



Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCR)

REPUBLIC OF THE PHILIPPINES OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH			REMARKS/ANNOTATION
Province <u>Batanga</u> City/Municipality <u>Surigao City</u> Registry No. <u>2004-2244</u>			LATE REGISTRATION  [REDACTED]
1. NAME (First) <u>SORITA</u> (Middle) <u>MARGARETTE</u> (Last) <u>MARTINEZ</u>			
2. SEX <u>1</u> Male <input checked="" type="checkbox"/> <u>2</u> Female <input type="checkbox"/>		3. DATE OF BIRTH (day) (month) (year) <u>14</u> <u>September</u> <u>2001</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) <u>M. Ortis St., Drgy. Washington, Surigao City, SW</u>			
5a. TYPE OF BIRTH <u>1</u> Single <input checked="" type="checkbox"/> <u>2</u> Twin <input type="checkbox"/> <u>3</u> Triplet, etc. <input type="checkbox"/>		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <input checked="" type="checkbox"/> <u>2</u> Second <input type="checkbox"/> <u>3</u> Others, Specify <input type="checkbox"/>	
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>last</u>		d. WEIGHT AT BIRTH <u>3175</u> grams	
6. MAIDEN NAME (First) <u>MARIE</u> (Middle) <u>P.</u> (Last) <u>MARTINEZ</u>			
7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>	
9a. Total number of children born alive: <u>1</u>	b. No. of children still living including this birth: <u>1</u>	c. No. of children born alive but are now dead: <u>0</u>	
10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>20</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>M. Ortis St., Drgy. Washington, Surigao City, SW</u>			
13. NAME (First) <u>N/A</u> (Middle) <u></u> (Last) <u></u>			
14. CITIZENSHIP <u>N/A</u>		15. RELIGION <u></u>	
16. OCCUPATION <u>N/A</u>		17. Age at the time of this birth: <u></u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the Back) <u>N/A</u>			
19a. ATTENDANT <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> <u>4</u> <input type="checkbox"/> <u>5</u> Others (Specify) <u></u>			
19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at <u></u> o'clock <u></u> am/pm on the date stated above.) Signature <u>Mario Soareda</u> Address <u>Drgy. San Juan</u> Name in Print <u>MARIO SOAREDA</u> Title or Position <u>Surigao City</u> Date <u>2 July 2004</u>			
20. INFORMANT Signature <u>M. Martinez</u> Address <u>Drgy. Washington</u> Name in Print <u>M. Martinez</u> Title or Position <u>Surigao City</u> Relationship to the child <u>Mother</u> Date <u>2 July 2004</u>			
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>M. Martinez</u> Title or Position <u>Surigao City</u> Date <u>2 July 2004</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>[Name]</u> Title or Position <u>[Title]</u> Date <u>2 July 2004</u>	

05260-DF-400KDR-00772-BI006

BEST POSSIBLE IMAGE



T400052604000077205272014006

T1000976023

BReN

06724-B01TE08-3

Documentary  
Stamp Tax Paid

*Lisa Grace S. Bersales*

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General  
Philippine Statistics Authority



For births before 3 August 1988/on or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, \_\_\_\_\_ and \_\_\_\_\_ parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/my knowledge and belief.

(Signature of Father) \_\_\_\_\_  
Community Tax No. \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Place Issued \_\_\_\_\_

(Signature of Mother) \_\_\_\_\_  
Community Tax No. \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Place Issued \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_, Philippines.

(Signature of Administering Officer) \_\_\_\_\_  
(Name in Print) \_\_\_\_\_

(Title/Designation) \_\_\_\_\_  
(Address) \_\_\_\_\_

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

I, Wilson P. Martines, of legal age, single/married and with residence and postal address at Imry, Washington, Sarigao City, after having been duly sworn to in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of my birth/of the birth of SOPHIA MARGARETTA MARTINEZ
2. That I/he/she was born on September 14, 2001 at U. Ortis St., Imry, Washington, S.C.
3. That I/he/she was attended at birth by Traditional Midwife who resides at \_\_\_\_\_
4. That I/he/she is a citizen of the Phils.
5. That my/his/her parents were  married on \_\_\_\_\_ at \_\_\_\_\_  not married but was acknowledge by my/his/her father whose name is \_\_\_\_\_
6. That the reason for the delay in registering my/his/her birth was due to the inadvertence of my part
7. That a copy of my/his/her birth certificate is needed for the purpose of Registration
8.  (For the applicant only) That I am married to \_\_\_\_\_  (For the father/mother/guardian) That I am the father of the said person.

Wilson P. Martines  
(Signature of Affiant)

Community Tax No. 10511272  
Date Issued 6-28-2004  
Place Issued Sarigao City

SUBSCRIBED AND SWORN to before me this 2nd day of July, 2004 at Sarigao City, Philippines.

[Signature]  
(Signature of Administering Officer)  
WILSON P. MARTINES  
(Name in Print)

[Signature]  
City Civil Registrar  
(Title/Designation)  
Sarigao City  
(Address)

05260-DF-400KDR-00772-BI006

BEST POSSIBLE IMAGE

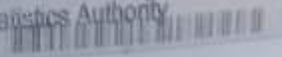


T400052604000077205272014006

BReN  
06724-B01TE08-3

Documentary  
Stamp Tax Paid

Lisa Grace S. Bersales  
LISA GRACE S. BERSALES, Ph.D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority





Republic of the Philippines  
Department of Education  
**ALTERNATIVE LEARNING SYSTEM**



**LEARNER'S PERMANENT RECORD (AF-5)**

DISTRICT: NORTH DIVISION: MANDAUE CITY REGION: VII

**LEARNER'S INFORMATION**

LRN: 303163150019  
 LAST NAME: MARTINEZ FIRST NAME: SOPHIA MARGARETTE NAME EXTENSION: MANDAUE CITY MIDDLE NAME: \_\_\_\_\_  
 ADDRESS: LPC COCONUT II UMAPAD BARANGAY CEBU  
HOUSE NO. / SITIO / ST. MUNICIPALITY/CITY PROVINCE  
 BIRTHDATE: SEPTEMBER 14, 2001 SEX: Male Female /

Portfolio Certificate Number: \_\_\_\_\_

**LEARNER'S EDUCATIONAL STATUS**

Program Enrolled : JUNIOR HIGH SCHOOL Program Enrolled : \_\_\_\_\_  
 Delivery Mode : FACE TO FACE Delivery Mode : \_\_\_\_\_  
 CLC Name : UMAPAD COMMUNITY LEARNING CENTER CLC Name : \_\_\_\_\_  
 CLC Address : R OJANO STREET, UMAPAD, MANDAUE CITY CLC Address : \_\_\_\_\_  
NAME OF HS-2 TEACHER/LEARNING  
 ALS Implementor/Learning Facilitator : GEMMA G. LIMEN ALS Implementor/Learning Facilitator : \_\_\_\_\_  
 School Year : 2022-2023 School Year : \_\_\_\_\_

ASSESSMENT RESULTS	Score	
	Pre	Post
PIS Score	10	10
Assesment for Basic Literacy (ABL)	Pre	Post
Neo Literate		
Post Literate		
Functional Literacy Assessment (FLT)	Pre	Post
LS 1 - Communication Skills (English)	13	13
Multiple Choice	6	7
Writing	4	3
Listening/Speaking	3	3
LS 1 - Communication Skills (Filipino)	10	10
Multiple Choice	6	6
Pagsulat	2	4
Pakikinig/Pagsasalita	2	5
LS 2 - Scientific Literacy and Critical Thinking Skills	10	10
LS 3 - Mathematical and Problem Solving Skills	11	14
LS 4 - Life and Career Skills	8	9
LS 5 - Understanding the Self and Society	10	10
LS 6 - Digital Citizenship	10	10
Overall Score	87	92
PRESENTATION PORTFOLIO ASSESSMENT		Remarks
Date of Presentation Portfolio Assessment		
Work Sample Score		
LS 1 - Communication Skills (English)	4	
LS 1 - Communication Skills (Filipino)	4	
LS 2 - Scientific Literacy and Critical Thinking Skills	4	
LS 3 - Mathematical and Problem Solving Skills	4	
LS 4 - Life and Career Skills	4	
LS 5 - Understanding the Self and Society	4	
LS 6 - Digital Citizenship	3	
TOTAL SCORE		27
Inter-District Revalida		
Oral Reading	6	
Writing	6	
Interview	4	
Final Score Percentage Grade	43/95.56	

ASSESSMENT RESULTS	Score	
	Pre	Post
PIS Score		
Assesment for Basic Literacy (ABL)	Pre	Post
Neo Literate		
Post Literate		
Functional Literacy Assessment (FLT)	Pre	Post
LS 1 - Communication Skills (English)		
Multiple Choice		
Writing		
Listening/Speaking		
LS 1 - Communication Skills (Filipino)		
Multiple Choice		
Pagsulat		
Pakikinig/Pagsasalita		
LS 2 - Scientific Literacy and Critical Thinking Skills		
LS 3 - Mathematical and Problem Solving Skills		
LS 4 - Life and Career Skills		
LS 5 - Understanding the Self and Society		
LS 6 - Digital Citizenship		
Overall Score		
PRESENTATION PORTFOLIO ASSESSMENT		Remarks
Date of Presentation Portfolio Assessment		
Work Sample Score		
LS 1 - Communication Skills (English)		
LS 1 - Communication Skills (Filipino)		
LS 2 - Scientific Literacy and Critical Thinking Skills		
LS 3 - Mathematical and Problem Solving Skills		
LS 4 - Life and Career Skills		
LS 5 - Understanding the Self and Society		
LS 6 - Digital Citizenship		
TOTAL SCORE		
Inter-District Revalida		
Oral Reading		
Writing		
Interview		
Final Score Percentage Grade		

**Certificate of Transfer**

Eligible for Admission : GRADE 11

**Certificate of Good Moral Character**

This is to certify that the above-named is a learner of good moral character. This certification is issued upon request of the concerned individual due to his/her desire to pursue formal schooling/other CLC or for employment.

Prepared By: GEMMA G. LIMEN  
 ALS Teacher/Community ALS Implementor/Learning Facilitator

Certified Correct By: RONIL D. MANAYON, DevEd  
 Division ALS Focal Person

**Certificate of Transfer**

Eligible for Admission to : \_\_\_\_\_

**Certificate of Good Moral Character**

This is to certify that the above-named is a learner of good moral character. This certification is issued upon request of the concerned individual due to his/her desire to pursue formal schooling/other CLC or for employment.

Prepared By: \_\_\_\_\_  
 ALS Teacher/Community ALS Implementor/Learning Facilitator

Certified Correct By: \_\_\_\_\_  
 Division ALS Focal Person

**PRESENTATION PORTFOLIO ASSESSMENT SCORING SHEET**



Republic of the Philippines  
**Department of Education**  
 REGION VII CENTRAL VISAYAS  
 SCHOOLS DIVISION OF MANDAUE



**PRESENTATION PORTFOLIO ASSESSMENT SCORING SHEET**

Name of Learner: MARTINEZ, SOPHIA MARGARETTE  
(Last Name, Given Name, Middle Name, Extension Name)

LRN: 303153150019

CLC: UMAPAD COMMUNITY LEARNING CENTER

Level: JUNIOR HIGH SCHOOL

**PART I. FINAL ASSESSMENT**

Check if the following documents are present in the Presentation Portfolio. All form must be duly accomplished and complete before proceeding to the next part of the assessment.

	EVIDENT	NOT EVIDENT
<b>Written Portfolio Reflection Paper</b>		
The content of the presentation portfolio provide evidence of the learner's progress towards achieving stated learning goals		
<b>Prerequisite Forma (Formal Records)</b>		
• Birth/Marriage Certificate or any proof of identification	/	
• ALS Form 2 (Enrollment Form)	/	
• Personal Information Sheet (PIS) Pre and Post Test	/	
• Functional Literacy Test Result (FLT) Pre and Post Test	/	
• Individual Learning Agreement (ILA) (Assessment Form 1)	/	
• Record of Module Use and Monitoring of Learner's Progress (Assessment Form 2)	/	
• Documentary of Life Experience (RPL Form 1)	/	
• Record of Training Skills (RPL Form 2)	/	
• Summary of Work History (RPL Form 3)	/	
• Learner's Checklist of Skills (RPL Form 4)	/	

The contents of the presentation portfolio provide evidence of the learner's progress towards achieving stated learning goals

CRITERIA	POINTS
<b>Five (5) Work Samples for each Learning Strand</b>	
• LS 1- Communication Skills (English)	4
• LS 1-Communication Skills (Filipino)	4
• LS 2-Scientific Literacy and Critical Thinking Skills	4
• LS 3-Mathematical and Problem Solving Skills	4
• LS 4-Life and Career Skills	4
• LS 5-Understanding the Self and Society	4
• LS 6-Digital Citizenship	3
<b>TOTAL SCORE:</b>	<u>27</u>
<b>REMARKS (PASSED/ FAILED) (minimum of total of 21 points with at least of 3 per Learning Strands):</b>	<u>PASSED</u>

**PART II. INTER-DISTRICT REVALIDA:**

CRITERIA	ENGLISH	FILIPINO	TOTAL POINT	REMARK (Passed/Failed) (minimum of 10 points combined for reading and writing + minimum + points for interview)
READING	3	3	6	<u>PASSED</u>
WRITING	3	3	6	<u>PASSED</u>
INTERVIEW			4	<u>PASSED</u>

**CONSOLIDATED SCORE:**

Work Sample Score	Inter-District Revalida Score	PPA Final Score/Percentage (Work Sample Score + Inter-District Revalida Score) (minimum of 35 to pass)
<u>27</u>	<u>16</u>	<u>43/95.56</u>



Evaluated by: BLANDINA T. SISONBOJAS

Date: 6/22/2023



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

MO0786IW202203171751 Date/Time Generated: 23 October 2023 03:05:42 PM

SS NUMBER <b>35-1786309-6</b>	
<b>NAME</b>	
(LAST NAME) <b>MARTINEZ</b>	(FIRST NAME) (MIDDLE NAME) (SUFFIX) <b>SOPHIA MARGARETTE</b>
<b>FACTS OF BIRTH</b>	
DATE OF BIRTH (MMDDYYYY) <b>09142001</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY) <b>LAPU-LAPU CITY CEBU PHILIPPINES</b>
SEX <b>FEMALE</b>	
FATHER'S NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) <b>MARTINEZ MYLENE PAJARON</b>	
<b>DEMOGRAPHIC DATA</b>	
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK. NO.) (STREET NAME) (SUBDIVISION) <b>SOONG 1 MACTAN</b>	
(BANGKAY/DISTRICT/LOCALITY) <b>MACTAN</b>	(CITY/MUNICIPALITY) (PROVINCE) (POSTAL CODE) (COUNTRY CODE) <b>LAPU-LAPU CITY (OPON) CEBU 6015 0063</b>
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) (WEIGHT (IN KILOGRAMS)) (DISTINGUISHING FEATURE/S) (NATIONALITY) (RELIGION) <b>152 67 FILIPINO CHRISTIAN</b>
<b>OTHER CARD APPLICANT DATA</b>	
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER (EMAIL ADDRESS) <b>(0933) 523-2742 Sophiamartinez1223@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> Profession/Business Year Prof./Business Started Monthly Earnings	<b>OVERSEAS FILIPINO WORKER (DFW)</b> Foreign Address Monthly Earnings Are you applying for membership in the Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>NON-WORKING SPOUSE (NWS)</b> SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (P)	
<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 checked="" type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME) <b>UNION BANK OF THE PHILIPPINES</b>	(BANK BRANCH) <b>UNIONBANK</b>
<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, and</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>	



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](http://www.philhealth.gov.ph)

# MDR

## MEMBER DATA RECORD

### MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **120261833498**

Member Category : INFORMAL ECONOMY

Sub-Category : SELF-EARNING INDIVIDUAL

NHTS Coverage :

Effectivity Period :

### MARTINEZ, SOPHIA MARGARETTE

B CENIZA, MANTUYONG, MANDAUE  
CITY, CEBU 6014

Foreign Address : N/A

Sex : Female

Date of Birth : 09/14/2001

Place of Birth : SURIGAO CITY, SURIGAO DEL NORTE

Contact No. (Foreign) : N/A  
(Local) :

Civil Status : SINGLE

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
-----	---------	------------	-------------	-----	----------	---------------

\*\*\* 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 na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ospital. (Reminder: 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.

11/23/2021 9:24:16 am 30519615 30519615 / 11/23/2021



# MEMBER'S DATA FORM (MDF)

HQP-PFF-039  
(V10, 04/2023)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121295850760
REGISTRATION TRACKING NO.	922076346087

OCCUPATIONAL STATUS UNEMPLOYED/NOT YET EMPLOYED					
MEMBERSHIP CATEGORY <span style="float: right;">Please specify</span>					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	MARTINEZ	SOPHIA MARGARETTE			<input checked="" type="checkbox"/>
FATHER	NONE	NONE			<input checked="" type="checkbox"/>
MOTHER (Maiden Name)	MARTINEZ	MYLENE		PAJARON	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	MARTINEZ	SOPHIA MARGARETTE			<input checked="" type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
09/14/2001	Single/Unmarried				
PLACE OF BIRTH	CITIZENSHIP		SSS NUMBER		
SURIGAO CITY, SURIGAO DEL NORTE	FILIPINO		3517663096		
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER
FEMALE	152.00	67.00			For AFP/PNP Employee, Serial/Badge No.
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		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	Cell Phone
					+63 (0933) 5232742
Subdivision	Barangay		Business (Direct Line)		
	MACTAN		Business (Trunk Line)		
Municipality/City	Province/State/Country		Email Address		
LAPU-LAPU CITY (OPON)	CEBU, PHILIPPINES		sophiamartinez1223@gmail.com		
ZIP Code					
6015					
PRESENT HOME ADDRESS					
Unit/Room No., Floor	Building Name	Lot No.	Block No.	Phase No.	
House No.	Street Name	Subdivision	Barangay		
			MACTAN		
Municipality/City	Province/State/Country		ZIP Code		
LAPU-LAPU CITY (OPON)	CEBU, PHILIPPINES		6015		
PREFERRED MAILING ADDRESS	PRESENT HOME ADDRESS				

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

