



MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **122031920866**
 Member Category : FORMAL ECONOMY
 Sub-Category : PRIVATE
 NHTS Coverage :
 Effectivity Period :

ALICANDO, ALEXANDRA LOUIGE

SITIO GOCHAN CADULLOY, TISA, CEBU
 CITY, CEBU 6000

Foreign Address : N/A
 Sex : Female
 Date of Birth : 05/01/2000
 Place of Birth : CEBU CITY, CEBU
 Contact No. (Foreign) : N/A
 (Local) :
 Civil Status : SINGLE
 Tax Identification Number : 384527442

EMPLOYER/ORGANIZED GROUP INFORMATION

PhilHealth Number (PEN/POGN) : 210276000370
 Name of Employer/Organized Group : SYKES ASIA INC
 Business Address : 10 FLR GLORIETTA 1 BPO OFFICE TOWER AYALA CENTER, SAN LORENZO, MAKATI CITY,
 FOURTH DIST.
 Telephone Number : 8178781
 Tax Identification Number : 005057181041

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
122546071012	CA7AS	ALEXIS LAVINE	ALICANDO	Female	Daughter	11/6/2019

*** NOTHING FOLLOWS ***

EDWIN M. ORIÑA, MD
 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. *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.
 9/23/2021 03:12:55 PM 20146799 30319512 / 20146799 / 11/11/2019 9/23/2021



Republic of the Philippines
**SOCIAL SECURITY SYSTEM
 PERSONAL RECORD**

34-9635620-0

Basic Information

Name of Applicant: ALCANDO, ALEXANDRA LOUIGE
 Date of Birth: 05/01/2000 *(unverified)*
 Sex: FEMALE
 Marital Status: SINGLE
 Nationality: FILIPINO
 Religion: CHRISTIAN
 Place of Birth: CEBU CITY (CAPITAL) CEBU PHILIPPINES
 Home Address: SITIO GOCHAN TISA CEBU CITY TISA CEBU CITY (CAPITAL) CEBU 6000
 Telephone No:
 Mobile No: (0967) 240-2788
 Email Address: jwanethbacalso@gmail.com
 Name of Father:
 Name of Mother: ALCANDO, LIZA CAPIYOC

Beneficiary(ies)

Child:	CAÑAS, ALEXIS LAVINE 1ST ALCANDO	11/06/2019
Other Beneficiary(ies):	ALCANDO, DAROLD GIAN (Brother)	10/15/2002

Purpose of Application

Purpose: EMPLOYEE

Applicant's Certification

<p><i>Alexandra Louige</i> Signature Over Printed Name</p> <p><i>April 25, 2024</i> Date</p>	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td>LEFT THUMB MARK</td> <td>RIGHT THUMB MARK</td> </tr> </table>			LEFT THUMB MARK	RIGHT THUMB MARK
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**SOCIAL SECURITY SYSTEM
 CEBU-NRA BRANCH** TO BE FILLED OUT BY SSS

<p><i>Maria Prim Diann L. Garcia</i> Signature Over Printed Name</p>	<p><i>1:42</i> Date</p>	<p><i>MTR</i> Branch</p>
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RECEIVED
 APR 23 2024
 MARIA PRIM DIANN L. GARCIA
 COMPARED WITH ORIGINAL TIME



MEMBER'S DATA FORM (MDF)

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

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121273693065
REGISTRATION TRACKING NO.	920248912442

OCCUPATIONAL STATUS		EMPLOYED	
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE	
<i>Please specify</i>			
PERSONAL DETAILS			
NAME	SURNAMES	FIRST NAME	NO. OF CHILD NAME
MEMBER	ALICANDO	ALEXANDRA LOUIGE	<input checked="" type="checkbox"/>
FATHER			<input type="checkbox"/>
MOTHER (Maiden Name)	ALICANDO	LIZA	<input checked="" type="checkbox"/>
SPOUSE (if Married)			<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ALICANDO	ALEXANDRA LOUIGE	<input checked="" type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)
05/01/2000	Single/Unmarried		
PLACE OF BIRTH	CITIZENSHIP		SSS NUMBER
CEBU CITY, CEBU, PHILIPPINES	FILIPINO		GSIS NUMBER
SEX	HEIGHT (cm)	WEIGHT (kg)	EMPLOYEE NUMBER
FEMALE	0.00	0.00	<i>For AFP/PNP Employee, Serial/Badge No.</i>
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		<i>For DepEd Employee, Division Code-Station Code</i>

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	
				SITIO GOCHAN, CADULUY		+63 (0967) 2402788	
Subdivision			Barangay			Business (Direct Line)	
			TISA				
Municipality/City			Province/State/Country			Business (Trunk Line)	
CEBU CITY			CEBU, PHILIPPINES				
ZIP Code						Email Address	
6000							
PRESENT HOME ADDRESS							
Unit/Room No., Floor		Building Name		Lot No.	Block No.	Phase No.	
House No.		Street Name		Subdivision		Barangay	
		SITIO GOCHAN, CADULUY				TISA	
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.