



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



PhilHealth

Your Partner in Health



12-025972341-3

REGALADO, WARREN BALDO

AUGUST 05, 2000 - MALE

45 S CABAUG STREET MABINI CEBU CITY, CEBU
- 6000



1 2 0 2 5 9 7 2 3 4 1 3

Time: 12:24



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

TIN: 760-417-484 ✓

LAST NAME: Regalado ✓

FIRST NAME: Warren ✓

MIDDLE NAME: Baldo ✓

DATE OF BIRTH: 8/5/2000 ✓

ADDRESS: S-Caberny St Mubolo Cebu City

RDO: 54B

TAXPAYER CLASSIFICATION: ONETT

Upteln
CHERYL B. TALAROC
Revenue Officer III

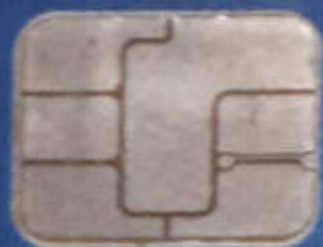
137

BIR Authorized Signature

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



Pag-IBIG *Plus*
LOYALTY CARD



WARREN B. REGALADO

MID No 1212-8369-2710



3*1500*1044*0348*8





Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID
(UMID) CARD APPLICATION (E-1/E-6)

Transaction Number: MO0516IW202105305360 Date/Time Generated: 30 May 2021 11:52:49 PM

SS NUMBER 35-0587773-5					
NAME					
(LAST NAME) REGALADO	(FIRST NAME) WARREN	(MIDDLE NAME) B.	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 08052000	PLACE OF BIRTH (CITY/MUNICIPALITY) CEBU CITY (CAPITAL)	(PROVINCE/STATE) CEBU	(COUNTRY) PHILIPPINES	SEX MALE	
FATHER'S NAME (LAST NAME) REGALADO	(FIRST NAME) WELFREDO	(MIDDLE NAME) P.	(SUFFIX) JR		
MOTHER'S MAIDEN NAME (LAST NAME) REGALADO	(FIRST NAME) RUTHELLE	(MIDDLE NAME) B.	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)		(STREET NAME)	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) MABOLO	(CITY/MUNICIPALITY) CEBU CITY (CAPITAL)	(PROVINCE) CEBU	POSTAL CODE 6000	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 156	WEIGHT (IN KILOGRAMS) 116	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER (0961) 489-4898	EMAIL ADDRESS warzbeat1432@gmail.com			
DEPENDENT(S)/BENEFICIARY/IES					
SPOUSE	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILDREN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
1					
2					
3					
4					
5					
OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased)					
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1					
2					
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)	
Profession/Business Year Prof./Business Started Monthly Earnings		Foreign Address Monthly Earnings Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (P)	
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION					
<input type="checkbox"/> UMID CARD AS ATM CARD		(BANK NAME)		(BANK BRANCH)	
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION					
<p>1. I certify that the information provided are true and correct.</p> <p>2. I hereby consent to:</p> <ul style="list-style-type: none"> the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updating of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits; sharing of these data with SSS service providers to carry out the purposes stated above; and disposal of this application in the manner consistent with the Data Privacy Act. <p>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.</p> <p>4. I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.</p>					