



Republic of the Philippines
Department of Justice
National Bureau of Investigation



39988060

This is to certify that the person whose name, picture, signature and fingerprints appearing below applied for NBI Clearance and the results is as follows:

NBI ID NO. 1160LH0E99-L011683948	VALID UNTIL April 22, 2025
FAMILY NAME IBARRA	FIRST NAME HONEY YULENE
MIDDLE NAME OBENZA	HUSBAND'S SURNAME
ADDRESS PUROK 4 TUBURAN SUR DANAOCITY CEBU	
DATE OF BIRTH December 26, 1999	PLACE OF BIRTH DANAOCITY CEBU
CITIZENSHIP FILIPINO	CIVIL STATUS SINGLE
PURPOSE MULTI-PURPOSE CLEARANCE	GENDER FEMALE



SIGNATURE

[Handwritten Signature]

REMARKS
NO RECORD ON FILE



Date Printed: April 22, 2024 04:00 PM



1160LH0E99-L011683948

[Handwritten Signature]
ATTY. MEDARDO G. DE LEMOS
Director

Agency	L01	DATID	requeronic
CASID	requeronic	BICID	requeronic
O.R. No.	7F7MMLSY	RECID	
O.R. Date	04/22/2024 3:39:15 PM	INTID	
DST PAID		PRCID	requeronic



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O.R. Date	04/22/2024 3:39:15 PM	INTID	
DST PAID		PRCID	requeronic

PERSONAL COPY



Form No. 102
(Revised January 1993)

(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, 5b and 13a.)

REMARKS/ANNOTATION

CITY CIVIL REG. OFFICE

BY *[Signature]*

DANAO CITY

Province Cebu City/Municipality Davao City Registry No. 2000 51

1. NAME (First) (Middle) (Last)
HONEY TOLENS DISENZA IBARRA

2. SEX Male 3. DATE OF BIRTH (Year) (Month) (Day)
26 Dec 1999

4. PLACE OF BIRTH (Name of Hospital, Clinic, Institution) (City/Municipality) (Province)
Davao General Hospital, Davao City, Cebu

5a. TYPE OF BIRTH 5b. IF MULTIPLE BIRTH, CHILD WAS
1 Single 1 First

6. BIRTH ORDER (live births and fetal deaths including this delivery) d. WEIGHT AT BIRTH
First 3552 grams

7. MAIDEN NAME (First) (Middle) (Last)

8. CITIZENSHIP Filipino 9. RELIGION Roman Catholic

10. OCCUPATION 11. Age at the time of the birth (Year)
Factory Worker 21

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Sta. Nino Village, Lo-ao, Davao City, Cebu

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

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION 17. Age at the time of this birth (Year)
Factory Worker 20

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

19a. ATTENDANT August 23, 1999 - Davao City

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 1:05 o'clock on/when on the date stated above.

Signature [Signature] Address Davao General Hospital

Name in Print ANGELINA G. BAHAYLI, MD City Davao City, Cebu

Title or Position Medical Officer 1st Date Dec. 26, 1999

20. INFORMANT Signature [Signature] Address Sta. Nino, Lo-ao

Name in Print ISRAEL THORRA City Davao City, Cebu

Relationship to the child Father Date Dec. 26, 1999

21. PREPARED BY Signature [Signature] Address [Address]

Name in Print CECILIA N. GUDAN City [City]

Title or Position Nurse I Date Dec. 26, 1999

Signature [Signature] Address [Address]

Name in Print ANTONIETA M. AVILA City Davao City

Title or Position City Civil Registrar Date 05 JAN 2000

For OCHG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41

42

43 44
2 03/12/99

45

46

47 48
1 1

49 50
1 1

51 52 53
1 1 1

54 55 56
1 1 1

57 58
1 1

59 60
1 1

61 62
1 1

63 64
1 1

65 66
1 1

67 68
1 1

69 70
1 1

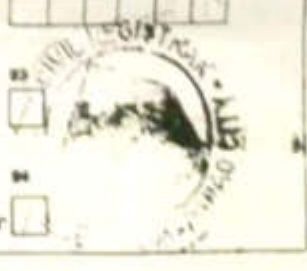
71 72 73 74
1 1 1 1

75 76
1 1

77 78
1 1

79 80
1 1

000051



08284-B0-400VBT-01207-BI016

BEST POSSIBLE IMAGE



T400087844000120709062022016

XP900735982

BRen

02223-A99ZS03-5

Documentary Stamp Tax Paid

CSM

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





Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

8/F, Golden Peak Tower, Gorordo Ave., cor. Escario St., Cebu City 6000

Healthline (032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871 www.philhealth.gov.ph

27 May 2021

Member Name : **IBARRA , HONEY YULENE OBENZA**
Member Address : **PUROK 4 TUBURAN SUR, DANAOCITY, CEBU 6004**

Member Category : **INFORMAL ECONOMY INFORMAL SECTOR**

Kami ay nagagalak na kayo ay rehistrado na sa Pambansang Programa sa Seguro ng Kalusugan, isang programang pinangangasiwaan ng Philippine Health Insurance Corporation o PhilHealth.

Ito po ang inyong panghabang-buhay na PhilHealth Identification Number (PIN): **1225-1264-4730**

Para kayo at ang inyong pamilya ay makinabang sa mga serbisyo ng Programa, kinakailangang kayo po o kasama ang inyong pinagtatrabahuhan(employer), o lokal na pamahalaan o tagapanagot (sponsor) ay napagbayad ng kaukulang kotribusyon sa PhilHealth.

Mahalagang palagiing gamitin ang inyong PIN sa pagbabayad ng kontribusyon at sa tuwing kayo o sinuman sa inyong pamilya ay makikinabang sa mga benepisyo ng Programa katulad ng pagpapaospital.

Hangad namin na kayo at ang inyong pamilya ay mabigyan namin ng patuloy na proteksyong pangkalusugan.

Lubos na gumagalang,

EDWIN M. ORIÑA, MD
REGIONAL VICE PRESIDENT
PRO - VII Cebu City

This is a system generated document, signature is not required



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121283517515
REGISTRATION TRACKING NUMBER	921147532952

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	IBARRA	HONEY YULENE		OBENZA	<input type="checkbox"/>
FATHER	IBARRA	ISRAEL			<input type="checkbox"/>
MOTHER (Maiden Name)	OBENZA	LIZA			<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	IBARRA	HONEY YULENE		OBENZA	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
12/09/1999		Single/Unmarried		SSS NUMBER	
PLACE OF BIRTH			CITIZENSHIP		GSIS NUMBER
DANAO CITY, CEBU, PHILIPPINES			FILIPINO		
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	0.00	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	CELLPHONE
Subdivision		Barangay			BUSINESS (DIRECT LINE)
Municipality/City		Province/State/Country			BUSINESS (TRUNK LINE)
DANAO CITY		CEBU, PHILIPPINES			E-MAIL ADDRESS
ZIP Code					
6004					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot no. Block no. Phase No.	
House No.		Street Name		Subdivision Barangay	
Municipality/City		Province/State/Country			Zip Code
DANAO CITY		CEBU, PHILIPPINES			6004
PREFERRED MAILING ADDRESS					
PERMANENT HOME ADDRESS					

Name
 DANU
 P/BEPI
 No.



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

Transaction Number: MO0514IW202105270520 Date/Time Generated: 27 May 2021 04:30:13 PM

SS NUMBER						35-0577665-8							
NAME													
(LAST NAME)		(FIRST NAME)				(MIDDLE NAME)			(SUFFIX)				
IBARRA		HONEY YULENE				OBENZA							
FACTS OF BIRTH													
DATE OF BIRTH (MMDDYYYY)		PLACE OF BIRTH (CITY/MUNICIPALITY)		(PROVINCE/STATE)		(COUNTRY)			SEX				
12261999		DANAO CITY		CEBU		PHILIPPINES			FEMALE				
FATHER'S NAME (LAST NAME)		(FIRST NAME)		(MIDDLE NAME)			(SUFFIX)						
IBARRA		ISRAEL		FORTUN									
MOTHER'S MAIDEN NAME (LAST NAME)		(FIRST NAME)		(MIDDLE NAME)			(SUFFIX)						
OBENZA		LIZA		ROSAL									
DEMOGRAPHIC DATA													
HOME ADDRESS (RM #/FLR/UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)						(STREET NAME)			(SUBDIVISION)				
NONE TUBURAN SUR						DELFIN DAWE							
(BARANGAY/DISTRICT/LOCALITY)		(CITY/MUNICIPALITY)		(PROVINCE)			POSTAL CODE		COUNTRY CODE				
TUBURAN SUR		DANAO CITY		CEBU			6004		0063				
CIVIL STATUS		HEIGHT (IN CENTIMETERS)		WEIGHT (IN KILOGRAMS)		DISTINGUISHING FEATURE/S		NATIONALITY		RELIGION			
SINGLE		147		41				FILIPINO		CHRISTIAN			
OTHER CARD APPLICANT DATA													
TELEPHONE NUMBER (AREA CODE + TEL. NO.)			MOBILE NUMBER			EMAIL ADDRESS							
			(0922) 613-2982			honeyyulene08@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				Foreign Address				SS No./Common Reference No. of Working Spouse					
Year Prof./Business Started								<input type="text"/> <input type="text"/>					
Monthly Earnings				Monthly Earnings				Monthly Income of Working Spouse (P)					
				Are you applying for membership in the First Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO									
PURPOSE OF APPLICATION													
PURPOSE				PROFESSION/BUSINESS				ESTIMATED MONTHLY SALARY					
FOR EMPLOYMENT													
UMID CARD APPLICATION WITH ATM OPTION													
<input checked="" type="checkbox"/> UMID CARD AS ATM CARD				(BANK NAME)				(BANK BRANCH)					
				UNION BANK OF THE PHILIPPINES				UNIONBANK					
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION													
1. I certify that the information provided are true and correct. 2. I hereby consent to: • 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. 3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank. 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.													

Address: Delfin Dawe, Tuburan
Sur, Danao City, Cebu
6004

Legend:

