



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

MO05931IW202406012257 Date/Time Generated: 01 June 2024 03:30:56 AM

SS NUMBER 06-4867364-0		
NAME		
(LAST NAME) AMPARADO	(FIRST NAME) (MIDDLE NAME) (SUFFIX) KYRHEL SHANE MONTEALTO	
FACTS OF BIRTH		
DATE OF BIRTH (MMDDYYYY) 04292005	PLACE OF BIRTH (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY) (SEX) MANDAUE CITY CEBU PHILIPPINES FEMALE	
FATHER'S NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) AMPARADO GERMAN CANQUE	MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) MONTEALTO MARILOU BROCA	
DEMOGRAPHIC DATA		
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION) PUROK MOHON 1		
(BARANGAY/DISTRICT/LOCALITY) LANGTAD	(CITY/MUNICIPALITY) (PROVINCE) (POSTAL CODE) (COUNTRY CODE) CITY OF NAGA CEBU 6037 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) (WEIGHT (IN KILOGRAMS)) (DISTINGUISHING FEATURE/S) (NATIONALITY) (RELIGION) 157 50 NATIONALITY FILIPINO RELIGION ROMAN CATHOLIC	
OTHER CARD APPLICANT DATA		
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER (EMAIL ADDRESS) (0975) 189-2361 amparadokyrhel4@gmail.com	
DEPENDENT(S)/BENEFICIARY/IES		
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		
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE		
SELF-EMPLOYED (SE) Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings _____	OVERSEAS FILIPINO WORKER (OFW) Foreign Address _____ Monthly Earnings _____ Are you applying for membership in the Fast-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) _____
PURPOSE OF APPLICATION		
PURPOSE FOR EMPLOYMENT / PRIOR REGISTRANT	PROFESSION/BUSINESS	ESTIMATED MONTHLY SALARY
UMID CARD APPLICATION WITH ATM OPTION		
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)	(BANK BRANCH)	
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION		
<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"> 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; sharing of these data with SSS service providers to carry out the purposes stated above; and disposal of this application in the manner consistent with the Data Privacy Act. <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>		



Republic of the Philippines
SOCIAL SECURITY SYSTEM

Transaction Number Slip

MO0591IW202406012257

Name of Applicant: AMPARADO, KYRHEL SHANE MONTEALTO

Date of Birth: 04/29/2005



MO0591IW202406012257 AMPARADO, KYRHEL SHANE MONTEALTO

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.



Republic of the Philippines
SOCIAL SECURITY SYSTEM

SS NUMBER SLIP

06-4867364-0

AMPARADO, KYRHEL SHANE

MONTEALTO

04/29/2005





MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121342736287
REGISTRATION TRACKING NO.	924153671901

OCCUPATIONAL STATUS EMPLOYED

MEMBERSHIP CATEGORY EMPLOYED - PRIVATE Please specify

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	AMPARADO	KYRHEL SHANE		MONTEALTO	<input type="checkbox"/>
FATHER	AMPARADO	GERMAN		CANQUE	<input type="checkbox"/>
MOTHER (Maiden Name)	MONTEALTO	MARILOU		BROCA	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	AMPARADO	KYRHEL SHANE		MONTEALTO	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
04/29/2005	Single/Unmarried				
PLACE OF BIRTH		CITIZENSHIP		SSS NUMBER	
MANDAUE CITY, CEBU		FILIPINO		GSIS NUMBER	
SEX	HEIGHT(cm)	WEIGHT(kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	157.00	0.00			
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			
		PUROK MOHON 1			+63 (0975) 1892361	
Subdivision	Barangay		Business (Direct Line)			
	LANGTAD		Business (Trunk Line)			
Municipality/City	Province/State/Country		Email Address			
NAGA	CEBU, PHILIPPINES		amparadokyrhel4@gmail.com			
ZIP Code						
6037						

PRESENT HOME ADDRESS					
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	Home		
House No.	Street Name	Subdivision	Barangay		
	PUROK MOHON 1		LANGTAD		
Municipality/City	Province/State/Country		ZIP Code		
NAGA	CEBU, PHILIPPINES		6037		

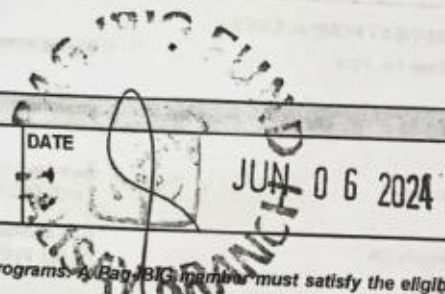
PREFERRED MAILING ADDRESS PRESENT HOME ADDRESS

PRESENT EMPLOYMENT DETAILS					
OCCUPATION CUSTOMER SERVICE REPRESENTATIVES		EMPLOYMENT STATUS PERMANENT/REGULAR		TYPE OF WORK	
EMPLOYER/BUSINESS NAME MARIA ANGELLIE KAYE EDAÑO			COUNTRY OF ASSIGNMENT		
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor 16TH Building Name ONE MONTAGE Lot No., Block No., Phase No. House No. Street Name Subdivision Barangay Municipality/City CEBU CITY State/Country(if abroad) PHILIPPINES			MONTHLY INCOME Basic 16,000.00 Allowances/Others 5,000.00 Total Mo. Income 21,000.00		
			OFFICE ASSIGNMENT One Montage, Cebu		
			DATE EMPLOYED MAY 2024		

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG MEMBERSHIP		
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS	FROM	TO

HEIRS						
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH

CERTIFICATION	
<p>I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).</p>	
SIGNATURE OF INFORMANT	DATE
FOR Pag-IBIG FUND USE ONLY	
RECEIVED BY	DATE
Signature over Printed Name	Designation/Position
	Branch/Unit



DISCLAIMER

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.



Republic of the Philippines
Department of Justice
National Bureau of Investigation



39404129

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 A516DK3E50-LG1769359	VALID UNTIL June 03, 2025
FAMILY NAME AMPARADO	FIRST NAME KYRHEL SHANE
MIDDLE NAME MONTEALTO	HUSBAND'S SURNAME
ADDRESS PUROK MOHON 1 BRGY LANGTAD CITY OF NAGA CEBU	
DATE OF BIRTH April 29, 2005	PLACE OF BIRTH MANDAUE CEBU
CITIZENSHIP FILIPINO	CIVIL STATUS SINGLE
PURPOSE MULTI-PURPOSE CLEARANCE	GENDER FEMALE
REMARKS NO RECORD ON FILE	



SIGNATURE
Kyrhel



Date Printed: Monday, 3 June 2024 12:02 pm



A516DK3E50-LG1769359

Medardo de Lemos
ATTY. MEDARDO G. DE LEMOS
Director

Agency	LG	DATID	omambac
CASID	omambac	BIOID	omambac
O.R. No.	4HL03K9K	RECID	
O.R. Date	06/03/2024 11:57:58 am	INTID	
DST PAID		PRTID	omambac

FRONT



BACK



Note: The Digital TIN ID does not require a signature. To verify the authenticity of the information of this Digital TIN ID holder, scan the QR Code using any mobile device camera or QR Code scanner with Internet connection. If your device does not have an internet connection to scan the QR Code, you may contact the BIR Customer Assistance Division (CAD) via (02) 8538-3200 to verify the taxpayer's TIN.

Digital TIN ID photo that is not compliant with the photo requirements and specifications shall not be considered valid for presentation in transactions and shall not be accepted as valid Digital TIN ID by the relying party(ies).



(Copy for OCRG)

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, 5b and 19a.)

Province CEBU City/Municipality MANDAUE CITY **2005-2193**

1. NAME (First) (Middle) (Last)
KYRHEL SHANE MONTEALTO APPARADO

2. SEX Male Female **3. DATE OF BIRTH** (day) (month) (year)
29 APRIL 2005

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
VICENTE GULLAS MEMORIAL HOSPITAL BANILAD, MANDAUE CITY CEBU

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc. **b. IF MULTIPLE BIRTH, CHILD WAS**
 1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) **d. WEIGHT AT BIRTH**
1st 3200 grams

6. MAIDEN NAME (First) (Middle) (Last)
MARILOU EROCA MONTEALTO

7. CITIZENSHIP FILIPINO **8. RELIGION** ROMAN CATHOLIC

9a. Total number of children born alive: 1 **b. No. of children still living including this birth:** 1 **c. No. of children born alive but are now dead:** 0

10. OCCUPATION EMPLOYEE **11. Age at the time of this birth:** 25 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
LANGTAD, NAGA, CEBU

13. NAME (First) (Middle) (Last)
GERMAN CANJUE AMPEREDO

14. CITIZENSHIP FILIPINO **15. RELIGION** ROMAN CATHOLIC

16. OCCUPATION EMPLOYEE **17. Age at the time of this birth:** 25 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
SEPTEMBER 18, 2004/TABOGON, PARISH CHURCH

18a. ATTENDANT
 1 Physician 2 Nurse 3 Midwife
 4 Heil (Traditional Midwife) 5 Others (Specify)

19. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 2:05 a.m. o'clock am/pm on the date stated above.

Signature: Eleanor Crespo M.D. Address: O/O VICENTE GULLAS MEM. HOSPITAL BANILAD, MANDAUE CITY
Name in Print: ELEANOR CRESPO M.D. Date: APRIL 29, 2005
Title or Position: ATTENDING PHYSICIAN

20. INFORMANT
Signature: German C. Aparado Address: LANGTAD, NAGA, CEBU
Name in Print: GERMAN C. APPARADO Date: APRIL 29, 2005
Relationship to the child: FATHER

21. PREPARED BY
Signature: Michelle L. Hedallo Signature: Yviana C. Basco
Name in Print: MICHELLE L. HEDALLO Name in Print: YVIANA C. BASCO
Title or Position: CLERK - HAL OFF. Title or Position: Asst. Dir. - Reg. Div.
Date: APRIL 29, 2005 Date: MAY 04 2005

REMARKS/ANNOTATION

1

2 290405

24301

1

13 2200

2 1

01 01 08

1 20 75

22243

1 11

170 78

1

1

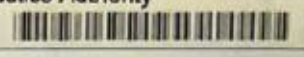
07996-A2-400ARM-00356-BI004

BReN 02230-B05HV07-8

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



Documentary Stamp Tax Paid





OFFICE OF THE PUNONG BARANGAY

BARANGAY CLEARANCE

TO WHOM IT MAY CONCERN:

This is to certify that **KYRHEL SHANE M. AMAPARADO**, 19 years of single/married/widow/widower, Filipino is a bonafide resident of Purok Centro 1 in this Barangay, and who is known to me with good moral character and a law-abiding citizen of this community.

This certify further that he/she has not committed, nor been involved in any kind of unlawful or illegal activities in this barangay.

This certification is hereby issued upon the request of Mr. / Ms. / Mrs. **Kyrhel Shane M. Amparado** support his/her application for:

- | | |
|---|---|
| <input type="checkbox"/> Overseas Employment | <input type="checkbox"/> School Purposes |
| <input checked="" type="checkbox"/> Local Employment | <input type="checkbox"/> Building Permit |
| <input type="checkbox"/> Police Clearance | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Postal I.D. | <input type="checkbox"/> Fencing Permit |
| <input type="checkbox"/> Electrical Connection | <input type="checkbox"/> SSS/Phil health/PAG-IBIG |
| <input type="checkbox"/> Business Permit | <input type="checkbox"/> Animal Bite Vaccination |
| <input type="checkbox"/> Water Connection | <input type="checkbox"/> Others: |

Issued this 3rd day of **June, 2024** at Barangay, Langtad,
 City of Naga, Cebu.

 Applicant's Signature

HON. GLYDEL P. LIBOR
 Punong Barangay

Date of Birth: April 29, 2005



Left Thumb Right Thumb

Not Valid Without Seal

Res. Cert. No.: _____
 Issued on : _____
 Issued at : _____

O.R. No. : _____
 Date Paid : _____
 Amount : _____

GLYDEL P. LIBOR
 Punong Barangay
 Over-All Committee
 Chairman

**Barangay Councilmen &
 Committee Chairmanship**

JACQUES Y. SABELLANO
 Committee on Peace and Order
 and Human Rights
 BADAC Committee

DANILO W. BARICUATRO
 Committee on Trade, Business and
 Industry

ARIEL S. MEDALLA
 Committee on Agriculture
 Solid Waste Management
 Committee

JANET C. CABIZARES
 Committee on Finance and
 Appropriation
 SOLO Parent Social Welfare
 Committee

LINDION G. LIBOR
 Committee on Public Works and
 Infrastructure
 Development Committee on
 Tourism Development

GEMMA D. SAROL
 Committee ON Health and
 Sanitation and Social Welfare of
 Senior Citizen, and PWD
 Committee on Women and Family

FORTUNATO L. ABANGAN
 Committee on Education and
 Culture

ALYANNA JADE S. ALANO
 SK Chairman
 Committee on Youth and
 Sports Development



Republic of the Philippines
 Province of Cebu
 City of Naga
 Barangay Langtad
 Purok Centro 1



PUROK OFFICERS

GERMAN C. AMPARADO
 PRESIDENT

DORIS L. ALFECHÉ
 VICE PRESIDENT

JHANE C. PANILAGAO
 SECRETARY

JUDITH P. DACALOS
 TREASURER

ANN NAVALES
 AUDITOR

JOMAR CORPIN
 PUBLIC RELATIONS OFFICER

GERMAN C. AMPARADO
 BUSINESS MANAGER

FORTUNATO ABELLA
 SERGEANT-AT-ARMS

NAGA Service with a ♥
Aling Garbo

PUROK CERTIFICATE

This is to certify that Kyrtel Shane M. Amparado
19 years old, Single (civil status), Female (gender) is a member of
 Purok Centro 1, Langtad, City of Naga, Cebu and is an active participant
 in the following activity/ies:

- Clean-Up Drive
- Purok-Related Programs/Activities
- Purok Meetings
- Waste Segregation and Proper Disposal
- Others, please specify: _____

for employment

ISSUED this asad of JUNE at Purok Centro 1, Langtad,
 City of Naga, Cebu upon request of the interested party for whatever legal purposes
 it may serve him/her.

GERMAN C. AMPARADO
 Purok President

PIGROLAC



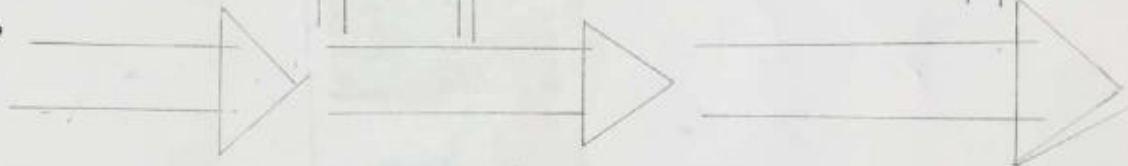
PHOENIX



TO GUANZON BEACH

NAGA CITY

GOING TO LANGTAD



Church



OUR HOME



REPUBLICA NG PILIPINAS
Republic of the Philippines
PAMBANSANG PAGKAKAILANLAN
Philippine Identification Card

6352-8045-8149-3861



Apelyido/Last Name
AMPARADO
Mga Pangalan/Given Names
KYRHEL SHANE
Gitnang Apelyido/Middle Name
MONTEALTO
Petsa ng Kapanganakan/Date of Birth
APRIL 29, 2005

Tirahan/Address
PUROK CENTRO I, LANGTAD, CITY OF NAGA, CEBU

PHL

Aralin ng pagkakaibang Date of Issue
15 APRIL 2023
Kasarian/Sex
FEMALE
Uri ng Dugo/Blood Type
O
Kalagayang Sibil/Marital Status
SINGLE
Lugar ng Kapanganakan/Place of Birth
CITY OF MANDAUE, CEBU



If found, please return to the nearest
PSA Office. www.psa.gov.ph 22L0978039

Kyrhel
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