



## MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY
Pag-IBIG MID NUMBER <div style="text-align: center; font-weight: bold;">121327974594</div>
REGISTRATION TRACKING NUMBER <div style="text-align: center; font-weight: bold;">923252862823</div>

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	ABENASA	HEART DANIELLE		LAYAWAN	<input type="checkbox"/>
FATHER	ABENASA	EFREN		DIAZ	<input type="checkbox"/>
MOTHER (Maiden Name)	LAYAWAN	MARY JANE		DELA CRUZ	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ABENASA	HEART DANIELLE		LAYAWAN	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
06/25/2005	Single/Unmarried				
PLACE OF BIRTH	CITIZENSHIP		SSS NUMBER		
MANDAUE CITY, CEBU	FILIPINO		0646171131		
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER
FEMALE	0.00	0.00			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
				PUROK INSOY	+63 (0995) 2892587
Subdivision		Barangay		Business (Direct Line)	
		CASILI			
Municipality/City		Province/State/Country		Business (Trunk Line)	
MANDAUE CITY		CEBU, PHILIPPINES			
ZIP Code				Email Address	
6014				heartdaniellelabenasa@gmail.com	
PRESENT HOME ADDRESS					
Unit/Room No. / Floor		Building Name		Lot no. / Block no. / Phase no.	
House No.		Street Name		Subdivision	
		PURUK INSOY		Barangay	
				CASILI	
Municipality/City		Province/State/Country		ZIP Code	
MANDAUE CITY		CEBU, PHILIPPINES		6014	
PREFERRED MAILING ADDRESS		PRESENT HOME ADDRESS			



REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation



**12-251645539-8**

**ABENASA, HEART DANIELLE  
LAYAWAN**

JUNE 25, 2005 - FEMALE  
PUROK INSOY UPPER CASILI MANDAUE CITY, CEBU -  
6014

*Danielle*  
Signature



1 2 2 5 1 6 4 5 5 3 9 8

**FORMAL ECONOMY**



E-1

COV-01214 (09-2015)

Republic of the Philippines  
SOCIAL SECURITY SYSTEM  
PERSONAL RECORD  
FOR ISSUANCE OF SS NUMBER

SS NUMBER

0646171131

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT 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)		NAME (FIRST NAME)		NAME (MIDDLE NAME)		NAME (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
ABENASA		HEART DANIELLE		LAYAWAN				06   25   20   05	
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others						TAX IDENTIFICATION NUMBER (IF ANY)	
NATIONALITY FILIPINO		RELIGION CATHOLIC		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) BATERIA DAANBANTAYAN CEBU					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)			HOME ADDRESS (HOUSELOT & BLK. NO.)		HOME ADDRESS (STREET NAME)		HOME ADDRESS (SUBDIVISION)		
CASILI			MANDAUE		CEBU		PHILIPPINES		
MOBILE/CELLPHONE NUMBER 09952892587		E-MAIL ADDRESS heartdaniellelabenasa@gmail.com			TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.)				
FATHER (LAST NAME)		FATHER (FIRST NAME)		FATHER (MIDDLE NAME)		FATHER (SUFFIX)			
ABENASA		EFREN		DIAZ					
MOTHER'S MAIDEN NAME (LAST NAME)		MOTHER'S MAIDEN NAME (FIRST NAME)		MOTHER'S MAIDEN NAME (MIDDLE NAME)		MOTHER'S MAIDEN NAME (SUFFIX)			
LAYAWAN		MARY JANE		DELA CRUZ					

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet

SPOUSE (LAST NAME)		SPOUSE (FIRST NAME)		SPOUSE (MIDDLE NAME)		SPOUSE (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
CHILD/REN (LAST NAME)		CHILD/REN (FIRST NAME)		CHILD/REN (MIDDLE NAME)		CHILD/REN (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
1.									
2.									
3.									
4.									
5.									
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased)				RELATIONSHIP		DATE OF BIRTH (MMDDYYYY)			
1.									
2.									

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

<b>SELF-EMPLOYED (SE)</b> Profession/Business <u>ODD JOB</u> Year Prof./Business Started <u>2023</u> Monthly Earnings P <u>4,000</u>		<b>OVERSEAS FILIPINO WORKER (OFW)</b> Foreign Address _____ Monthly Earnings P _____		<b>NON-WORKING SPOUSE (NWS)</b> SS No./Common Reference No. of Working Spouse _____ Monthly Income of Working Spouse (P) _____ I agree with my spouse's membership with SSS. _____ SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE _____	
		Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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.

HEART DANIELLE L. ABENASA  
PRINTED NAME

*Danielle*  
SIGNATURE

07-7-2023  
DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE) 9622		WORKING SPOUSE'S MSC (FOR NWS) P		RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) <i>[Signature]</i> SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____		RECEIVED & PROCESSED BY (MSS BRANCH/SERVICE OFFICE/FOREIGN OFFICE) <i>[Signature]</i> SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____	
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P 570		APPROVED MSC (FOR SE/OFW/NWS) P 4000		REVIEWED BY (MSS BRANCH/SERVICE OFFICE) SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____			
START OF PAYMENT (FOR SE/NWS) JULY 2023		FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved					