



MEMBER'S DATA FORM (MDF)

HQP-RF-033
REV. 12-2007

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MF NO.	121308079043
REGISTRATION TRACKING NO.	922265237627

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED	
MEMBERSHIP CATEGORY		Please specify	
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	MIDDLE NAME
MEMBER	ROSALES	STANLEY GERARD	
FATHER			
MOTHER (Maiden Name)	ROSALES	AILEEN	RIVERA
SPOUSE (if Married)			
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ROSALES	STANLEY GERARD	
DATE OF BIRTH	MARITAL STATUS	TAXPAYER IDENTIFICATION NUMBER (TIN)	
09/02/2003	Single/Unmarried		
PLACE OF BIRTH	CITIZENSHIP	SSS NUMBER	3518732760
CEBU CITY, CEBU	FILIPINO	GSIS NUMBER	
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES
MALE	1.72	50.00	
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER
			For AFP/PNP Employee: Serial/Badge No. 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
		544 STO NIÑO COMMUNITY	+63 (0933) 6320355
Subdivision	Barangay		Business (Direct Line)
	KINASANG AN		Business (Trunk Line)
Municipality/City	Province/State/Country		Email Address
CEBU CITY	CEBU, PHILIPPINES		stanley.gerard.rosales@gmail.com
ZIP Code			
6000			
PRESENT HOME ADDRESS			
Unit/Room No., Floor	Building Name	Lot No.	Block No.
			Phase No.
House No.	Street Name	Subdivision	Barangay
	544 STO NIÑO COMMUNITY		KINASANG AN
Municipality/City	Province/State/Country		ZIP Code
CEBU CITY	CEBU, PHILIPPINES		6000
PREFERRED MAILING ADDRESS	PERMANENT HOME ADDRESS		

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **120260866570** PhilSys Number :
 Member Category : DIRECT CONTRIBUTOR - EMPLOYED N/A
 PRIVATE N/A
 NHTS Coverage : N/A
 Validity Period :

ROSALES, STANLEY GERARD

KINASANG-AN PARDO, CEBU CITY, CEBU - 6000

Foreign Address : N/A Sex : MALE
 Date of Birth : 8/2/2003
 Place of Birth : CEBU CITY, CEBU
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : /09336320355 Tax Identification Number :

EMPLOYER/ENTITY INFORMATION

Philhealth Number (PEN/POGN) : 230276000477
 Name of Employer/Organized Group : TPPH-FHCS INC (AEGIS PEOPLE SUPPORT INC)
 Business Address : 5TH FLOOR PEOPLE SUPPORT CENTER AYALA AVE COR SEN GIL PUYAT AVE SAN LORENZO,
 MAKATI CITY FOURTH DIST.
 Telephone Number : 028858000 Employment Status : EMPLOYED
 Tax Identification Number : 205394448 Date : 9/27/2022

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. (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.

Printed At : PRO VII Cebu City - 8/F Golden Peak Tower, Corordo Ave. cor. Escario St., Cebu

Group : 250276000477
: TPPH-FHCS INC (AEGIS PEOPLE SUPPORT INC)
: 5TH FLOOR PEOPLE SUPPORT CENTER AYALA AVE COR SEN GIL PUYAT
: MAKATI CITY FOURTH DIST.
: 028858000
: 205394448
Employment Start Date

Name	Given Name	Middle Name	Sex
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*** NO DECLARED DEPENDENT/S ***



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



12-026086657-0
ROSALES, STANLEY GERARD
AUGUST 02, 2003 - MALE
KINASANG-AN PARDO, CEBU CITY, CEBU - 6000



Signature

MARJORIE
REGIONAL V
PRO - V



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

SS NUMBER
 35-1873276-0

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) ROSALES		NAME (FIRST NAME) STANLEY GERARD		NAME (MIDDLE NAME)	NAME (SUFFIX)	DATE OF BIRTH (MMDDYYYY)
SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS <input checked="" 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)				
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)	(STREET NAME)	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) KINASANG - AN	(CITY/MUNICIPALITY) CEBU CITY	(PROVINCE) CEBU	(COUNTRY) PHILIPPINES	ZIP CODE 6000		
MOBILE/CELLPHONE NUMBER 09336320355	E-MAIL ADDRESS stanley.gerard.rosales@gmail.com	TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)				
FATHER (LAST NAME)	FATHER (FIRST NAME)	FATHER (MIDDLE NAME)	FATHER (SUFFIX)			
MOTHER'S MAIDEN NAME (LAST NAME) ROSALES	MOTHER'S MAIDEN NAME (FIRST NAME) AILEEN	MOTHER'S MAIDEN NAME (MIDDLE NAME)	MOTHER'S MAIDEN NAME (SUFFIX) RIVERA			

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) (LAST NAME)	OTHER BENEFICIARY/IES (FIRST NAME)	OTHER BENEFICIARY/IES (MIDDLE NAME)	OTHER BENEFICIARY/IES (SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1.					
2.					

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

SELF-EMPLOYED (SE) Profession/Business Year Prof./Business Started Monthly Earnings P	OVERSEAS FILIPINO WORKER (OFW) Foreign Address Monthly Earnings P Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	NON-WORKING SPOUSE (NWS) 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
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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.

Stanley Gerard Rosales

PRINTED NAME

SIGNATURE

09/19/22

DATE

RIGHT THUMB

RIGHT INDEX

PART II - TO BE FILLED OUT BY SSS

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