



BUREAU OF INTERNAL REVENUE
REVENUE DISTRICT NO. 081
CEBU CITY NORTH
CLIENT SUPPORT SECTION
TIN VERIFICATION SLIP

TIN: - 473 - 567 - 720 - 000

LAST NAME: - Brown

FIRST NAME: - Karl

MIDDLE NAME: - Lopez


DATE OF BIRTH: - 11-05-94

RDO: 081

TAXPAYER CLASSIFICATION: E098


XIRA KRUSTHIA V. CORSINO, CPA
Revenue Officer
BIR Authorized Signature

NOTE: PLEASE READ/ PALIHUG BASAHA
Please present BIRTH CERTIFICATE or ID or any
Document showing NAME and BIRTHDATE

PRO. 04/13/21 

HQP-PFF-108
(V06, 08/2020)

MEMBERSHIP CARD PLUS REGISTRATION FORM

Pag-IBIG MID NUMBER									
1	2	3	4	5	6	7	8	9	0
1	2	1	1	9	9	9	9	2	6
3	7								
ISSUING PARTNER-BANK									

INSTRUCTIONS

5. Accomplish only the "PRESENT HOME ADDRESS" if it is different from the "PERMANENT HOME ADDRESS"
6. On "CONTACT DETAILS" portion, indicate at least one (1) contact number.
7. All fields which are marked with asterisk (*) are mandatory.

MEMBERSHIP CATEGORY

VOLUNTARY	
<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT	<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION
<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT
<input type="checkbox"/> NON-WORKING SPOUSE	<input type="checkbox"/> OTHERS, Please specify
<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP	
<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	

MEMBER'S PERSONAL DETAILS

*NAME EXT. (e.g., Jr., II)	*MIDDLE NAME	*MAIDEN NAME (For married women)
	Lopez	
*CITIZENSHIP Filipino	*MARITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Legally Separated	TAXPAYERS IDENTIFICATION NUMBER (TIN) - - - - -
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		SSS/GSIS NUMBER - - - - -
Philippines Phil.		EMPLOYEE NUMBER - - - - -
Lopez		For AFP/PNP Employee, Serial/Badge No. - - - - -
First Name, Name Ext., Middle Name		For DepEd Employee, Division Code-Station Code - - - - -
		COMMON REFERENCE NUMBER (CRN/UMID) - - - - -

ADDRESS AND CONTACT DETAILS

Phase No. House No. Street Name Subdivision	(Indicate country code if abroad) COUNTRY + AREA CODE + TELEPHONE NUMBER
Provincer/State/Country (if abroad) ZIP Code	Home
CEBU 6014	*Cell Phone 63 089797096
Phase No. House No. Street Name Subdivision	Business (Direct Line)
Provincer/State/Country (if abroad) ZIP Code	Business (Trunk Line) Local
CEBU 6014	*Email Address: maybarn_2525@ghg7160

EMPLOYMENT DETAILS

Lot No., Block No., Phase No. House No.	Monthly Income Range
Barangay	<input type="checkbox"/> Less than P5,000
Magallanes	<input type="checkbox"/> P5,000 to less than P15,000
*State/Country (if abroad) ZIP Code	<input checked="" type="checkbox"/> P15,000 to less than P25,000
	<input type="checkbox"/> P25,000 to less than P35,000
	<input type="checkbox"/> P35,000 to less than P50,000
	<input type="checkbox"/> P50,000 or more
	*OCCUPATION
	*NATURE OF WORK/ BUSINESS/ SERVICE



BRUNO, KAY LOPEZ
SS Number 06-3707169-3

Your password will expire on Nov 3



[HOME](#)

[MEMBER INFO](#)

[INQUIRY](#)

[E-SERVICES](#)

[PAYMENT REFERENCE NUMBER \(PRN\) - CONTRIBUTIONS](#)

[PRN - LOANS](#)

[LOGOUT](#)

Employment Details

Employer ID	Name	Reporting Date	Employment Date
03-9265641-8	TELETECH OFFSHORE INVESTMENTS	03-2022	02-2022
03-9148990-3	TSPH FINCE, INC.	03-2022	02-2022
03-9265641-8	TELETECH OFFSHORE INVESTMENTS	02-2022	01-2022
03-9265641-8	TELETECH OFFSHORE INVESTMENTS	01-2022	12-2021
03-9265641-8	TELETECH OFFSHORE INVESTMENTS	12-2021	11-2021
03-9265641-8	TELETECH OFFSHORE INVESTMENTS	10-2021	10-2021
80-0067461-6	INTEGRATED CALL CENTER SOLUTIO	10-2021	09-2021
80-0067461-6	INTEGRATED CALL CENTER SOLUTIO	08-2021	08-2021
03-9167396-8	ALORICA PHILIPPINES INC	07-2021	06-2021
03-9167396-8	ALORICA PHILIPPINES INC	05-2021	05-2021
03-9167396-8	ALORICA PHILIPPINES INC	03-2021	02-2021
06-1794383-3	GLOBAL EMPLOYEE BENEFITS	11-2020	10-2020



REPUBLIC OF THE PHILIPPINES
PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth
PHILIPPINE HEALTH INSURANCE CORPORATION



12-051440485-8

BRUNO, KAY LOPEZ

NOVEMBER 05, 1996 - FEMALE

49 BARCELONA ST VILLA DEL RIO SACAYAN CEBU
CITY, CEBU - 6005



120514404858

FORMAL ECONOMY