



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG FUND USE ONLY

Pag-IBIG MID NUMBER
1 2 1 / 5 7 4 0 3 9 4 9

REGISTRATION TRACKING NUMBER
9152 - 7782 - 1479

INSTRUCTIONS

1. Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on one single sheet of paper.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. All fields marked with asterisk (*) are mandatory.
4. On the "OCCUPATIONAL STATUS" portion, if without employment or purpose is pre-employment or never been employed, select "UNEMPLOYED/NOT YET EMPLOYED".
5. The "NAME EXTENSION" shall refer to JR., II, III and the like.
6. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
7. On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
8. On the "HEIRS" portion, the provision on the Laws on Succession, as provided in the New Civil Code of the Philippines, as amended by the New Family Code, shall be observed.
9. 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		<input checked="" type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED	
*MEMBERSHIP CATEGORY					
MANDATORY			VOLUNTARY		
<input checked="" type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> SELF-EMPLOYED (SE)		<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT	
<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER		<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION	
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)		<input type="checkbox"/> JOB ORDER PERSONNEL		<input type="checkbox"/> NON-WORKING SPOUSE	
		<input type="checkbox"/> OTHER EARNING GROUPS (OEGs)		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP	
				<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	
				<input type="checkbox"/> OTHERS, Please specify	
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	TALARA	JUVICK		CETENTA	<input type="checkbox"/>
FATHER	TALARA	JUANITO	SR	SOTUNAYOR	<input type="checkbox"/>
*MOTHER (Maiden Name)	CETENTA	VICTORIA		HUBAHIB	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	TALARA	JUVICK		CETENTA	<input type="checkbox"/>
*DATE OF BIRTH	*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
04 08 1994	<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/wr <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		205 366 921		
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)	*CITIZENSHIP		SSS/GSIS NUMBER		
CEBU CITY	FILIPINO		0637567123		
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)		
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	153 (cm)	49 (kg)			
COMMON REFERENCE NUMBER (CRN) (If Available)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction)		EMPLOYEE NUMBER		
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		For AFP/PNP Employee, Serial/Badge No. For DepEd Employee, Division Code-Station Code		
ADDRESS AND CONTACT DETAILS					
*PERMANENT HOME ADDRESS				(Indicate country code if abroad)	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Street Name	COUNTRY + AREA CODE TELEPHONE NUMBER
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Home
TUBOD	BARILI	CEBU		6036	Cell Phone
*PRESENT HOME ADDRESS				Business (Direct Line)	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Street Name	Business (Trunk Line) Local
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Email Address
TUBOD	BARILI	CEBU		6036	
*PREFERRED MAILING ADDRESS					
<input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.
2024/01/22 13:07



BARANGAY OFFICIALS

2023 – 2025

JESSICA P. CADUNOG

Barangay Captain

COUNCILORS

HAROLD KENDRICK Y. GO

Committee on Health
 Committee on Budget and Finance
 Committee on Labor and Employment
 Committee on Infrastructure, Public Works
 and Services

GILBERT S. CUYOS

Committee on Sports
 Committee on Disaster Risk Reduction

RAMIR J. SALONAY

Committee on Education
 Committee on Peace and Order
 Committee on Communication & Public
 Information

ENRIQUE M. BACALAN

Committee on Cultural Affairs
 Committee on Senior Citizen and PWD

ESMERALDA C. DAÑO

Committee on Laws & Ordinances
 Committee on Women and Child Protection

RENECITO O. SAGAYNO

Committee on Urban Poor Affairs
 Committee on Solid Waste Management
 Committee on Social Welfare Livelihood
 and Cooperatives

ARNOLD D. BEJEC

LEONEVILLE G. BASAMOT

SK Chairman
 Committee on Youth

JAN ROSE R. MIÑOZA

Barangay Secretary

IRENE C. BELDAD

Barangay Treasurer

BARANGAY CLEARANCE

This is to certify that the person whose name and signature appear hereon has requested a CLEARANCE from this office.

NAME: JUVICK C. TALARA

GENDER: MALE DATE OF BIRTH: 04 - 08 - 1994 AGE: 29 yrs. Old

ADDRESS: 288-D GORORDO AVENUE

CIVIL STATUS: SINGLE PLACE OF BIRTH: CEBU CITY

PURPOSE: FOR EMPLOYMENT PRECINCT NO: _____

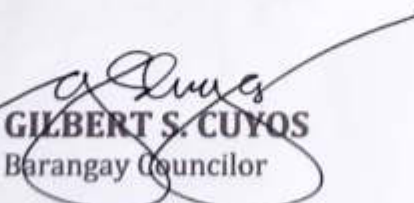
Certify further that he / she is known of good moral character and is a law abiding citizen. He / she has neither pending nor derogatory record in our office.

Issued this 15TH day of JANUARY 2024, at the office of the Barangay Captain, Barangay Kamputhaw, City of Cebu, Philippines.

JESSICA P. CADUNOG

Barangay Captain

By the authority granted by law;


GILBERT S. CUYOS
 Barangay Councilor

not valid
 without seal

Note: THIS CLEARANCE IS VALID SIX (6) MONTHS AFTER THE DATE ISSUE.
 PLEASE observe proper Garbage disposal (City Ordinance No. 1361).



E-1

COV-01199 (03-2015)

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

Annex A

SS NUMBER

06-3756712-3

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)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
TALARA	JUVICK	CETENTA		04 08 1994
GENDER <input 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 ROMAN CATHOLIC	PLACE OF BIRTH (CITY/MUNICIPALITY PROVINCE) (CITY, COUNTRY, if born outside the Philippines) CEBU CITY CEBU		
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION)				
(BARANGAY/DISTRICT/LOCALITY) TUBOD	(CITY/MUNICIPALITY) BARILI	(PROVINCE) CEBU	(COUNTRY) PHILIPPINES	ZIP CODE 6036
MOBILE/CELLPHONE NUMBER 09051084739	E-MAIL ADDRESS juvicktalora@yahoo.com	TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.)		
FATHER (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	
TALARA	JUANITO	SOTUNAYOR	SR.	
MOTHER'S MAIDEN NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	
CETENTA	VICTORIA	HUBAHIB		

B. BENEFICIARY/IES

SPOUSE (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILD/REN (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
1.				
2.				
3.				
4.				
5.				
OTHER BENEFICIARY/IES (if without spouse and child and parents are both deceased) (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP
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	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse 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.



JUVICK C. TALARA
PRINTED NAME

[Signature]
SIGNATURE

10/27/13
DATE

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE & MSC (FOR NWS)	RECEIVED BY (REPRESENTATIVE OFFICER/PARTNER AGENT)	RECEIVED & PROCESSED BY (SSS BRANCH/FOREIGN OFFICE)
	P		
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
P	P		
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW)	DATE & TIME	
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	2024/01/22 13:02	

2024/01/22 13:02

UNIVERSITY MICROFILMS INTERNATIONAL, INC. TEL: 1-800-521-0600 FAX: 1-800-521-0601



Republic of the Philippines
Department of Justice
National Bureau of Investigation



36489057

This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for NBI Clearance and the results is as follows:

NBI ID NO. T460DJHK49-R71528263	VALID UNTIL January 18, 2025
FAMILY NAME TALARA	FIRST NAME JUVICK
MIDDLE NAME CETENTA	HUSBAND'S SURNAME
ADDRESS 288 D GORORDO AVENUE BRGY CAMPUTHAW CEBU CITY	
DATE OF BIRTH April 08, 1994	PLACE OF BIRTH CEBU CITY
CITIZENSHIP FILIPINO	CIVIL STATUS SINGLE
PURPOSE MULTI-PURPOSE CLEARANCE	GENDER MALE
REMARKS NO RECORD ON FILE	



SIGNATURE

Juvick Talara



Date Printed: Thursday, January 18, 2024 11:59 AM



T460DJHK49-R71528263

Medardo G. de Lemos
ATTY. MEDARDO G. DE LEMOS
Director

Agency	R7	DATID	villarinn
CASID	villarinn	BICID	villarinn
O.R. No.	MP7QFJ87H	RECID	
O.R. Date	01/18/2024 12:00:59 PM	INTID	
DST PAID		PRCID	villarinn



Republic of the Philippines
Department of Justice
National Bureau of Investigation



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CITIZENSHIP FILIPINO	CIVIL STATUS SINGLE
PURPOSE MULTI-PURPOSE CLEARANCE	GENDER MALE
REMARKS NO RECORD ON FILE	



SIGNATURE

Juvick Talara



Date Printed: Thursday, January 18, 2024 11:59 AM



T460DJHK49-R71528263

Medardo G. de Lemos
2024 ME01022 12:57:35
Director

Agency	R7	DATID	villarinn
CASID	villarinn	BICID	villarinn
O.R. No.	MP7QFJ87H	RECID	
O.R. Date	01/18/2024 12:00:59 PM	INTID	
DST PAID		PRCID	villarinn



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



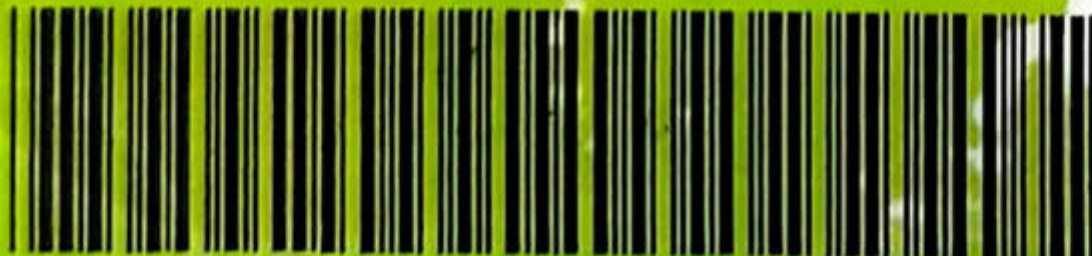
12-051461211-6

TALARA, JUVICK CETENTA

APRIL 08, 1994 - MALE

TUBOD BARILI, CEBU - 6036


Signature



1 2 0 5 1 4 6 1 2 1 1 6



**BUREAU OF INTERNAL REVENUE
REVENUE DISTRICT NO. 081
CEBU CITY NORTH
CLIENT SUPPORT SECTION
TIN VERIFICATION SLIP**

TIN: 323 - 777 - 363 - 600

LAST NAME: TALARA

FIRST NAME: JUVICK

MIDDLE NAME: CETENTA

DATE OF BIRTH: APRIL 08, 1991

ADDRESS: TUBOD BAKIL, CEBU

RDO: 091

TAXPAYER

CLASSIFICATION: Local Employer

[Signature]
ATTY. MARCEL M. CARLOS

BIR Authorized Signature

NOTE: PLEASE READ/ PALIHUG BASAHA

Please present BIRTH CERTIFICATE or ID or any Document showing NAME and BIRTHDATE

9:13