



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

MO0636IW202109292416 Date/Time Generated: 01 October 2021 01:14:08 PM

SS NUMBER		35-1110465-4	
NAME			
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
SATUMCACAL	JESSAMAE	NMN	
FACTS OF BIRTH			
DATE OF BIRTH (MMDDYYYY)	PLACE OF BIRTH (CITY/MUNICIPALITY)	(PROVINCE/STATE)	(COUNTRY)
12251998	CEBU CITY (CAPITAL)	CEBU	PHILIPPINES
SEX FEMALE			
FATHER'S NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
SEPULVEDA	DENNIS	TOCMO	
MOTHER'S MAIDEN NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
SATUMCACAL	ROSEMARIE	MANGUBAT	
DEMOGRAPHIC DATA			
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)		(STREET NAME)	(SUBDIVISION)
		UPPER DAPDAP	
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	POSTAL CODE
POBLACION III	CITY OF CARCAR	CEBU	6019
COUNTRY CODE	0063		
CIVIL STATUS	HEIGHT (IN CENTIMETERS)	WEIGHT (IN KILOGRAMS)	DISTINGUISHING FEATURE/S
SINGLE	165.1	50	
NATIONALITY	RELIGION		
FILIPINO	CHRISTIAN		
OTHER CARD APPLICANT DATA			
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER	EMAIL ADDRESS	
	(0965) 753-6390	jessasatumcacal@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)		
2			
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE			
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)	
Profession/Business		Foreign Address	
Year Prof./Business Started		Monthly Earnings	
Monthly Earnings		Are you applying for membership in the Flex-Fund Program?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
NON-WORKING SPOUSE (NWS)			
SS No./Common Reference No. of Working Spouse			
Monthly Income of Working Spouse (P)			
PURPOSE OF APPLICATION			
PURPOSE	PROFESSION/BUSINESS	ESTIMATED MONTHLY SALARY	
FOR EMPLOYMENT			
UMID CARD APPLICATION WITH ATM OPTION			
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)		(BANK BRANCH)	
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION			
1. I certify that the information provided are true and correct.			
2. I hereby consent to:			
<ul style="list-style-type: none"> • 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 those 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.			



MEMBER'S DATA FORM (MDF)

HQP-PFF-039
(Ver. 11/2020)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121288627476
REGISTRATION TRACKING NUMBER	921273621106

OCCUPATIONAL STATUS: UNEMPLOYED/NOT YET EMPLOYED

MEMBERSHIP CATEGORY

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	SATUMCACAL	JESSAMAE			<input checked="" type="checkbox"/>
FATHER	SEPULVEDA	DENNIS		TOMCO	<input type="checkbox"/>
MOTHER (Maiden Name)	SATUMCACAL	ROSEMARIE		MANGUBAT	<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	SATUMCACAL	JESSAMAE			<input checked="" type="checkbox"/>

DATE OF BIRTH 12/25/1998		MARITAL STATUS Single/Unmarried		TAXPAYER IDENTIFICATION NUMBER (TIN)	
PLACE OF BIRTH CEBU CITY, CEBU, PHILIPPINES			CITIZENSHIP FILIPINO		
SEX FEMALE	HEIGHT(cm.) 0.00	WEIGHT(kg.) 0.00	PROMINENT DISTINGUISHING FACIAL FEATURES		
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		Cell Phone	+63 (0965) 7536390	
Subdivision	Barangay POBLACION 3 UPPER DAPDAP		Business (Direct Line)			
Municipality/City CARCAR	Province/State/Country CEBU, PHILIPPINES		Business (Trunk Line)			
ZIP Code 6019			Email Address			
PRESENT HOME ADDRESS						
Unit/Room No., Floor	Building Name		Lot no., Block no., Phase No.			
House No.	Street Name		Subdivision	Barangay POBLACION 3 UPPER DAPDAP		
Municipality/City CARCAR	Province/State/Country CEBU, PHILIPPINES		ZIP Code		6019	
PREFERRED MAILING ADDRESS			PERMANENT HOME ADDRESS			

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.



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REGISTRATION TRACKING NUMBER	921273621106

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MEMBERSHIP CATEGORY: _____

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	SATUMCACAL	JESSAMAE			<input checked="" type="checkbox"/>
FATHER	SEPULVEDA	DENNIS		TOMCO	<input type="checkbox"/>
MOTHER (Maiden Name)	SATUMCACAL	ROSEMARIE		MANGUBAT	<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	SATUMCACAL	JESSAMAE			<input checked="" type="checkbox"/>

DATE OF BIRTH 12/25/1998		MARITAL STATUS Single/Unmarried		TAXPAYER IDENTIFICATION NUMBER (TIN)	
PLACE OF BIRTH CEBU CITY, CEBU, PHILIPPINES			CITIZENSHIP FILIPINO		
SEX FEMALE	HEIGHT(cm.) 0.00	WEIGHT(kg.) 0.00	PROMINENT DISTINGUISHING FACIAL FEATURES		
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		

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Unit/Room No., Floor	Building Name		Home			
Lot No., Block No., Phase No.	House No.	Street Name		Cell Phone		
Subdivision	Barangay POBLACION 3 UPPER DAPDAP		Business (Direct Line)		+63 (0965) 7536390	
Municipality/City CARCAR	Province/State/Country CEBU, PHILIPPINES		Business (Trunk Line)			
ZIP Code 6019			Email Address			
PRESENT HOME ADDRESS						
Unit/Room No., Floor	Building Name		Lot no., Block no., Phase No.	Home		
House No.	Street Name		Subdivision	Barangay POBLACION 3 UPPER DAPDAP		
Municipality/City CARCAR	Province/State/Country CEBU, PHILIPPINES		ZIP Code 6019			
PREFERRED MAILING ADDRESS			PERMANENT HOME ADDRESS			

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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 (fix) (032) 233 3281 (032) 233 7871 www.philhealth.gov.ph

06 October 2021.

Member Name : **SATUMCACAL , JESSAMAE**
Member Address : **POBLACION III, CARCAR, CEBU 6019**

Member Category : **INFORMAL ECONOMY INFORMAL SECTOR**

We are glad that you are now registered with the National Health Insurance Program (NHIP), a program being administered by the Philippine Health Insurance Corporation (PhilHealth).

Your lifetime PhilHealth Identification Number (PIN) is : **1225-3757-2858**

In order for you or any member of your family be entitled to the benefits of the NHIP especially during hospitalization, you or with your employer, or local government or sponsor should have paid the required number of monthly contributions to the Program.

It is important that you always use your PIN in paying your contributions and when you or any member of your family avail of NHIP benefits during hospitalization.

We would like to give you and your family continued protection on health.

Respectfully,

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

This is a system generated document, signature is not required

Republic of the Philippines
Department of Justice
National Bureau of Investigation



39459443

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

NBI ID NO.
S352LJZE89-ML39517909

FAMILY NAME
SATUMCACAL

MIDDLE NAME

ADDRESS
DAPDAP BRGY POBLACION III CARCAR CITY CEBU

DATE OF BIRTH
December 25, 1998

CITIZENSHIP
FILIPINO

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

VALID UNTIL
June 13, 2025

FIRST NAME
JESSAMAE

HUSBAND'S SURNAME

PLACE OF BIRTH
CEBU CITY

CIVIL STATUS
SINGLE



SIGNATURE

GENDER
FEMALE



Date Printed: Thursday, June 13, 2024 02:05 PM

Agency	ML3	DATID	abarrientosd
CASID	abarrientosd	BIOID	abarrientosd
O.R. No	3U8DRVBF	RECID	
O.R. Date	06/13/2024 2:03:31 PM	INTID	
DST PAID		PRTID	abarrientosd

1936
Medardo G. de Lemos
ATTY. MEDARDO G. DE LEMOS
Director



S352LJZE89-ML39517909

(Copy for OCRG)



Municipal 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 15a.)

Province: CEBU Register No.: 33752
 City/Municipality: CEBU CITY

CHILD	1. NAME (First) (Middle) (Last) <u>JUSAMAR SATOMCACL</u>	2. SEX <u>1</u> Male <u>X</u> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>25</u> DECEMBER 1998
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>CEBU PUEB. GENDER & MATERNITY HOUSE, INC., CEBU CITY, CEBU</u>	5a. TYPE OF BIRTH <u>X</u> 1 Single <u> </u> 2 Twin <u> </u> 3 Triplet, etc.	
	5b. IF MULTIPLE BIRTH, CHILD WAS <u> </u> 1 First <u> </u> 2 Second <u> </u> 3 Others, Specify		6. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.) <u>FIRST</u>
	6. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.) <u>FIRST</u>		7. WEIGHT AT BIRTH <u>3,120</u> grams
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>ROSAMAR SATOMCACL</u>	7. CITIZENSHIP <u>FILIPINO</u>	8. RELIGION <u>ROMAN CATHOLIC</u>
	9a. Total number of children born alive: <u>1</u>	b. No. of children still living including this birth: <u>1</u>	c. No. of children born alive but are now dead: <u>0</u>
	10. OCCUPATION <u>NONE</u>	11. Age at the time of this birth: <u>21</u> years	
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>HOUSE 5, CAMPUTHAN, LABOG, CEBU CITY, CEBU</u>		
FATHER	13. NAME (First) (Middle) (Last) <u>UNKNOWN</u>	14. CITIZENSHIP <u>N.A.</u>	15. RELIGION <u>N.A.</u>
	16. OCCUPATION <u>N.A.</u>	17. Age at the time of this birth: <u>N.A.</u> years	
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>NOT APPLICABLE</u>		
19a. ATTENDANT <u>X</u> 1 Physician <u> </u> 2 Nurse <u> </u> 3 Midwife <u> </u> 4 Healer (Traditional Midwife) <u> </u> 5 Others (Specify)			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>11:05 P.M.</u> o'clock <u>am/pm</u> on the date stated above.			
Signature: <u>[Signature]</u> Name in Print: <u>DIWANELO, M.L.</u> Title or Position: <u>PHYSICIAN</u>		Address: <u>CEBU PUEB. GENDER & MAT. HOUSE, INC. CEBU CITY</u> Date: <u>DECEMBER 25, 1998</u>	
Signature: <u>[Signature]</u> Name in Print: <u>JUSAMAR SATOMCACL</u> Relationship to the child: <u>MOTHER</u>		Address: <u>PUEB. 3, CAMPUTHAN, LABOG, CEBU CITY</u> Date: <u>DECEMBER 25, 1998</u>	
Signature: <u>[Signature]</u> Name in Print: <u>JOSELYN M. ITONG</u> Title or Position: <u>CLERK</u> Date: <u>DECEMBER 25, 1998</u>		Signature: <u>[Signature]</u> Name in Print: <u>AGNES O. DENAPPO</u> Title or Position: <u>CLERK-1</u> Date: <u>DEC 26 1998</u>	

REMARKS/ANNOTATION	
For OCRG USE ONLY: Population Reference No.	
TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
41	98 33 752
42	1
43	25 12 98
44	22 1 78
45	1
46	01 3 20
47	1 1
48	01 01 20
49	290 21
50	11 05 75
51	1 1
52	4 4 7
53	1 1
54	12 25 98

06730-9F-400MCP-02485-BI001

BRen
02217-A98ZR13-0

Lisa Grace S. Bersales
 LISA GRACE S. BERSALES, Ph.D.
 National Statistician and Civil Registrar General
 Philippine Statistics Authority



T400067304000248506052018001

Documentary
Stamp Tax Paid





Republic of the Philippines
Province of Cebu
City of Carcar
BARANGAY POBLACION III
OFFICE OF THE PUNONG BARANGAY
Tel. No. 032-423-6315/Email Add: pob.3carcar@gmail.com

BARANGAY CLEARANCE

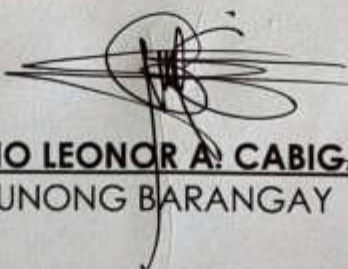
TO WHOM IT MAY CONCERN:

This is to certify that based on the record, the person whose name appears herein is a bonafide resident of Barangay Poblacion III, Carcar City, Cebu and has no pending criminal case or civil cases/s filed against him/her in the barangay as of this date of issuance.


Name: *JESSAMAE SATUMCACAL*
Address: *Purok Acacia Upper Dapdap, Poblacion III, Carcar City, Cebu*
Date of Birth: *December 25, 1998*
Age: *25 years old*
Place of Birth: *Cebu City*
Civil Status: *Single*
Gender: *Female*
Citizenship: *Filipino*
Occupation: *Call Center Agent*

This certification is issued upon the request of the above-mentioned name for "Local Employment" purposes.

Issued on this 13th Day of June 2024.


MARIO LEONOR A. CABIGAS
PUNONG BARANGAY


Right Thumbmark


Signature

NOT
VALID
WITHOUT
SEAL

Paid Under:
OR#: 2104171
Amount: 100.00
DSt: 30.00



BIR Form No.
2316

**Certificate of Compensation
Payment/Tax Withheld**



2316 9/21/ENC5

September 2021(ENC5)

For Compensation Payment With or Without Tax Withheld

1 For the Year (YYYY) **2023** 2 For the Period From (MMDD) **0101** To (MMDD) **1231**

Part I - Employee Information

3 TIN **395-167-995-000000**

4 Employee's Name (Last Name, First Name, Middle Name) **SATUMCACAL, JESSAMAE** 5 RDO Code

6 Registered Address **Upper Dapitan, Poblacion 3 Carcar City - Cebu** 6A ZIP Code

6B Local Home Address **Upper Dapitan, Poblacion 3 Carcar City - Cebu** 6C ZIP Code

6D Foreign Address

7 Date of Birth (MMDD/YYYY) **12251998** 8 Contact Number

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

Part II - Employer Information (Present)

12 TIN **005-057-181-000000**

13 Employer's Name **FOUNDEVER ASIA, INC.**

14 Registered Address **10th F, Glonetta Corporate Tower 1, Palm Drive, Ayala Center, Makati City, Philippines** 14A ZIP Code **1224**

15 Type of Employer Main Employer Secondary Employer

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address 18A ZIP Code

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	309,946.54
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 37)	309,946.54
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	0.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	0.00
24 Tax Due	0.00
25 Amount of Taxes Withheld	0.00
25A Present Employer	0.00
25B Previous Employer, if applicable	0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00
27 5% Tax Credit (PERA Act of 2008)	0.00
28 Total Taxes Withheld (Item 26 less item 27)	0.00

Part IV-B Details of Compensation Income & Tax Withheld from Present Employer

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	222,907.28
30 Holiday Pay (MWE)	0.00
31 Overtime Pay (MWE)	0.00
32 Night Shift Differential (MWE)	0.00
33 Hazard Pay (MWE)	0.00
34 13th Month Pay and Other Benefits (maximum of P90,000)	29,030.44
36 De Minimis Benefits	38,293.60
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	18,365.22
37 Salaries and Other Forms of Compensation	1,350.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	309,946.54
B. TAXABLE COMPENSATION INCOME REGULAR	
39 Basic Salary	0.00
40 Representation	0.00
41 Transportation	0.00
42 Cost of Living Allowance (COLA)	0.00
43 Fixed Housing Allowance	0.00
44 Others (specify)	0.00
44A	0.00
44B	0.00
SUPPLEMENTARY	
45 Commission	0.00
46 Profit Sharing	0.00
47 Fees including Director's Fees	0.00
48 Taxable 13th Month Benefits	0.00
49 Hazard Pay	0.00
50 Overtime Pay	0.00
51 Others (specify)	
51A Salaries and other form of compensation	0.00
51B	0.00
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	0.00

I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173)" for legitimate and lawful purposes.

53 PORTULA, RONALD PONFERRADA / Director TT - Tax Compliance Date Signed **01312024**
Present Employer's Authorized Agent Signature over Printed Name

CONFORME: 54 SATUMCACAL, JESSAMAE Date Signed _____
Employee Signature over Printed Name

CTC/Valid ID No. _____ Place of Issue _____ Date Issued _____ Amount paid, if CTC _____
of Employee

To be accomplished under substituted filing

I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year that taxes have been remitted/withheld by me/our employer/this office/another tax withholdor that



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

SATUMCACAL, JESSAMAE

TIN: 395-167-995-000

**UPPER DAPDAP POBLACION 3,
CARCAR CITY, CEBU**

BIRTH DATE: 12/25/1998

ISSUE DATE: 06/03/2021




SIGNATURE