



## MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MD NO.	121167573557
REGISTRATION TRACKING NO.	916099916581

OCCUPATIONAL STATUS		EMPLOYED	
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE <span style="float: right; font-size: x-small;">Please specify</span>	
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	NAME EXTENSION
MEMBER	NUDALO	MARY JANE	CALVARIO
FATHER	NUDALO	DANIEL	VALDEZ
MOTHER (Maiden Name)	CALVARIO	JENNIFER	SALUBRE
SPOUSE (If Married)			
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE		MARY JANE	CALVARIO
DATE OF BIRTH		MARITAL STATUS	TAXPAYER IDENTIFICATION NUMBER (TIN)
1000/1992		Single/Unmarried	
PLACE OF BIRTH		CITIZENSHIP	SSS NUMBER
MANDAUE CITY, CEBU PHILIPPINES		FILIPINO	SSS NUMBER
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES
FEMALE	0.00	0.00	
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT	

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS				COUNTRY + AREA CODE + TELEPHONE NO.	
Unit/Room No., Floor		Building Name		Home	
Lot No.	Block No.	Phase No.	House No.	Street Name	Cell Phone
					+63 (0933) 3660735
Subdivision			Barangay		Business (Direct Line)
MANDAUE CITY			SUBANG DAKO		Business (Trunk Line)
Municipality/City			Province/State/Country		Email Address
MANDAUE CITY			CEBU, PHILIPPINES		
ZIP Code					
8014					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot No., Block No., Phase No.	
House No.		Street Name		Subdivision	
				Barangay	
				SUBANG DAKO	
Municipality/City		Province/State/Country			
MANDAUE CITY		CEBU, PHILIPPINES			
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.





REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
BUREAU OF INTERNAL REVENUE

**NUDALO, MARY JANE CALVARIO**

TIN: **455-344-815-000**

CANDUMAN HOUSING  
MANDAUE CITY

BIRTH DATE: 10/30/1992

ISSUE DATE: 07/25/2014



*Mary Jane Nudalo*  
SIGNATURE



**MEMBER DATA RECORD**

**MEMBER INFORMATION**

PhilHealth Identification Number (PIN) : **122017644074**  
 Member Category : FORMAL ECONOMY NHTS Coverage : EXISTING  
 Sub-Category : PRIVATE Effectivity Period : 1/1/2016

**NUDALO, MARY JANE CALVARIO**  
 CANDUMAN, MANDAUE CITY, CEBU 6014

Foreign Address : N/A Sex : Female  
 Date of Birth : 10/30/1992  
 Place of Birth :  
 Contact No. (Foreign) : N/A Civil Status : MARRIED  
 (Local) : Tax Identification Number :

**EMPLOYER/ORGANIZED GROUP INFORMATION**

Philhealth Number (PEN/POGN) : 012000041847  
 Name of Employer/Organized Group : CONTEXTA GLOBAL INC  
 Business Address : 14 F GAGFA TOWER F CABA HUG ST PANAGDAIT, KASAMBAGAN, CEBU CITY, CEBU  
 Telephone Number : 09226476874  
 Tax Identification Number : 009250768001

**DEPENDENT INFORMATION**

PIN	Surname	Given Name	Middle Name	Sex	Relation
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\*\*\* NO DECLARED DEPENDENT/S \*\*\*

\*\*\* NOTHING FOLLOWS \*\*\*

**LOURDES F. DIOCSON**  
 Regional Vice President  
 PRO - VII Cebu City

**Paalala :** Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o maiwasto. Ingitan ang kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ospital (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. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a system generated report. Signature is not required.



REPUBLIC OF THE PHILIPPINES  
**CERTIFICATE OF LIVE BIRTH**  
 (Fill in promptly, accurately and legibly in ink or typewriter)

(To be accomplished in triplicate)

LOCAL CIVIL REGISTRY NO. 92-2591

PROVINCE Cebu  
 CITY/MUNICIPALITY Cebu City

1 NAME Jane Calvario Nudale  
 (Middle) (Last)

2 SEX (Place 'X' on appropriate answer)  
 1 Male 2 Female XX

3 DATE OF BIRTH (Day) (Month) (Year)  
30 October 1992  
 (City/Municipality) (Province)

4 PLACE OF BIRTH (Name of Hospital/Institution, if not in hospital, give exact address)  
Southern Islands Medical Center Cebu city

5 TYPE OF BIRTH  
 1 Single XX 2 Twin 3 Three or more  
 a. If MULTIPLE BIRTH CHILD WAS  
 1 First 2 Second 3 Third, 4th, etc.

6 MOTHER'S NAME (First) (Middle) (Last) <u>Jennifer</u> <u>Salubre</u> <u>Calvario</u>	7 NATIONALITY <u>Phil.</u>	8 RELIGION <u>R.C.</u>
9 FATHER'S NAME (First) (Middle) (Last) <u>Daniel</u> <u>Valdes</u> <u>Nudale</u>	10 NATIONALITY <u>Phil.</u>	11 RELIGION <u>R.C.</u>

12 DATE AND PLACE OF MARRIAGE OF PARENTS (Specimens, if not applicable, OR Affidavit of acknowledgment at the back)  
August 25, 1992 Opun Cebu

13 CERTIFICATE OF ATTENDANT AT BIRTH 7:45 a.m.  
 I certify that I attended the birth of the child who was born to me on the date stated above

Signature [Signature] Address Southern Islands Medical Center  
 Name in print Dr. Alan A. ... City Cebu City  
 Title or position Resident Physician Date October 30, 1992

14 INFORMANT  
 Signature [Signature] Address Subangdaku Wireless Mandap. City  
 Name in print Jennifer Nudale City Cebu  
 Relationship to child Mother Date October 30, 1992

15a PREPARED BY [Signature] b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
 Signature [Signature] 0500  
 Name in print NIDA A. NUNE  
 Title or position CLERK III  
 Date Oct 30, 1992

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT b. DATE WHEN INFORMATION WAS SUPPLIED

04958-8G-400JSA-01036-BI001

BEST POSSIBLE IMAGE

0049584000103607292013001  
100187201BReN  
02217-A92VW04-1Documentary  
Stamp Tax Paid

Carmelita N. Eric  
 CARMELITA N. ERIC  
 Administrator and Civil Registrar  
 National Statistics Office

# CEBU MARY IMMACULATE COLLEGE, INC.

A NON-PROFIT, TAX-EXEMPT & SECULAR MAJORITY ACADEMIC COLLEGE INCORPORATED IN THE PHILIPPINES

Executive Office: Tel. No. 545-8870/844-8715 Fax No. 413-6136  
General Mission Office: Tel. No. 254-8880 Fax No. 401-2887  
E-mail: [cebu@maryimmaculatecollege.edu.ph](mailto:cebu@maryimmaculatecollege.edu.ph)

*To all whom these presents shall come*  
**GREETINGS**

**Be it known that**

**Mary Jane C. Nudalo**

*having satisfactorily completed the prescribed curriculum, in accordance with the recommendation of the Faculty, the approval of the Board of Trustees and by Authority of the Government of the Philippines, has this day been granted the degree of*

**Bachelor of Arts Major in English**

*with all the Rights and Privileges thereunto appertaining. In testimony whereof are hereunto affixed the Corporate Seal of the School and the Signatures of the President, and the Dean.*

*Given at Cebu City, Philippines, this 29<sup>th</sup> day of March, 2014*



  
MONTANA M. PINA, Ph. D.  
College Dean

  
PHILIP ANTHONY M. PINA, B.D.M.  
CMIC President