



Province of Cebu  
City of Danao  
Barangay Sabang  
OFFICE OF THE PUNONG BARANGAY

## CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that MS. DAISY MAE S. LOPINA, 21 years old, single/married / widow/  
widower\_ is a resident of Sitio Kamangghan (Purok 3B) Sabang, Danao City.

x has never been charged for any kind of offense.  
x has no pending case, before this office, either civil or criminal, as of this date;

Done this 13<sup>th</sup> day of June, 2024.

Employment: Local x Abroad \_\_\_\_\_

\_\_\_\_ Police Clearance  
\_\_\_\_ Pass Port/Visa Application  
\_\_\_\_ Bank requirement (OPEN ACCT./ATM/CASH CARD)  
\_\_\_\_ SSS Requirements /PAG-IBIG Requirement  
\_\_\_\_ COMELEC Registration  
\_\_\_\_ NBI

\_\_\_\_ Loan Purpose  
\_\_\_\_ Postal I.D.  
\_\_\_\_ On Job Training  
\_\_\_\_ IMMERSION  
\_\_\_\_ Any Legal Purpose  
\_\_\_\_ TESDA TRAINING

Signature Specimen

PAULINO L. VISCAYNO  
PUNONG BARANGAY

\_\_\_\_\_  
Right Hand Thumb mark

O.R. NO. \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

NOT VALID W/OUT SEAL



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

MO0868IW202206095904 Date/Time Generated: 10 June 2022 05:55:03 AM

SS NUMBER **06-4411712-6**

NAME (LAST NAME) **LOPINA** (FIRST NAME) **DAISY MAE** (MIDDLE NAME) **SUGABO** (SUFFIX)

FACTS OF BIRTH

DATE OF BIRTH (MMDDYYYY) **06262002** PLACE OF BIRTH (CITY/MUNICIPALITY) **DANAOCITY** (PROVINCE/STATE) **CEBU** (COUNTRY) **PHILIPPINES** SEX **FEMALE** (SUFFIX)

FATHER'S NAME (LAST NAME) **LOPINA** (FIRST NAME) **LEONARDO** (MIDDLE NAME) **SUAN** (SUFFIX)

MOTHER'S MAIDEN NAME (LAST NAME) **SUGABO** (FIRST NAME) **SUSAN** (MIDDLE NAME) **ENCARNACION** (SUFFIX)

DEMOGRAPHIC DATA

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

(BARANGAY/DISTRICT/LOCALITY) **SABANG** (CITY/MUNICIPALITY) **DANAOCITY** (PROVINCE) **CEBU** POSTAL CODE **6004** COUNTRY CODE **0063**

CIVIL STATUS **SINGLE** HEIGHT (IN CENTIMETERS) **153** WEIGHT (IN KILOGRAMS) **45** DISTINGUISHING FEATURE/S

NATIONALITY **FILIPINO** RELIGION **ROMAN CATHOLIC**

OTHER CARD APPLICANT DATA

TELEPHONE NUMBER (AREA CODE + TEL. NO.) MOBILE NUMBER **(0991) 371-5446** EMAIL ADDRESS **lopinadaisymae12@gmail.com** TIN

DEPENDENT(S)/BENEFICIARY/ES

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		
Monthly Earnings	Monthly Earnings Are you applying for membership in the Fund-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	Monthly Income of Working Spouse (P)

PURPOSE OF APPLICATION

PURPOSE **FOR EMPLOYMENT** PROFESSION/BUSINESS ESTIMATED MONTHLY SALARY

UMID CARD APPLICATION WITH ATM OPTION

UMID CARD AS ATM CARD (BANK NAME) **UNION BANK OF THE PHILIPPINES** (BANK BRANCH) **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.



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



40013460

This is to certify that the person whose name, picture, signature and biometric impression below appeared for NBI Clearance and the results is as follows:



SIGNATURE

NBI ID NO:  
L150FD0E20-L011757170

VALID UNTIL:  
June 14, 2025

FAMILY NAME:  
LOPINA

FIRST NAME:  
DAISY MAE

MIDDLE NAME:  
SUGABO

HUSBAND'S SURNAME:

ADDRESS:  
PUROK 3B SABANG DANAOCITY CEBU

PLACE OF BIRTH:  
DANAOCITY CEBU

DATE OF BIRTH:  
June 26, 2002

CIVIL STATUS:  
SINGLE

CITIZENSHIP:  
FILIPINO

GENDER:  
FEMALE

PURPOSE:  
MULTI-PURPOSE CLEARANCE



REMARKS:  
NO RECORD ON FILE

Date Printed: June 14, 2024 09:25 AM



L150FD0E20-L011757170

*Medardo G. de Lemos*  
ATTY. MEDARDO G. DE LEMOS  
Director

Agency: L01  
CASID: requestonc  
O.R. No: 7C0X30GR  
O.R. Date: 06/14/2024 9:21:04 AM  
DST PAID

DATID: requestonc  
BIQID: requestonc  
RECID:  
INTID:  
PRID: requestonc



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**PERSONAL COPY**



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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](http://www.philhealth.gov.ph)

15 June 2022

Member Name : **LOPINA , DAISY MAE SUGABO**  
Member Address : **PUROK 3B SABANG, DANA O CITY, 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): **1225-1288-1333**

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,

MARJORIE A. CABRIETO  
REGIONAL VICE PRESIDENT  
PRO - VII Cebu City

*This is a system generated document, signature is not required*



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PRO - VII Cebu City

*This is a system generated document, signature is not required*



(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, 6i and 18a.)

(Copy for OCRG)

Province <b>CEBU</b>		Registry No. <b>2002 1783</b>		REMARKS/ANNOTATION [Handwritten notes and stamps]	
City/Municipality <b>DANAO CITY</b>					
1. NAME (First) (Middle) (Last) <b>DAISY MAE SUCABO LOPINA</b>					
2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <b>26 JUNE 2002</b>			
CHILD	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <b>DANAO GENERAL HOSPITAL, DANAO CITY, CEBU</b>		5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		
			b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others. Specify		
	c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.) <b>THIRD</b>		d. WEIGHT AT BIRTH <b>3175</b> grams		
6. MAIDEN NAME (First) (Middle) (Last) <b>SUSAN SUCABO</b>		7. CITIZENSHIP <b>FIL.</b>			
8. RELIGION <b>R.C.</b>		9a. Total number of children born alive: <b>3</b>			
9b. No. of children still living including this birth: <b>3</b>		9c. No. of children born alive but are now dead: <b>0</b>			
MOTHER	10. OCCUPATION <b>FACTORY WORKER</b>		11. Age at the time of this birth: <b>28</b> years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <b>SABANG, DANAO CITY, CEBU</b>				
FATHER	13. NAME (First) (Middle) (Last) <b>LEONARDO LOPINA</b>		14. CITIZENSHIP <b>FIL.</b>		
	15. RELIGION <b>R.C.</b>		16. OCCUPATION <b>FURNITURE</b>		
	17. Age at the time of this birth: <b>32</b> years				
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <b>JANUARY 03, 1998 - Nabua, Sallangao, Nipano Occidental</b>					
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)				70 72 74 <b>03 02 02</b>	
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <b>7:00</b> o'clock am/pm on the date stated above. Signature: <i>[Signature]</i> Address: <b>DANAO GENERAL HOSPITAL</b> Name in Print: <b>CARMENCITA C. EAMIGUEL, M.D.</b> DANAO CITY, CEBU Title or Position: <b>MEDICAL OFFICER III</b> Date: <b>JUNE 26, 2002</b>				81 <b>22206</b>	
20. INFORMANT Signature: <i>[Signature]</i> Address: <b>SABANG, DANAO CITY, CEBU</b> Name in Print: <b>LEONARDO LOPINA</b> Date: <b>JUNE 26, 2002</b> Relationship to the child: <b>FATHER</b>				86 87 <b>1 1</b> <b>126</b>	
21. PREPARED BY Signature: <i>[Signature]</i> Name in Print: <b>CSCILIA B. GULPAN</b> Title or Position: <b>NURSE I</b> Date: <b>JUNE 26, 2002</b>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <i>[Signature]</i> Name in Print: <b>ANTONISITA M. AVILA</b> Title or Position: <b>CITY CIVIL REGISTRAR</b> Date: <b>JUNE 26, 2002</b>			



*CSM*

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

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BEST POSSIBLE IMAGE



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