





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

MO0002IW202209166686 Date/Time Generated: 16 September 2022 06:03:42 PM

SS NUMBER **06-4473879-6**

NAME  
 (LAST NAME) **LATORZA** (FIRST NAME) **ROMULO** (MIDDLE NAME) **ABADINAS** (SUFFIX) **1ST**

FACTS OF BIRTH  
 DATE OF BIRTH (MMDDYYYY) **07292003** PLACE OF BIRTH (CITY/MUNICIPALITY) **MINGLANILLA** (PROVINCE/STATE) **CEBU** (COUNTRY) **PHILIPPINES** SEX **MALE**  
 FATHER'S NAME (LAST NAME) **LATORZA** (FIRST NAME) **ROMULO** (MIDDLE NAME) **DELACERNA** (SUFFIX)  
 MOTHER'S MAIDEN NAME (LAST NAME) **ABADINAS** (FIRST NAME) **ELIZABETH** (MIDDLE NAME) **ABABON** (SUFFIX)

DEMOGRAPHIC DATA  
 HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) **BAYONG PUROK 3** (STREET NAME) (SUBDIVISION)

(BARANGAY/DISTRICT/LOCALITY) **CADULAWAN** (CITY/MUNICIPALITY) **MINGLANILLA** (PROVINCE) **CEBU** POSTAL CODE **6046** COUNTRY CODE **0063**

CIVIL STATUS **SINGLE** HEIGHT (IN CENTIMETERS) **167.64** WEIGHT (IN KILOGRAMS) **49** DISTINGUISHING FEATURE/S NATIONALITY **FILIPINO** RELIGION **CHRISTIAN**

OTHER CARD APPLICANT DATA  
 TELEPHONE NUMBER (AREA CODE - TEL. NO.) MOBILE NUMBER **(0955) 541-4225** EMAIL ADDRESS **arjaylorza@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)	OVERSEAS FILIPINO WORKER (OFW)	NON-WORKING SPOUSE (NWS)
Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings _____	Foreign Address _____ _____ _____ Monthly Earnings _____ Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	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**

UMID CARD AS ATM CARD (BANK NAME) (BANK BRANCH)

**CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION**

- I certify that the information provided are true and correct.
- I hereby consent to:
  - the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/creating 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.
- I trust that all these data shall be kept confidential by SSS and its service providers and my bank.
- 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.



## MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121307618083
REGISTRATION TRACKING NUMBER	922259788953

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	LATORZA	ROMULO	JR	ABADINAS	<input type="checkbox"/>
FATHER	LATORZA	ROMULO		DELA CERNA	<input type="checkbox"/>
MOTHER (Maiden Name)	ABADINAS	ELIZABETH		ABABON	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	LATORZA	ROMULO	JR	ABADINAS	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
07/29/2003		Single/Unmarried			
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
CEBU CITY, CEBU			FILIPINO		GSIS NUMBER
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		
MALE	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 NUMBER
Unit/Room No., Floor		Building Name		Home	
Lot No.	Block No.	Phase No.	House No.	Street Name	Cell Phone
					+83 (0965) 5414225
Subdivision		Barangay		Business (Direct Line)	
		CADULAWAN			
Municipality/City		Province/State/Country		Business (Trunk Line)	
MINGLANILLA		CEBU, PHILIPPINES			
ZIP Code		Email Address			
6046					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Phase No.	
House No.		Street Name		Barangay	
				CADULAWAN	
Municipality/City		Province/State/Country		ZIP Code	
MINGLANILLA		CEBU, PHILIPPINES		6046	
PREFERRED MAILING ADDRESS			PRESENT HOME ADDRESS		



Municipal Form No. 102  
(Revised January 1992)

(To be accomplished in quadruplicate)

(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, 6b and 19a.)

Province CEBU  
City/Municipality CEBU CITY Registry No. 2003 21514

**1. NAME** (First) (Middle) (Last)  
ROMULO ABADINAS LATORZA JR.

**2. SEX**  
 1 Male  2 Female

**3. DATE OF BIRTH** (day) (month) (year)  
29 JULY 2003

**4. PLACE OF BIRTH** (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
98-J GORORDO AVENUE, KAMPUTRAW, CEBU 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)  
THIRD (first, second, third, etc.)

**d. WEIGHT AT BIRTH**  
3600 grams

**6. MAIDEN NAME** (First) (Middle) (Last)  
ELIZABETH ABASON ABADINAS

**7. CITIZENSHIP** FILIPINO

**8. RELIGION** R. CATHOLIC

**9a. Total number of children born alive:** 3

**b. No. of children still living including this birth:** 3

**c. No. of children born alive but are now dead:** 0

**10. OCCUPATION**  
HOUSEWIFE

**11. Age at the time of this birth:** 41 years

**12. RESIDENCE** (House No., Street, Barangay) (City/Municipality) (Province)  
BAYONG, MINGLANILLA, CEBU

**13. NAME** (First) (Middle) (Last)  
ROMULO DELA CERNA LATORZA SR.

**14. CITIZENSHIP** FILIPINO

**15. RELIGION** R. CATHOLIC

**16. OCCUPATION**  
CARPENTER

**17. Age at the time of this birth:** 47 years

**18. DATE AND PLACE OF MARRIAGE OF PARENTS** (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
MAY 19, 1980 - MINGLANILLA, CEBU

**19a. ATTENDANT**  
 1 Physician  2 Nurse  3 Midwife  
 4 Heot (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 5:18 AM o'clock am/pm on the date stated above.

Signature *Margarita F. Duhaac* Address 98-J GORORDO AVENUE  
Name in Print MARGARITA F. DUHAC KAMPUTRAW, CEBU CITY, CEBU  
Title or Position MIDWIFE Date JULY 29, 2003

**20. INFORMANT**  
Signature *Romulo D. Latorza Sr.* Address BAYONG,  
Name in Print ROMULO D. LATORZA SR. MINGLANILLA, CEBU  
Relationship to the child FATHER Date JULY 29, 2003

**21. PREPARED BY**  
Signature *Margarita F. Duhaac*  
Name in Print MARGARITA F. DUHAC  
Title or Position MIDWIFE  
Date JULY 29, 2003

**22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR**  
Signature *[Signature]*  
Name in Print OSCAR M. DELA CERNA  
Title or Position REGISTRAR OFFICER IV  
Date 2003 JUL 31

REMARKS/ANNOTATION

For OCRG USE ONLY  
Registration Reference No. \_\_\_\_\_

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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Republic of the Philippines  
Province of Cebu  
MUNICIPALITY OF MINGLANILLA  
Barangay Cadulawan  
Tel #: (032)-272-9708

OFFICE OF THE BARANGAY CAPTAIN

**BARANGAY CLEARANCE**

*To Whom It May Concern*

This is to certify that ROMULO A. LATORZA JR., with a postal residential address at Purok 3 Barangay Cadulawan, Minglanilla, Cebu is known to be of good moral character and law-abiding citizen in the community.

This certification is issued upon the request of the above-named mentioned for LOCAL EMPLOYMENT purpose.

Done this 7<sup>TH</sup> day of JUNE 2024, at Barangay Cadulawan, Minglanilla, Cebu, Philippines.

SEAL

  
ROMEO BEDON, GEORGE  
Punong Barangay



**WIZARD MANPOWER  
And Allied Services, Inc.**

Suites 407 – 410, CSP Building, No. 815 Quezon Avenue, Quezon City

**CERTIFICATE OF EMPLOYMENT**

This is to certify that **MR. ROMULO A. LATORZA JR.** was employed by **WIZARD MANPOWER AND ALLIED SERVICES INC.** and was deployed to our Principal, **JOLLIBEE- MINGLANILLA BRANCH**, as **SERVICE CREW** since under our management from **SEPTEMBER 2022** up to **JUNE 09, 2023**.

This certification is being issued upon the request of the above-named employee for employment purposes, otherwise deemed not valid.

Issued this 23<sup>rd</sup> of June, 2023 at 3<sup>rd</sup> floor Room 303, Cherry Court Building, General Maxilom Ave., Cebu City, Philippines.

**JENNY ROSE SANTOS**  
*Business Unit Head*



3<sup>rd</sup> Floor, Room 301, Cherry Court Building, General Maxilom Avenue Cebu City

