

**MEMBER'S DATA FORM  
(MDF)**

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121302663256
REGISTRATION TRACKING NUMBER	922193951272

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO. MIDDLE NAME
MEMBER	SANTIAGO	NICOLYN		SANCHEZ	<input type="checkbox"/>
FATHER	SANTIAGO	RANDY		PARCON	<input type="checkbox"/>
MOTHER ( Maiden Name)	SANCHEZ	ARLENE		REYES	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	SANTIAGO	NICOLYN		SANCHEZ	<input type="checkbox"/>
DATE OF BIRTH	12/09/1999	MARITAL STATUS	Single/Unmarried		TAXPAYER IDENTIFICATION NUMBER (TIN)
PLACE OF BIRTH	BACOLOD CITY, NEGROS OCCIDENTAL	CITIZENSHIP	FILIPINO		SSS NUMBER
SEX	HEIGHT (cm.)	WEIGHT (kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		ODS NUMBER
FEMALE	154.00	55.00			EMPLOYEE NUMBER
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT			
		<input type="checkbox"/> For AFP/MP Employee - Serial/Stage No. <input type="checkbox"/> 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		Name		
Lot No.	Block No.	Phase No.	House No.	Street Name	Cell Phone
2	7	2		CALONG-CALONG ZONE 1	+63 (334) 4075185
Subdivision	Barangay		Business (Direct Line)		
AIRPORT SUBDIVISION	SINGANG-AIRPORT		+63 (3356) 9184480		
Municipality/City	Province/State/Country		Business (Toll Free)		
BACOLOD CITY	NEGROS OCCIDENTAL, PHILIPPINES		Email Address		
ZIP Code	6100				
PRESENT HOME ADDRESS					
Unit/Room No., Floor	Building Name		Lot no.	Block no.	Phase No.
			2	7	2
House No.	Street Name		Subdivision	Barangay	
	CALONG-CALONG ZONE 1		AIRPORT SUBDIVISION	SINGANG-AIRPORT	
Municipality/City	Province/State/Country		ZIP Code		
BACOLOD CITY	NEGROS OCCIDENTAL, PHILIPPINES		6100		
PREFERRED MAILING ADDRESS	PERMANENT HOME ADDRESS				



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

MO0910W202207122500 Date/Time Generated: 12 July 2022 06:45:01 PM

SS NUMBER <b>07-4054201-9</b>					
<b>NAME</b>					
LAST NAME: <b>SANTIAGO</b>		FIRST NAME: <b>NICOLYN</b>		MIDDLE NAME: <b>SANCHEZ</b>	
<b>FACTS OF BIRTH</b>					
DATE OF BIRTH (MM/DD/YYYY): <b>12/09/1999</b>	PLACE OF BIRTH (CITY/MUNICIPALITY): <b>BAOLOLO CITY (CAPITAL)</b>	PROVINCE (STATE): <b>NEGROS OCCIDENTAL</b>	COUNTRY: <b>PHILIPPINES</b>	SEX: <b>FEMALE</b>	
FATHER'S NAME (LAST NAME): <b>SANTIAGO</b>		FIRST NAME: <b>RANDY</b>		MIDDLE NAME: <b>PARCON</b>	
MOTHER'S MAREN NAME (LAST NAME): <b>SANCHEZ</b>		FIRST NAME: <b>ARLENE</b>		MIDDLE NAME: <b>REYES</b>	
<b>DEMOGRAPHIC DATA</b>					
HOME ADDRESS (PWA, PUA, UNIT NO. & BLOCK NAME, or HOUSE LOT NO. & BLK NO.): <b>BLOCK 7 LOT 2</b>			STREET NAME: <b>PHASE 2 CALONG-CALONG ZONE 1</b>		SUBDIVISION: <b>AIRPORT SUBDIVISION</b>
BARANGAY/DISTRICT/CITY/ALTO: <b>SINGANG-AIRPORT</b>		CITY/MUNICIPALITY: <b>BAOLOLO CITY (CAPITAL)</b>		PROVINCE: <b>NEGROS OCCIDENTAL</b>	POSTAL CODE: <b>6100</b>
COUNTRY CODE: <b>0063</b>					
CIVIL STATUS: <b>SINGLE</b>	HEIGHT (CENTIMETERS): <b>154</b>	WEIGHT (KILOGRAMS): <b>55</b>	DISTINGUISHING FEATURES:		NATIONALITY: <b>FILIPINO</b>
RELIGION: <b>CHRISTIAN</b>					
<b>OTHER CARD APPLICANT DATA</b>					
TELEPHONE NUMBER (AREA CODE - TL NO.): <b>034-4675185</b>		MOBILE NUMBER: <b>(0956) 918-4480</b>		EMAIL ADDRESS: <b>nicolasantiago@gmail.com</b>	
<b>DEPENDENT/BENEFICIARIES</b>					
SPOUSE (LAST NAME):		FIRST NAME:		MIDDLE NAME:	
CHILDREN (LAST NAME):		FIRST NAME:		MIDDLE NAME:	
OTHER BENEFICIARY (EOP without spouse & child and parents on both deceased):					
LAST NAME:		FIRST NAME:		MIDDLE NAME:	
				RELATIONSHIP:	
				DATE OF BIRTH (MM/DD/YYYY):	
<b>FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/ON WORKING SPOUSE</b>					
<b>SELF-EMPLOYED (SE)</b>		<b>OVERSEAS FILIPINO WORKER (OFW)</b>		<b>NON-WORKING SPOUSE (NWS)</b>	
Profession/Business:		Foreign Address:		SS No./Common Reference No. of Working Spouse:	
Year Prof. Business Started:					
Monthly Earnings:		Monthly Earnings (in P/US dollars) to remittance in P/US dollars: <input type="checkbox"/> P/US <input type="checkbox"/> US		Monthly Income of Working Spouse (P):	
<b>PURPOSE OF APPLICATION</b>					
<b>PURPOSE FOR EMPLOYMENT</b>		PROFESSION/BUSINESS:		ESTIMATED MONTHLY SALARY:	
<b>UMID CARD APPLICATION WITH ATM OPTION</b>					
<input type="checkbox"/> UMID CARD AS ATM CARD (SSS NAME):		Bank Branch/ID:			
<b>CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION</b>					
I certify that the information provided are true and correct. I hereby consent to: 1. the collection, data capture, storage, automatic matching and the retention of my personal data for the generation/completing of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits. 2. sharing of these data with SSS service providers to carry out the purposes stated above and 3. inclusion of this application in the memory components with the Social Privacy Act. I trust that all these data shall be kept confidential by SSS and its service providers and my bank. 4. Further give my consent to SSS to make verification data with my chosen bank for the generation of bank account number, crediting of first and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent to the sharing of my bank account number with SSS.					

TCD20190554



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
BUREAU OF INTERNAL REVENUE



NICOLYN SANCHEZ SANTIAGO

TIN:

**613-560-825-00000**

Name:

**SANTIAGO, NICOLYN SANCHEZ**

Address:

**LOT 7 BLK 2 CALONG CALONG AIRPORT SUBD  
SINGCANG-AIRPORT 6100 BACOLOD CITY  
(CAPITAL) NEGROS OCCIDENTAL PHILIPPINES**

Birth Date:

**09-DEC-1999**

TIN Issuance Date:

**25-AUG-2022**



SIGNATURE

CN: 077-2304387



BIR / BCS/  
Use Only Item



Republic of the Philippines  
Department of Finance  
Bureau of Internal Revenue

BIR Form No.  
**2316**

January 2018 (ENCS)

# Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the year (YYYY) <b>2024</b>		3 For the Period From (AMMCC) <b>0101</b> To (AMMCC) <b>0308</b>	
<b>Part I - Employee Information</b>		<b>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</b>	
3 TIN <b>813 560 825 000</b>		<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>	
4 Employer's Name (Last Name, First Name, Middle Name) <b>SANTIAGO, NICOLYN, SANCHEZ</b>		27 Basic Salary (including the exempt P20,000 & below) or the Statutory Minimum Wage of the MWE <b>0.00</b>	
5 Registered Address		28 Holiday Pay (MWE) <b>0.00</b>	
6A Local Home Address		29 Overtime Pay (MWE) <b>0.00</b>	
6B Foreign Address		30 Night Shift Differential (MWE) <b>0.00</b>	
7 Date of Birth (MMDDYYYY) <b>12 09 1999</b>		31 Hazard Pay (MWE) <b>0.00</b>	
8 Contact Number		32 13th Month Pay and Other Benefits (maximum of P60,000) <b>2,165.05</b>	
9 Statutory Minimum Wage rate per day		33 De Minimis Benefits <b>1,207.58</b>	
10 Statutory Minimum Wage rate per month		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <b>2,052.50</b>	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		35 Salaries and Other Forms of Compensation <b>0.00</b>	
<b>Part II - Employer Information (Present)</b>		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) <b>5,425.13</b>	
12 TIN <b>244 963 878 000</b>		<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>	
13 Employer's Name <b>QUALIFON PHILS. INC. CEBU</b>		37 Basic Salary <b>15,994.94</b>	
14 Registered Address <b>Syriae 3, Qualifon Building, Asatown IT Park, Lahug</b>		38 Representation <b>0.00</b>	
15 Type of Employee <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		39 Transportation <b>568.96</b>	
<b>Part III - Employer Information (Previous)</b>		40 Cost of Living Allowance (COLA) <b>0.00</b>	
16 TIN		41 Fixed Housing Allowance <b>0.00</b>	
17 Employer's Name		42 Others (Specify) <b>0.00</b>	
18 Registered Address		43A <b>OA BIR</b> <b>1,500.00</b>	
		43B <b>0.00</b>	
		<b>SUPPLEMENTARY</b>	
<b>Part IVA - Summary</b>		44 Commission <b>0.00</b>	
19 Gross Compensation Income from Present Employer (Sum of Items 26 and 36) <b>26,030.70</b>		45 Profit Sharing <b>0.00</b>	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (Item 36) <b>5,425.13</b>		46 Fees including Director's Fees <b>0.00</b>	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 36) <b>20,605.57</b>		47 Taxable 13th Month Benefits <b>0.00</b>	
22 Add: Taxable Compensation Income from Previous Employer, if applicable <b>0.00</b>		48 Hazard Pay <b>0.00</b>	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <b>20,605.57</b>		49 Overtime Pay <b>2,541.67</b>	
24 Tax Due <b>0.00</b>		50 Others (Specify) <b>0.00</b>	
25 Amount of Taxes Withheld <b>0.00</b>		49A <b>0.00</b>	
25A Present Employer		49B <b>0.00</b>	
25B Previous Employer, if applicable <b>0.00</b>		50 Total Taxable Compensation Income (Sum of Items 27 to 46) <b>20,605.57</b>	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <b>0.00</b>			

I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, she give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

51 **METHYL TAER** Date Signed **04 16 2024**  
Present Employer/Authorized Agent Signature over Printed Name

52 **SANTIAGO, NICOLYN, SANCHEZ** Date Signed \_\_\_\_\_  
Employee Signature over Printed Name

C-Value ID No. \_\_\_\_\_ Place of Issue \_\_\_\_\_ Date of Issue \_\_\_\_\_ Amount Paid, if CTC \_\_\_\_\_  
of Employee

**53** Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

**54** Employee Signature over Printed Name

\*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)



REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation



PhilHealth  
*Your Partner in Health*



NICOLYN SANCHEZ SANTIAGO

*[Handwritten Signature]*

Signature

**11-025840208-1**

**SANTIAGO, NICOLYN SANCHEZ**

DECEMBER 09, 1999 - FEMALE

BLK7 LOT2 CALONG CALONG SINGCANG-AIRPORT  
BACOLOD CITY, NEGROS OCCIDENTAL - 6100



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**INFORMAL ECONOMY**