



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

MO0578IW202405218976 Date/Time Generated: 23 May 2024 07:37:08 AM

SS NUMBER <b>06-4856513-0</b>					
<b>NAME</b>					
(LAST NAME) <b>APA-AP</b>	(FIRST NAME) <b>MARY PAULINE</b>	(MIDDLE NAME) <b>LANGUITA</b>	(SUFFIX)		
<b>FACTS OF BIRTH</b>					
DATE OF BIRTH (MMDDYYYY) <b>10102002</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>CEBU CITY (CAPITAL)</b>	(PROVINCE/STATE) <b>CEBU</b>	(COUNTRY) <b>PHILIPPINES</b>	SEX <b>FEMALE</b>	
FATHER'S NAME (LAST NAME) <b>APA-AP</b>	(FIRST NAME) <b>SOCRATES</b>	(MIDDLE NAME) <b>ABELLANA</b>	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) <b>LANGUITA</b>	(FIRST NAME) <b>LEONILA</b>	(MIDDLE NAME) <b>HELDORE</b>	(SUFFIX)		
<b>DEMOGRAPHIC DATA</b>					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) <b>55</b>		(STREET NAME) <b>KAWIT</b>	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) <b>ERMITA (POB.)</b>	(CITY/MUNICIPALITY) <b>CEBU CITY (CAPITAL)</b>	(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6000</b>	COUNTRY CODE <b>0063</b>	
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) <b>150</b>	WEIGHT (IN KILOGRAMS) <b>44</b>	DISTINGUISHING FEATURE/S	NATIONALITY <b>FILIPINO</b>	RELIGION <b>ROMAN CATHOLIC</b>
<b>OTHER CARD APPLICANT DATA</b>					
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER <b>(0966) 615-1623</b>	EMAIL ADDRESS <b>marypaulineapaap@gmail.com</b>			
<b>DEPENDENT(S)/BENEFICIARY/IES</b>					
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					
<b>FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE</b>					
<b>SELF-EMPLOYED (SE)</b>		<b>OVERSEAS FILIPINO WORKER (OFW)</b>		<b>NON-WORKING SPOUSE (NWS)</b>	
Profession/Business		Foreign Address		SS No./Common Reference No. of Working Spouse	
Year Prof./Business Started					
Monthly Earnings		Monthly Earnings		Monthly Income of Working Spouse (P)	
		Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>PURPOSE OF APPLICATION</b>					
PURPOSE <b>FOR EMPLOYMENT / PRIOR REGISTRANT</b>		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
<b>UMID CARD APPLICATION WITH ATM OPTION</b>					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)			(BANK BRANCH)		
<b>CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION</b>					
<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"> <li>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;</li> <li>sharing of these data with SSS service providers to carry out the purposes stated above; and</li> <li>disposal of this application in the manner consistent with the Data Privacy Act.</li> </ul> <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>					

**INSTRUCTIONS**

- Fill out this form in one (1) copy.
- Erasures/alterations are not encouraged. However, if necessary, such will be limited up to two (2) erasures/alterations only. Always affix initials on all erasures/alterations of this form.
- Place a checkmark on the applicable box.
- Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- Indicate the home address. If permanent home address is in the province but working in Metro Manila during weekdays or working abroad, indicate the provincial address instead of the Metro Manila address.
- Write the "HEIGHT" in centimeters and "WEIGHT" in kilograms.  
To convert: 1 ft = 30.48 cm    1 in = 2.54 cm    1 lb = 0.4536 kg
- Limit the distinguishing features to those that can be found on the face such as "mole under the right eye" and "mole or birth mark on the left cheek/forehead".
- Always indicate the following **mandatory** information:
  - Country of place of birth, if born outside the Philippines
  - Mobile number, if applied locally\*
  - Email address, if applied abroad\*
 \* if card applicant cannot provide the required mobile number/email address, indicate the card applicant's immediate family member's mobile number/email address where SSS can communicate with the card applicant.
- For all types of card replacement**, pay the required fee at any SSS branch office/ accredited bank/collecting agent. Write the Special Bank Receipt (SBR)/Receipt Number/Transaction Reference Number on the field provided and submit this form together with the required document/s and proof of payment to the nearest SSS branch office.
- For card replacement due to unclaimed UMID cards beyond five (5) years**, a replacement fee and biometric data re-capture is required.
- Submit this form to the nearest SSS branch with the following required documents (use the table Documentary Requirements Guide).

DOCUMENTARY REQUIREMENTS GUIDE	
<p><b>IDENTIFICATION REQUIREMENTS (Present the original)</b></p> <p><b>A. Primary ID card/document [any one (1) of the following]:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Unified Multi-Purpose ID Card</li> <li><input type="checkbox"/> 2. Social Security Card</li> <li><input type="checkbox"/> 3. Alien Certificate of Registration</li> <li><input type="checkbox"/> 4. Driver's License</li> <li><input type="checkbox"/> 5. Firearm Registration</li> <li><input type="checkbox"/> 6. License to Own and Possess Firearms</li> <li><input type="checkbox"/> 7. National Bureau of Investigation (NBI) Clearance</li> <li><input type="checkbox"/> 8. Passport</li> <li><input type="checkbox"/> 9. Permit to Carry Firearms Outside of Residence</li> <li><input type="checkbox"/> 10. Postal Identity Card</li> <li><input type="checkbox"/> 11. Seafarer's Identification &amp; Record Book (Seaman's Book)</li> <li><input type="checkbox"/> 12. Voter's ID Card</li> </ul> <p><b>B. Any two (2) other ID cards/documents, both with signature and at least one (1) with photo (In absence of a primary card). Please specify.</b></p> <p><input type="checkbox"/> _____</p> <p>_____</p>	<p><b>IDENTIFICATION REQUIREMENTS (Present the original)</b></p> <p>A. For card replacement due to amendment of data/authenticating finger</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Previously issued SS digitized ID or UMID card of the card applicant</li> <li><input type="checkbox"/> Proof of payment</li> </ul> <p>B. For card replacement due to lost SS digitized ID or UMID Card</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Duly notarized Affidavit of Loss</li> <li><input type="checkbox"/> Proof of payment</li> </ul> <p>C. For card replacement due to non-receipt of UMID Card</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Duly notarized Affidavit of Non-Receipt of Card</li> <li><input type="checkbox"/> Notice/Email from Identity Management Department (IMD) that the courier lost/was not able to deliver the UMID Card</li> <li><input type="checkbox"/> Proof of payment</li> </ul> <p>C. For card replacement due to damaged UMID Card, UMID Card as ATM Card and other reason/s</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of payment</li> </ul>

- Observe proper attire when applying for a UMID card.

DOs	DONTs
<ul style="list-style-type: none"> <li>• Collared shirt/blouse is encouraged</li> <li>• Face and neck should be free from bandage or accessories</li> </ul>	<ul style="list-style-type: none"> <li>• Wearing of the following:                             <ul style="list-style-type: none"> <li>a. For Male - undershirt/"sando" and/or earrings</li> <li>b. For Female - dangling or overstated earrings</li> <li>c. Eyeglasses and/or colored contact lenses</li> <li>d. Metal piercing in any part of the face</li> <li>e. Head gear</li> <li>f. Sunglasses</li> </ul> </li> </ul>

**REMINDERS**

- Card applicants who chose to enroll their UMID Card as ATM card at point of card application shall claim the same at the specified bank's branch or kiosk within thirty (30) days upon receipt of SMS notification from SSS.
- For regular UMID Card, the default mode of issuance is pick-up at the SSS branch office where card application was made.
- UMID Cards for pick-up at SSS Offices where card application was filed, shall be claimed within sixty (60) days from receipt of SMS notification from SSS. Otherwise, unclaimed UMID Cards within the 60-days claiming period shall be verified thru IMD or SSS hotline. Unclaimed UMID Cards beyond five (5) years shall be shredded or destroyed.
- To verify the status of your UMID Card application, you may reach us at 920-6401 local 5714 or email at sss\_id@sss.gov.ph.
- Card applicants shall be required to verify the status/availability of their UMID Cards if with change of mobile number after the card application was made or non-receipt of SMS notification from SSS within thirty (30) days from card application.
- Unsuccessfully delivered UMID Cards (RTS) will be sent to the SSS branch office where biometric data capture was made.



REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation



01-250037179-8

APA-AP, MARY PAULINE LANGUITA

OCTOBER 10, 2002 - FEMALE  
55 KAWIT STREET ERMITA (POB.) CEBU CITY, CEBU -  
6000

Signature



0 1 2 5 0 0 3 7 1 7 9 8

INFORMAL ECONOMY

## CERTIFICATION

The person whose name and signature appear on this card is a beneficiary of the National Health Insurance Program. He/She, including his/her qualified dependents, are entitled to the benefits and privileges of the Program by virtue of Republic Act No. 7875, as amended.

EMMANUEL R. LEDESMA, JR.  
President and Chief Executive Officer



## MEMBER DATA RECORD

### MEMBER INFORMATION

PhilHealth Identification Number (PIN): **012500371798**

Member Category : INFORMAL ECONOMY

NHTS Coverage :

Sub-Category : INFORMAL SECTOR

Effectivity Period :

### APA-AP, MARY PAULINE LANGUITA

55 KAWIT STREET, ERMITA (POB.), CEBU  
 CITY, CEBU 6000

Foreign Address : N/A

Sex : Female

Date of Birth : 10/10/2002

Place of Birth : CEBU CITY, CEBU

Contact No. (Foreign) : N/A

Civil Status : SINGLE

(Local) : 0966615623

Tax Identification Number:

### EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : N/A

Name of Employer/Organized Group : N/A

Business Address : N/A

Telephone Number : N/A

Tax Identification Number : N/A

### DEPENDENT INFORMATION

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

\*\*\* NOTHING FOLLOWS \*\*\*

**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 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.*

Please fill out this form :

Your Pag-IBIG Membership ID No. is

121342164644

Close



Hi MARY PAULINE. You have successfully created your Virtual Pag-IBIG Account. We will notify you via another text message once your account has been activated for you to start viewing your Pag-IBIG Savings and Loan records, and enjoy many, many more services via Virtual Pag-IBIG. In the meantime, you may visit Virtual Pag-IBIG and apply for a Short-Term Loan, save and pay online or chat with us, safely and conveniently even without a Virtual Pag-IBIG Account. Thank you and stay safe.



Republic of the Philippines  
City of Cebu  
**BARANGAY ERMITA**

**OFFICE OF BARANGAY CAPTAIN**

Barangay Hall, Kawit St., Telephone No. 503-3036



**CY 2024 BARANGAY ERMITA  
BARANGAY OFFICIALS**

**HON. MARK RIZALDY V. MIRAL**  
Ermita Barangay Captain

**BARANGAY COUNCILORS:**  
With Committee Chairmanships:

**HON. EFE P. RUPINTA**  
GAD, Animal Welfare and  
Entertainment

**HON. WILBERT T. FLORES**  
Health & Sanitation, Employment  
& Livelihood and Business

**HON. AJLO B. TAMUNDO**  
Urban Poor, Infrastructure and  
"Bantay Sapa & Dagat

**HON. RYAN JAY M. ROSAS**  
Public & Social Services,  
Technology Modernization and  
Beautification and Environment

**HON. ANTONIETO P. FLORES**  
Peace & Order, Budget & Finance  
and Laws & Ordinances

**HON. LARRY H. PELIÑA**  
Games & Amusement, Culture Arts  
and Tourism

**HON. VIVIAN T. ANDO**  
BDRRMC, Sports – Special  
Categories and Cooperative,  
PO & NGO

**HON. JOHN CHRISTIAN M. PELIÑA**  
Chairman, Sangguniang Kabataan

**Mdm. CIRILA D. DOMINGUEZ**  
Ermita Barangay Treasurer

**Mr. ERWIN D. PEÑAFORT**  
Ermita Barangay Secretary

**BARANGAY CERTIFICATION**

**TO WHOM IT MAY CONCERN:**

***THIS IS TO CERTIFY that*** **MARY PAULINE LANGUITA APA-AP**, Born on October 10, 2002, legal age, married/single, a bona fide resident/vendor at 55 Kawit St., Barangay Ermita, Cebu City, who is known in the community as per verification.

***FURTHER, THIS IS ALSO TO CERTIFY that*** he/she has No Derogatory Records, as per Barangay Log Book of records, a person with Good Moral Character and Probity.

This Certification is issued to attest the veracity of the foregoing for **EMPLOYMENT Purpose/s**.

Issued on this 24<sup>TH</sup> day of May 2024 at Barangay Hall, Kawit St., Barangay Ermita, Cebu City, Philippines.

**Approved by:**

**HON. MARK RIZALDY V. MIRAL**  
Ermita Barangay Captain

**Requested by:**

**MARY PAULINE LANGUITA APA-AP**  
Signature specimen

**NOTE: NOT VALID WITHOUT OFFICIAL DRY SEAL.**

*"Public Service is the Barangay's Business for the general welfare of the public"*





**Cebu Normal University**  
 Osmeña Boulevard, Cebu City  
<http://www.cnu.edu.ph>



No. :  
 DT No. : 392500

No. **0413851**

**OFFICIAL RECEIPT**

PAYOR : DEANAP, MIRY PAULINE L.  
 BACHELOR OF PUBLIC ADMINISTRATION (BPA-)

SCHOOL TERM	NATURE OF PAYMENT	AMOUNT
	BIR DOCUMENTARY STAMP TAX "nothing follows"	30.00



CASH: P 30

Amount In : Thirty Pesos and 00/100

Words

FDS-FC 07:01:30 PM

**ORIGINAL**

TOTAL	30.00
AMT RECEIVED	50.00
CHANGE	20.00

Collecting Officer : FACALIDA

1288110

By:

5-30-74

J. L. ... PT

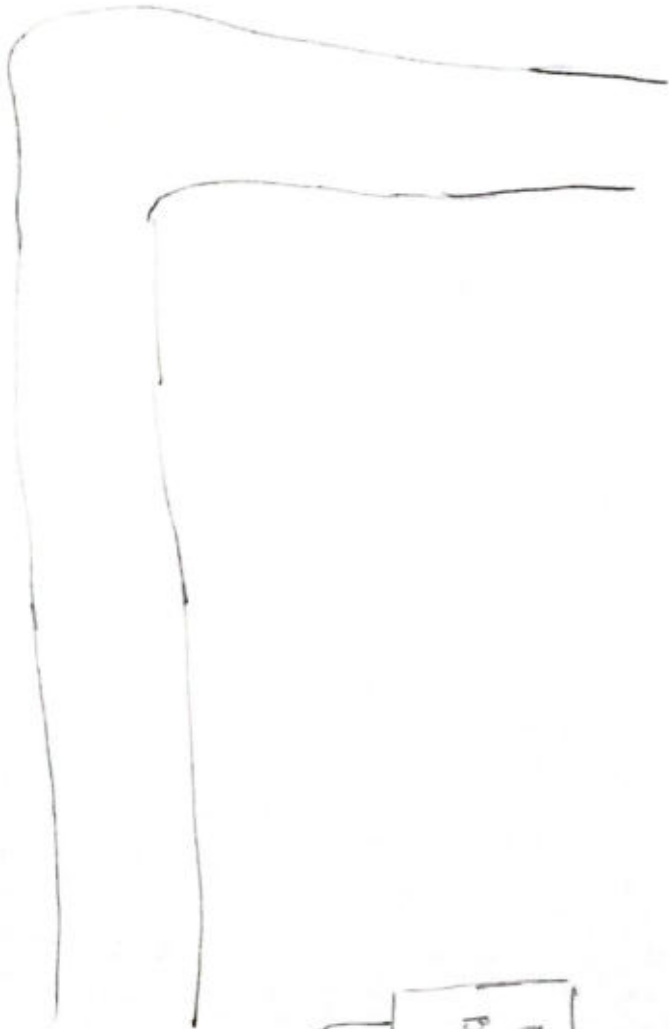
Contact Details: 254-0067, 254-1452 loc. 134  
09212390307/09674364853



Transactions

Reference Number	Details	Actions
FREEVECPPPW	<p>Status: <b>Paid</b></p> <p>Purpose: <b>MULTI-PURPOSE CLEARANCE PROCESSING</b></p> <p>Transaction Date: <b>May 24, 2024 11:13:33</b></p> <p>Payment Date: <b>May 24, 2024 11:13:33</b></p> <p>Appointment Date: <b>May 27, 2024 12:00:00</b></p>	<p><b>DETAILS</b></p>

University of  
San Jose - Recoletos



FRUITA  
BARRMAGAY  
HALL

MARY PAULLINE  
ADU-APU'S  
RESIDENCE

HERE  
↓