Stamp Tax Paid

*CDSM*  
CLAIRE DENNIS S. MAPA, Ph. D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority







DE LUNA, MARIA ANTONETTE DELA CRUZ  
SS Number 06-4329535-3

Your password will expire on Mar 18, 2022

[HOME](#)
[MEMBER INFO](#)
[INQUIRY](#)
[E-SERVICES](#)
[PAYMENT REFERENCE NUMBER \(PRN\) - CONTRIBUTIONS](#)
[PRN - LOANS](#)
[LOGOUT](#)

### Employment Details

Employer ID	Name	Reporting Date	Employment Date
06-1736166-6	QUALFON PHILIPPINES INC.	06-2020	03-2020
03-9147935-3	CONCENTRIX CVG PHILIPPINES, IN	02-2021	02-2020
03-9147935-3	CONCENTRIX CVG PHILIPPINES, IN	02-2021	01-2020
03-9147935-3	CONCENTRIX CVG PHILIPPINES, IN	10-2019	08-2019

SSS Homepage Copyright © 1997 [Terms of Service](#) | [Data Privacy Notice](#)  
SSS Building East Avenue, Diliman Quezon City, Philippines

For comments, concerns and inquiries contact:  
SSS Hotline: 1455  
Toll-Free No.: 1-800-10-2255777  
SSS Email: [member\\_relations@sss.gov.ph](mailto:member_relations@sss.gov.ph)

International Toll-Free Nos.:

**Asia**  
Hongkong: 001-800-0225-5777  
Singapore: 001-800-0225-5777  
Malaysia: 00-800-0225-5777  
Taiwan: 00-800-0225-5777  
Brunei: 801-4275

**Middle East**  
Qatar: 00800-100-260  
UAE: 800-0630-0038  
Saudi Arabia: 800-863-0022  
Bahrain: 8000-8084

**Europe**  
Italy: 00-800-0225-5777  
UK: 00-800-0225-5777

