



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NO.
1211 2365 1495

REGISTRATION TRACKING NO.
927307384749

INSTRUCTIONS

- Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on a single sheet of paper.
- Submit photocopy of at least one (1) valid ID acceptable to the Fund.
- Type or print all entries in BLOCK or CAPITAL LETTERS.
- All fields marked with asterisk (*) are mandatory.
- On the "OCCUPATIONAL STATUS" portion, if not employed or purpose is pre-employment, select "UNEMPLOYED/NOT YET EMPLOYED". For first time jobseekers select also the "CHECK THIS BOX IF FIRST TIME JOBSEEKERS".
- The "NAME EXTENSION" shall refer to JR., II, III and the like.
- Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
- On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
- On the "HEIRS" portion, the provision on the Laws on Succession, under the New Civil Code, shall be observed.
- For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCIF, HQP-PFF-049) and submit to any Pag-IBIG Branch nearest you.

***OCCUPATIONAL STATUS** EMPLOYED UNEMPLOYED/NOT YET EMPLOYED
 CHECK THIS BOX IF FIRST TIME JOBSEEKERS

***MEMBERSHIP CATEGORY**

MANDATORY		VOLUNTARY	
<input type="checkbox"/> EMPLOYED	<input type="checkbox"/> SELF-EMPLOYED	<input type="checkbox"/> EMPLOYED	<input type="checkbox"/> INDIVIDUAL PAYOR
<input type="checkbox"/> PRIVATE	<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER	<input type="checkbox"/> EMPLOYEE OF FOREIGN GOVERNMENT	<input type="checkbox"/> MEMBER OF COOPERATIVE
<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> JOB ORDER PERSONNEL	<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	<input type="checkbox"/> MEMBER OF TRADE UNION
<input type="checkbox"/> PRIVATE HOUSEHOLD	<input type="checkbox"/> OTHER EARNING GROUP (OEGs) <i>Please specify: _____</i>	<input type="checkbox"/> OTHERS, <i>Please specify: _____</i>	<input type="checkbox"/> NON-WORKING SPOUSE
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> OTHERS, <i>Please specify: _____</i>		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP
			<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT
			<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
MEMBER <i>#Atona</i>	<i>Bautista</i>	<i>Alona</i>		<i>Decena</i>	<input type="checkbox"/>
FATHER	<i>Decena</i>	<i>Nicholac</i>		<i>Melzar</i>	<input type="checkbox"/>
MOTHER (Maiden Name)	<i>Serrano</i>	<i>Brigitte</i>		<i>Cerino</i>	<input type="checkbox"/>
SPOUSE (If Married)	<i>Bautista</i>	<i>Jeremeia</i>		<i>Ramirez</i>	<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

*DATE OF BIRTH 09 11 1981 <small>m m d d y y y y</small>	*MARITAL STATUS <input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input checked="" type="checkbox"/> Married <input type="checkbox"/> Legally Separated	TAXPAYER IDENTIFICATION NUMBER (TIN) 778 298 678
*PLACE OF BIRTH (City/Municipality/Province/Country) <i>Labangon Cebu</i> <small>Please indicate country if born outside the Philippines)</small>	*CITIZENSHIP <i>Fil</i>	SSS/GSIS NUMBER 0643158916
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	HEIGHT <i>5'4</i> (cm) <i>A</i>	WEIGHT <i>101</i> (kg)
PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc)	EMPLOYEE NUMBER <small>For AFP/PNP Employee, Serial/Badge No.</small>	
COMMON REFERENCE NUMBER (CRN) (If Available)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<small>For DepEd Employee, Division Code-Station Code</small>

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS Unit/Room No., Floor, Building Name, Lot No., Block No., Phase No, House No, Street Name <i>Zone 2, Lower Mohon, Talisay City, Cebu</i>						(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Home	
Subdivision, Barangay, Municipality/City, Province/State/Country (if abroad), ZIP Code <i>Zone 2, Lower Mohon, Talisay City, Cebu</i>						*Cell Phone <i>09053077144</i>	
*PRESENT HOME ADDRESS Unit/Room No., Floor, Building Name, Lot No., Block No., Phase No, House No, Street Name						Business (Direct Line)	
Subdivision, Barangay, Municipality/City, Province/State/Country (if abroad), ZIP Code						Business (Trunk Line) Local	
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address						Email Address <i>atona@autish-sip@yahoo.com</i>	



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

8/F, Golden Peak Tower, Gorordo Ave., cor. Escario St., Cebu City 6000
(032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871
www.philhealth.gov.ph



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN):	020262764789	PhilSys Number :	:
Member Category	: DIRECT CONTRIBUTOR - EMPLOYED PRIVATE	NHTS Coverage	: N/A
		Validity Period	: N/A

BAUTISTA, ALONA DECENA

LOWER MOHON, TALISAY, CEBU - 6045

Foreign Address	: N/A	Sex	: FEMALE
		Date of Birth	: 04/11/1981
		Place of Birth	: CEBU CITY, CEBU
Contact No. (Foreign)	: N/A	Civil Status	: MARRIED
(Local)	: 0905 3077144/09053077144	Tax Identification Number:	

EMPLOYER/ENTITY INFORMATION

Philhealth Number (PEN/POGN)	: 012000022312		
Name of Employer/Organized Group	: VCUSTOMER PHILIPPINES (CEBU) INC		
Business Address	: 6TH FLOOR EBLOC 3 GEONZON STREET CEBU IT PARK APAS, CEBU CITY CEBU		
Telephone Number	: 032 5126275	Employment Status:	EMPLOYED
Tax Identification Number	: 007964541000	Date	: 10/10/2023

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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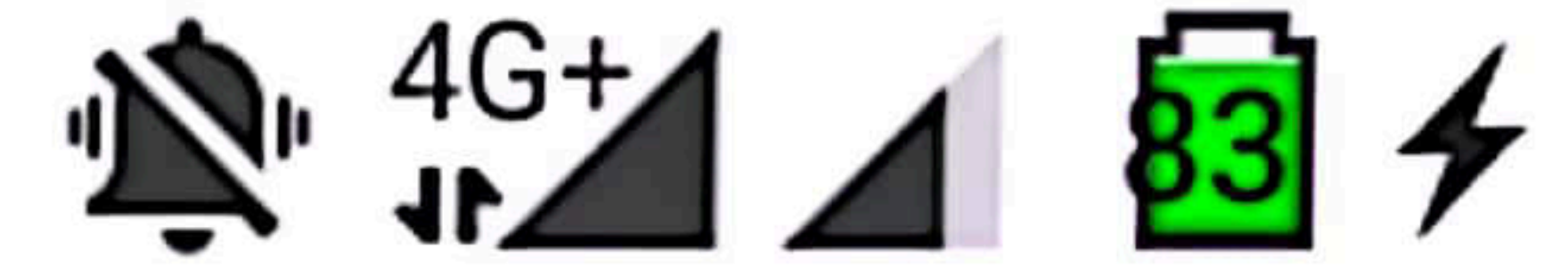
*** NO DECLARED DEPENDENT/S ***

MARJORIE A. CABRIETO
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 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 photocopy to hospital in case of confinement and availment of benefits.*

This is a system generated report. Signature is not required. Printed At : CEBU CITY - CEBU

12:38 AM



BAUTISTA, ALONA DECENA

SS Number: 06-4315841-6

i Your password will expire on Mar 31, 2024 | Your last login was on Oct 09, 2023 4:39:36 PM thru the SSS Website

- HOME
- MEMBER INFO**
- INQUIRY
- BENEFITS
- LOANS
- SERVICES
- PAYMENT REFERENCE NUMBER (PRN)
- LOGOUT

Coverage History

Employer ID/SS Number	Employer/Membership Type	Effectivity Date	Reporting Date
88-8888800-6-000	VOLUNTARY MEMBER	08/01/2021	10/01/2021
88-8888800-6-000	VOLUNTARY MEMBER	06/01/2021	05/01/2021
88-8888800-6-000	VOLUNTARY MEMBER	04/01/2021	04/01/2021
80-0139756-5-000	HOUSEHOLD HELPER	07/16/2019	12/11/2019
00-0000000-0-000	SELF-EMPLOYED	06/25/2019	06/25/2019



BAUTISTA, ALONA DECENA

SS Number: 06-4315841-6

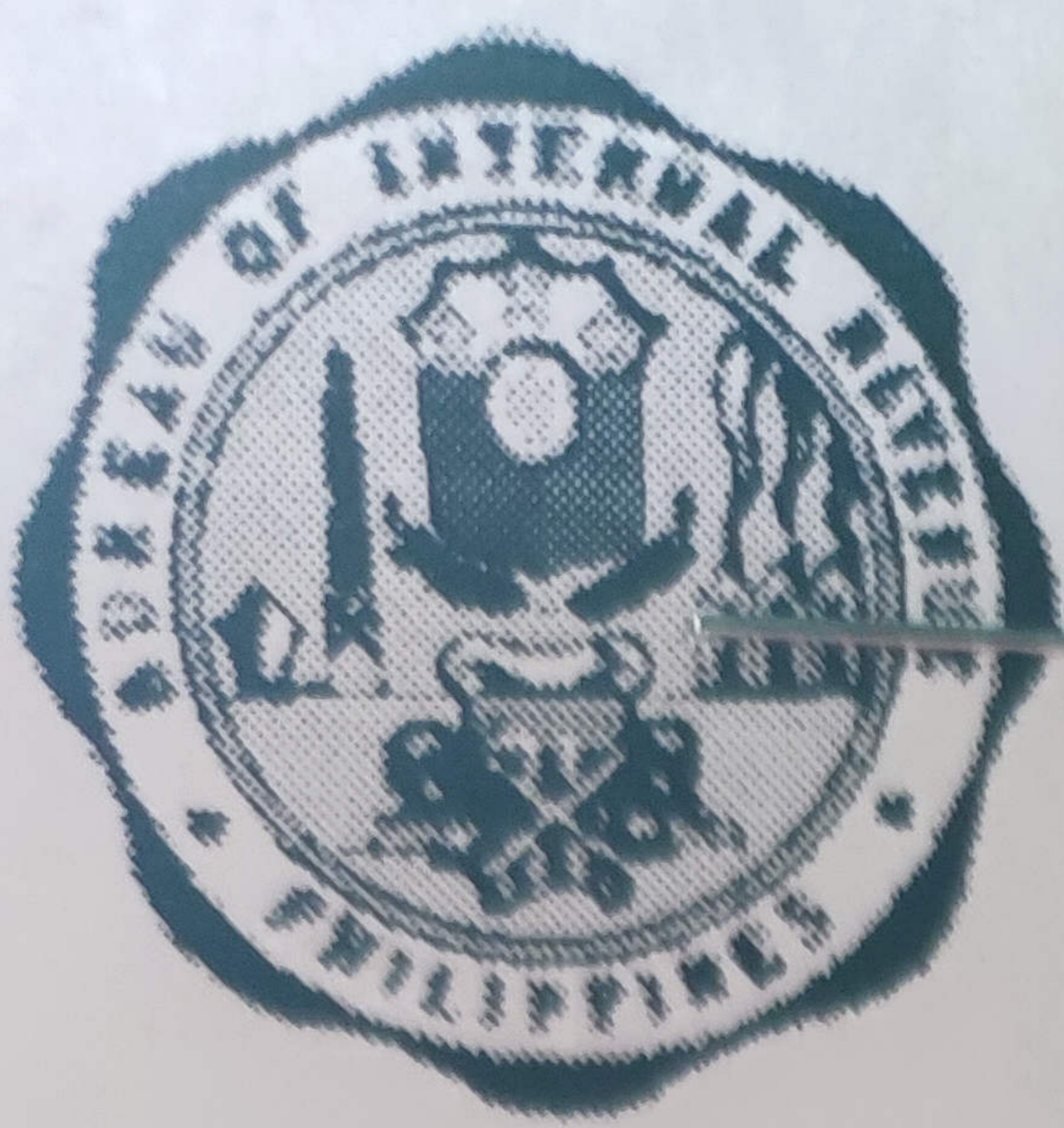
i Your password will expire on Mar 31, 2024

- HOME
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- SERVICES
- PAYMENT REFERENCE NUMBER (PRN)
- LOGOUT

Member Details

+ Address & Contact Information

SS Number Status :	0 - ACTIVE
Document Compliance :	DOCUMENTARY REQUIREMENT(S) SUBMITTED
Membership Status :	PERMANENT
Prior Registrant :	NO
Date of SS Number Issuance :	06/25/2019
Sex :	FEMALE
Reporting Date :	
Reporting ID :	
Latest ER ID :	88-8888800-6
Latest ER Name :	
Claim Flag Status :	0 - NO FINAL/FUNERAL CLAIM
Transferred to (New SS Number) :	
Membership Type :	VOLUNTARY
Change in Coverage Status	NO STATUS CHANGE
Date of Loan Disqualification	
SS Number Withdrawal Reason	
Record Location	TALISAY
TIN Number	



Republic of the Philippines
Department of Finance
BUREAU OF INTERNAL REVENUE
Office of the Revenue District Officer
Revenue District No. 083
Talisay City

TIN VERIFICATION

Query Results

TIN: 733-298-678-00000 RDO CODE: 083

NAME: Arona Pawlita D.
(First name, full middle name, last name)

DATE of BIRTH: 24-11-81

ADDRESS: Talisay City, Cebu

TAXPAYER

CLASSIFICATION: Evag

VERIFIED BY: MERRYILLE P. AMARA

Attachment: (Any of the following)

- Any valid I.D. (Passport, Comelec, LTO License, Company I.D., Philhealth)
- Birth Certificate or Marriage Cert.
- Any Documents showing Name, Address & Birthdate of Taxpayer

OCT 6 2023