



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**

SS NUMBER SLIP

06-4867391-2

ZARAGOSA, MYRBEE NA

02/26/2003





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

MO0591IW202406012556 Date/Time Generated: 01 June 2024 08:58:45 AM

SS NUMBER <b>06-4867391-2</b>					
<b>NAME</b>					
(LAST NAME) <b>ZARAGOSA</b>	(FIRST NAME) <b>MYRBEE</b>	(MIDDLE NAME) <b>NA</b>	(SUFFIX)		
<b>FACTS OF BIRTH</b>					
DATE OF BIRTH (MMDDYYYY) <b>02262003</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>CEBU CITY (CAPITAL)</b>	(PROVINCE/STATE) <b>CEBU</b>	(COUNTRY) <b>PHILIPPINES</b>	SEX <b>FEMALE</b>	
FATHER'S NAME (LAST NAME) <b>BURO</b>	(FIRST NAME) <b>BENIGNO</b>	(MIDDLE NAME) <b>PREJOLES</b>	(SUFFIX) <b>JR</b>		
MOTHER'S MAIDEN NAME (LAST NAME) <b>ZARAGOSA</b>	(FIRST NAME) <b>MIRASOL</b>	(MIDDLE NAME) <b>SAGAYNO</b>	(SUFFIX)		
<b>DEMOGRAPHIC DATA</b>					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) <b>243</b>	(STREET NAME) <b>MAHAYAHAY 1 A. LOPEZ ST.,</b>	(SUBDIVISION)			
(BARANGAY/DISTRICT/LOCALITY) <b>CALAMBA</b>	(CITY/MUNICIPALITY) <b>CEBU CITY (CAPITAL)</b>	(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6000</b>	COUNTRY CODE <b>0063</b>	
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) <b>147</b>	WEIGHT (IN KILOGRAMS) <b>44</b>	DISTINGUISHING FEATURE/S	NATIONALITY <b>FILIPINO</b>	RELIGION <b>ROMAN CATHOLIC</b>
<b>OTHER CARD APPLICANT DATA</b>					
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER <b>(0931) 119-7990</b>	EMAIL ADDRESS <b>myrbeezaragosa22@gmail.com</b>			
<b>DEPENDENT(S)/BENEFICIARY/IES</b>					
SPOUSE (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
CHILDREN (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
1					
2					
3					
4					
5					
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased)					
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1					
2					
<b>FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-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 _____		Monthly Income of Working Spouse (P) _____	
		Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>PURPOSE OF APPLICATION</b>					
PURPOSE <b>FOR EMPLOYMENT / PRIOR REGISTRANT</b>		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
<b>UMID CARD APPLICATION WITH ATM OPTION</b>					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)		(BANK BRANCH)			
<b>CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION</b>					
<p>1. I certify that the information provided are true and correct.</p> <p>2. I hereby consent to:</p> <ul style="list-style-type: none"> <li>the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updating of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits;</li> <li>sharing of these data with SSS service providers to carry out the purposes stated above; and</li> <li>disposal of this application in the manner consistent with the Data Privacy Act.</li> </ul> <p>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.</p> <p>4. I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.</p>					

**INSTRUCTIONS**

1. Fill out this form in one (1) copy.
2. Erasures/alterations are not encouraged. However, if necessary, such will be limited up to two (2) erasures/alterations only. Always affix initials on all erasures/alterations of this form.
3. Place a checkmark on the applicable box.
4. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
5. Indicate the home address. If permanent home address is in the province but working in Metro Manila during weekdays or working abroad, indicate the provincial address instead of the Metro Manila address.
6. Write the "HEIGHT" in centimeters and "WEIGHT" in kilograms.  
To convert: 1 ft = 30.48 cm      1 in = 2.54 cm      1 lb = 0.4536 kg
7. Limit the distinguishing features to those that can be found on the face such as "mole under the right eye" and "mole or birth mark on the left cheek/forehead".
8. Always indicate the following **mandatory** information:
  - Country of place of birth, if born outside the Philippines
  - Mobile number, if applied locally\*
  - Email address, if applied abroad\*
 \* if card applicant cannot provide the required mobile number/email address, indicate the card applicant's immediate family member's mobile number/email address where SSS can communicate with the card applicant.
9. **For all types of card replacement**, pay the required fee at any SSS branch office/accredited bank/collecting agent. Write the Special Bank Receipt (SBR)/Receipt Number/Transaction Reference Number on the field provided and submit this form together with the required document/s and proof of payment to the nearest SSS branch office.
10. **For card replacement due to unclaimed UMID cards beyond five (5) years**, a replacement fee and biometric data re-capture is required.
11. Submit this form to the nearest SSS branch with the following required documents (use the table Documentary Requirements Guide).

<b>DOCUMENTARY REQUIREMENTS GUIDE</b>	
<p><b>IDENTIFICATION REQUIREMENTS (Present the original)</b></p> <p><b>A. Primary ID card/document [any one (1) of the following]:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Unified Multi-Purpose ID Card</li> <li><input type="checkbox"/> 2. Social Security Card</li> <li><input type="checkbox"/> 3. Alien Certificate of Registration</li> <li><input type="checkbox"/> 4. Driver's License</li> <li><input type="checkbox"/> 5. Firearm Registration</li> <li><input type="checkbox"/> 6. License to Own and Possess Firearms</li> <li><input type="checkbox"/> 7. National Bureau of Investigation (NBI) Clearance</li> <li><input type="checkbox"/> 8. Passport</li> <li><input type="checkbox"/> 9. Permit to Carry Firearms Outside of Residence</li> <li><input type="checkbox"/> 10. Postal Identity Card</li> <li><input type="checkbox"/> 11. Seafarer's Identification &amp; Record Book (Seaman's Book)</li> <li><input type="checkbox"/> 12. Voter's ID Card</li> </ul> <p><b>B. Any two (2) other ID cards/documents, both with signature and at least one (1) with photo (In absence of a primary card). Please specify.</b></p> <p><input type="checkbox"/> _____</p> <p>_____</p>	<p><b>IDENTIFICATION REQUIREMENTS (Present the original)</b></p> <p>A. For card replacement due to amendment of data/authenticating finger</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Previously issued SS digitized ID or UMID card of the card applicant</li> <li><input type="checkbox"/> Proof of payment</li> </ul> <p>B. For card replacement due to lost SS digitized ID or UMID Card</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Duly notarized Affidavit of Loss</li> <li><input type="checkbox"/> Proof of payment</li> </ul> <p>C. For card replacement due to non-receipt of UMID Card</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Duly notarized Affidavit of Non-Receipt of Card</li> <li><input type="checkbox"/> Notice/Email from Identity Management Department (IMD) that the courier lost/was not able to deliver the UMID Card</li> <li><input type="checkbox"/> Proof of payment</li> </ul> <p>C. For card replacement due to damaged UMID Card, UMID Card as ATM Card and other reason/s</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of payment</li> </ul>

12. Observe proper attire when applying for a UMID card.

<b>DOs</b>	<b>DONTs</b>		
<ul style="list-style-type: none"> <li>• Collared shirt/blouse is encouraged</li> <li>• Face and neck should be free from bandage or accessories</li> </ul>	<ul style="list-style-type: none"> <li>• Wearing of the following:                             <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 0;"> <ul style="list-style-type: none"> <li>a. For Male - undershirt/"sando" and/or earrings</li> <li>b. For Female - dangling or overstated earrings</li> <li>c. Eyeglasses and/or colored contact lenses</li> </ul> </td> <td style="width: 50%; padding: 0;"> <ul style="list-style-type: none"> <li>d. Metal piercing in any part of the face</li> <li>e. Head gear</li> <li>f. Sunglasses</li> </ul> </td> </tr> </table> </li> </ul>	<ul style="list-style-type: none"> <li>a. For Male - undershirt/"sando" and/or earrings</li> <li>b. For Female - dangling or overstated earrings</li> <li>c. Eyeglasses and/or colored contact lenses</li> </ul>	<ul style="list-style-type: none"> <li>d. Metal piercing in any part of the face</li> <li>e. Head gear</li> <li>f. Sunglasses</li> </ul>
<ul style="list-style-type: none"> <li>a. For Male - undershirt/"sando" and/or earrings</li> <li>b. For Female - dangling or overstated earrings</li> <li>c. Eyeglasses and/or colored contact lenses</li> </ul>	<ul style="list-style-type: none"> <li>d. Metal piercing in any part of the face</li> <li>e. Head gear</li> <li>f. Sunglasses</li> </ul>		

**REMINDERS**

1. Card applicants who chose to enroll their UMID Card as ATM card at point of card application shall claim the same at the specified bank's branch or kiosk within thirty (30) days upon receipt of SMS notification from SSS.
2. For regular UMID Card, the default mode of issuance is pick-up at the SSS branch office where card application was made.
3. UMID Cards for pick-up at SSS Offices where card application was filed, shall be claimed within sixty (60) days from receipt of SMS notification from SSS. Otherwise, unclaimed UMID Cards within the 60-days claiming period shall be verified thru IMD or SSS hotline. Unclaimed UMID Cards beyond five (5) years shall be shredded or destroyed.
4. To verify the status of your UMID Card application, you may reach us at 920-6401 local 5714 or email at sss\_id@sss.gov.ph.
5. Card applicants shall be required to verify the status/availability of their UMID Cards if with change of mobile number after the card application was made or non-receipt of SMS notification from SSS within thirty (30) days from card application.
6. Unsuccessfully delivered UMID Cards (RTS) will be sent to the SSS branch office where biometric data capture was made.



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**

**Transaction Number Slip**

**MO0591IW202406012556**

**Name of Applicant: ZARAGOSA, MYRBEE NA**

**Date of Birth: 02/26/2003**



MO0591IW202406012556 ZARAGOSA, MYRBEE NA

***INSTRUCTIONS:***

1. Present this transaction number slip at the SSS Branch/Service Office/Foreign Office together with your two (2) valid IDs and the required supporting documents (list was emailed to you) for tagging of your SS number's status with "APPLICATION THRU THE WEB/MOBILE APP-WITH APPROVED SUPPORTING DOCUMENTS".
2. SSS advisory/announcement will be issued once the SSS pay card application becomes available.



Pag-IBIG MID NO. : 121342770759

NAME : ZARAGOSA, MYRBEE

DATE OF BIRTH : FEBRUARY 26, 2003

T. I. N. : 650916213

PRESENT HOME ADDRESS : 243 MAHAYAHAY 1 A LOPEZ ST, CALAMBA, CEBU  
CITY, CEBU 6000

MOBILE PHONE NO. :

HOME TEL. NO. :

EMAIL ADDRESS : myrbeezaragosa22@gmail.com

COMPANY/EMPLOYER NAME :

COMPANY/EMPLOYER  
ADDRESS :

DESIRED MONTHLY  
CONTRIBUTION

PREFERRED DIVIDEND  
PAYOUT

[Select Preferred Dividend Payout]



MODE OF PAYMENT

[Select Mode of Payment]



SOURCE OF FUNDS

[Select Source of Funds]



By clicking the Submit button below, I hereby agree to be governed by the  
foregoing [terms and conditions](#).

SUBMIT

CANCEL

TCD20190182239Z



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
BUREAU OF INTERNAL REVENUE



TIN  
**650-916-213-00000**

Name:  
**ZARAGOSA, MYRBEE**

Address:  
**243 MAHAYAHAY 1 A, LOPEZ ST., CALAMBA 6000  
CITY OF CEBU CEBU PHILIPPINES**

Birth Date:  
**26-FEB-2003**

TIN Issuance Date:  
**31-MAY-2024**



SIGNATURE

CN: 082-2402545

[www.bir.gov.ph](http://www.bir.gov.ph)

[contact\\_us@bir.gov.ph](mailto:contact_us@bir.gov.ph)

981-7000

- This card bears your permanent Taxpayer Identification Number (TIN).
- Always indicate your TIN in all returns/documents filed with the BIR.
- Issuance of TIN Card for the first time shall be free of charge. However, in case of subsequent issuance upon taxpayer's request due to loss or damage, a P100.00 fee shall be collected to cover cost of reprinting.
- Report immediately to your Revenue District Officer, the loss of this card and change of name or address.
- Any person who secures and/or uses more than one TIN shall be criminally liable and shall be punishable by fine and imprisonment.



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



39444366

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. <b>Z622BM0E30-R71621767</b>	VALID UNTIL <b>June 03, 2025</b>
FAMILY NAME <b>ZARAGOSA</b>	FIRST NAME <b>MYRBEЕ</b>
MIDDLE NAME	HUSBAND'S SURNAME
ADDRESS <b>243 MAHAYAHAY 1 A LOPEZ ST BRGY CALAMBA CEBU CITY 6000</b>	
DATE OF BIRTH <b>February 26, 2003</b>	PLACE OF BIRTH <b>CEBU CITY</b>
CITIZENSHIP <b>FILIPINO</b>	CIVIL STATUS <b>SINGLE</b>
PURPOSE <b>MULTI-PURPOSE CLEARANCE</b>	
REMARKS <b>NO RECORD ON FILE</b>	



SIGNATURE  
*Myrbee Zaragosa*



Date Printed: Monday, June 03, 2024 09:55 AM



Z622BM0E30-R71621767

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

Agency	R7	DATID	villarinn
CASID	villarinn	BIOD	villarinn
O.R. No.	MP70QBGVIN	RECID	
O.R. Date	06/03/2024 9:47:35 AM	INTID	
DST PAID		PRTID	villarinn



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



39444366

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. <b>Z622BM0E30-R71621767</b>	VALID UNTIL <b>June 03, 2025</b>
FAMILY NAME <b>ZARAGOSA</b>	FIRST NAME <b>MYRBEЕ</b>
MIDDLE NAME	HUSBAND'S SURNAME
ADDRESS <b>243 MAHAYAHAY 1 A LOPEZ ST BRGY CALAMBA CEBU CITY 6000</b>	
DATE OF BIRTH <b>February 26, 2003</b>	PLACE OF BIRTH <b>CEBU CITY</b>
CITIZENSHIP <b>FILIPINO</b>	CIVIL STATUS <b>SINGLE</b>
PURPOSE <b>MULTI-PURPOSE CLEARANCE</b>	
REMARKS <b>NO RECORD ON FILE</b>	



SIGNATURE  
*Myrbee Zaragosa*



Date Printed: Monday, June 03, 2024 09:56 AM



Z622BM0E30-R71621767

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

Agency	R7	DATID	villarinn
CASID	villarinn	BIOD	villarinn
O.R. No.	MP70QBGVIN	RECID	
O.R. Date	06/03/2024 9:47:35 AM	INTID	
DST PAID		PRTID	villarinn

**PERSONAL COPY**



Municipal Form No. 102 (Revised January 1995) (To be accomplished in quadruplicate)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 2, 5a, 9b and 19a.)

Province CEBU City/Municipality CEBU CITY Registry No. 20037078

1. NAME (First) (Middle) (Last)  
MYRIEC SARAGOSA

2. SEX 1 Male X Female

3. DATE OF BIRTH (day) (month) (year)  
26 Feb. 2003

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
CEBU CITY MEDICAL CENTER CEBU CITY CEBU

5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify

6. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) 1st

d. WEIGHT AT BIRTH 2490 grams

7. MAIDEN NAME (First) (Middle) (Last)  
MIRASOL SAGAYNO SARAGOSA

8. CITIZENSHIP PIL. 9. RELIGION I.C.

10. Total number of children born alive: 1 11. No. of children still living including this birth: 1 12. No. of children born alive but are now dead: 0

10. OCCUPATION NONE 11. Age at the time of this birth: 25 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
243- MAHAYAGAY A. LOPEZ ST., LABANGON CEBU CITY CEBU

13. NAME (First) (Middle) (Last)  
UNKNOWN

14. CITIZENSHIP N.A. 15. RELIGION N.A.

16. OCCUPATION N.A. 17. Age at the time of this birth: N.A.

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Acknowledgment/Admission of Paternity at the back.)  
N.A.

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Midwife) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 7108 A.M. on the date stated above.

Signature LEONIDA SUAN Address 3, MOLIBSO AVENUE  
Name in Print LEONIDA SUAN City/Municipality CEBU CITY  
Title or Position Nurse Date FEB 26, 2003

20. INFORMANT  
Signature [Signature] Address 243- MAHAYAGAY A. LOPEZ  
Name in Print MYRIEC SARAGOSA City/Municipality CEBU CITY  
Relationship to the child MOTHER Date FEB 26, 2003

21. PREPARED BY  
Signature [Signature]  
Name in Print JUSTINA CLAUDIO  
Title or Position D.R. NURSE  
Date FEB 26, 2003

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print SELA B. BARRERA  
Title or Position CIVIL REGISTRAR  
Date FEB 26, 2003

REMARKS/ANNOTATION

20307078

26 FEB 2003

2490

25

243- MAHAYAGAY A. LOPEZ ST. LABANGON CEBU CITY

25

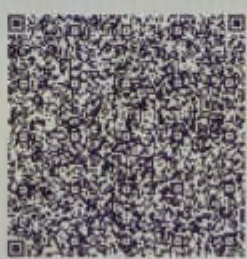
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OR600272771



*CSM*  
CLAIRE DENNIS S. MAPA, Ph. D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority





Republic of the Philippines  
City of Cebu  
newbarangaycalamba@gmail.com  
**BARANGAY CALAMBA**  
Office of the Punong Barangay



## BARANGAY CLEARANCE

This is to certify that MYRREE ZARAGOSA, (21) years of age, a bona fide resident of 243 MARAYANAY I, A. LOPEZ STREET, Barangay Calamba, Cebu City, Philippines.

This certification is issued upon the request of the aforementioned named in connection with his/ her application for:

- Police Clearance
- NBI Clearance
- Foreign travel
- Local travel
- Passport
- Electrical Installation
- Water Installation
- Internet Installation
- Building Construction
- For Issuance of Business Permit
- For Demolition
- OTHERS SPECIFY: EMPLOYMENT

Given this 21<sup>ST</sup> day of MAY, 2024 at Barangay Calamba, Cebu City, Philippines

  
**HON. ESTER G. CONCHA**  
Punong Barangay

\_\_\_\_\_  
Signature of Applicant



Republika ng Pilipinas  
Republic of the Philippines  
Kagawaran ng Edukasyon  
Department of Education



REHIYON 7, GITNANG VISAYAS  
Region VII, Central Visayas  
SANGAY NG LUNGSOD NG CEBU  
Division of Cebu City

**DON SERGIO OSMEÑA SR. MEMORIAL NATIONAL HIGH SCHOOL**

Pinatutunayan nito na si  
*This certifies that*

**MYRBEE ZARAGOSA**

Learner Reference Number (LRN ): 119885090404

**WITH HIGH HONORS**

ay kasiya-siyang nakatupad sa mga kinakailangan sa pagtatapos ng Senior High School  
*has satisfactorily completed the requirements for graduation in Senior High School*

**ACADEMIC TRACK**  
**SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS STRAND**

na itinakda para sa Mataas na Paaralan ng Kagawaran ng Edukasyon, kaya pinagkalooban siya nitong  
*prescribe for Secondary Schools of the Department of Education and is therefore awarded this*

**KATIBAYAN**  
**DIPLOMA**

Nilagdaan sa **Lungsod ng Cebu**, Pilipinas nitong ika 7 ng Hulyo 2022.  
*Signed in Cebu City, Philippines on the 7<sup>th</sup> day of July 2022.*



**SHEILA T. YOONG, EdD**

Punongguro  
Principal

**RHEA MAR A. ANGTUD EdD**

Pansangay na Tagapamanihala ng mga Paaralan  
Schools Division Superintendent

Best 11 min 11 min 29 min 47 min

Add destination

Leave now Options
  
 Send directions to your phone Copy link

- via General Maxilom Ave** 11 min  
 Fastest route, lighter traffic than usual 3.9 km  
[Details](#)
- via General Maxilom Ave** 11 min  
 Fastest route, lighter traffic than usual 3.9 km
- via V Rama Ave and N Escario St** 12 min  
 Some traffic, as usual 4.2 km

