



Republic of the Philippines

**SOCIAL SECURITY SYSTEM  
REQUEST/VERIFICATION FORM**

**ANNEX B**

COV-01205 (05-2015)

**THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE**

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK OR BLUE INK ONLY.

**PART I - TO BE FILLED OUT BY MEMBER**

**A. MEMBER INFORMATION**

SS NUMBER 0641835009	COMMON REFERENCE NUMBER	DATE OF BIRTH (MMDDYYYY) 03051996	TAX IDENTIFICATION NUMBER (IF ANY) 330207440
NAME (LAST NAME) SIGUERRA	(FIRST NAME) SHERYL LAICA	(MIDDLE NAME) MORTOS	(SUFFIX)
LOCAL ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) DUROK ILANG-ILANG BRGY. DUMLOG		(HOUSE/LOT & BLK. NO.) TAUSAH CITY	(STREET NAME) E-H BASCON ST.
(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY) CEBU	ZIP CODE
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER 09919196560	E-MAIL ADDRESS sheryl.laica05@gmail.com	GENDER <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
FOREIGN ADDRESS (IF APPLICABLE)	COUNTRY PHILIPPINES	ZIP CODE 6045	

TYPE OF MEMBERSHIP  
 EMPLOYED     VOLUNTARY     SELF-EMPLOYED     NON-WORKING SPOUSE     OVERSEAS FILIPINO WORKER

**B. TYPE OF TRANSACTION**

REQUEST

Cancellation of Multiple SS Numbers, indicate the following information:

Civil Status \_\_\_\_\_  
 Maiden Name (if female) \_\_\_\_\_  
 Name of Father: JOEL F. FIGUERRA  
 Name of Mother: JANET FIGUERRA

Name of Spouse \_\_\_\_\_

Name of Child/Children: 1. BOC NATHANIEL FIGUERRA  
 2. ABDULRAHMAN FIGUERRA  
 3. \_\_\_\_\_

Consolidation of Contributions (for members with multiple employers)  
 Correction/Refund/Posting/Adjustment of Contributions

Deletion of Entry in Employment History Record  
 Encoding/Correction of Date of Coverage  
 Manual Verification

Employment History (To be filled-out by member requesting for the above request/s) - Please use separate sheet if necessary

NAME OF EMPLOYER	ADDRESS	PERIOD OF EMPLOYMENT	
		FROM (MM/YYYY)	TO (MM/YYYY)
1. TELEPERFORMANCE	IT PARK LANIG, CEBU	09/26/18	07/27/20
2. GANJANO GRAND	TABUNOK, TAUSAH CITY, CEBU	09/16/22	

Certification of Membership/Non-Membership  
 Copy of Membership Record/s \_\_\_\_\_ (Record Type)

Print-out of Computer Records (All Static Information/Actual Premiums/Flexi-Fund Premiums/SSS P.E.S.O. Fund Premiums/Employment History/Claims Information)  
 Others \_\_\_\_\_

VERIFICATION

Contribution (indicate Period Covered) \_\_\_\_\_  
 Date of Coverage \_\_\_\_\_  
 Employer Number \_\_\_\_\_  
 SS Number \_\_\_\_\_  
 Flexi-Fund Premiums \_\_\_\_\_  
 SSS P.E.S.O. Fund Premiums \_\_\_\_\_  
 Loan Balance \_\_\_\_\_

Loans/Benefits Eligibility  
 Status of:  
 Loan Application  
 Benefits Claim Application (sickness/maternity/EC/ disability/retirement/death/funeral)  
 Application for UMID Card  
 Data Change Requested  
 Others \_\_\_\_\_

**C. CERTIFICATION**

I certify that the information provided in this form are true and correct.

SHERYL LAICA H. FIGUERRA  
 PRINTED NAME

\_\_\_\_\_  
 SIGNATURE

09-19-2022  
 DATE

**D. AUTHORIZATION** (To be filled out by member with authorized representative or company representative only)

I authorize Mr./Ms. \_\_\_\_\_ to request/verify the information requested above and/or sign documents necessary for the release of the result of the said request/verification.

\_\_\_\_\_  
 PRINTED NAME & SIGNATURE OF MEMBER

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PRINTED NAME & SIGNATURE OF AUTHORIZED REP.

09-19-2022  
 DATE

**PART I - TO BE FILLED OUT BY SSS**

Preference for release of request/verification  
 For Mailing     For Pick-up (include date & time)

Identification document/s presented by herein named authorized/co. representative:  
 SS     Two (2) valid IDs



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM  
 REQUEST/VERIFICATION FORM  
 ACKNOWLEDGEMENT STUB**

SS NUMBER/COMMON REFERENCE NUMBER (IF ANY) 0641835009	NAME (LAST NAME) SIGUERRA	(FIRST NAME) SHERYL LAICA	(MIDDLE NAME) MORTOS	(SUFFIX)
RECEIVED BY	SIGNATURE OVER PRINTED NAME	POSITION TITLE	DATE & TIME	BRANCH

*[Handwritten Signature]*



Republic of the Philippines  
Department of Finance  
BUREAU OF INTERNAL REVENUE  
Office of the Revenue District Officer  
Revenue District No. 083  
Talisay City

### TIN VERIFICATION

#### Query Results

TIN: 350-207-440-000 RDO CODE 047

NAME: Meryl Laica M. Segueria

DATE of BIRTH: March 05, 1996

ADDRESS: Zone 4 Bascon St. Dumlog, Talisay City, Cebu

TAXPAYER

CLASSIFICATION: EMPLOYEE

VERIFIED BY:

ABRIL B. TUAZON 9/27/18

Attachment: (Any of the following)

- Any valid I.D. (Passport, Comelec, LTO Lic., PRC lic., Company I.D., Philhealth)
- Birth Certificate or Marriage Cert.
- Or Any documents showing name, address, birth of the taxpayer



## MEMBER DATA RECORD

### MEMBER INFORMATION

PhilHealth Identification Number (PIN): **122021435153**

Member Category : INFORMAL ECONOMY

NHTS Coverage :

Sub-Category : INFORMAL SECTOR

Effectivity Period :

**SEGUERRA, SHERYL LAICA MORTOS**

ZONE 4, DUMLOG, TALISAY, CEBU 6045

Foreign Address : N/A

Sex : Female

Date of Birth : 03/05/1996

Place of Birth : TALISAY, CEBU

Contact No. (Foreign) : N/A  
 (Local) :

Civil Status : SINGLE

Tax Identification Number :

### EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : N/A

Name of Employer/Organized Group : N/A

Business Address : N/A

Telephone Number : N/A

Tax Identification Number : N/A

### DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
122536984176	SEGUERRA	ZAC NATHANIEL	-	Male	Son	5/13/2015
122536984184	SEGUERRA	ABDULRAHMAN		Male	Son	4/25/2017

\*\*\* NOTHING FOLLOWS \*\*\*

**WILLIAM O. CHAVEZ**

Regional Vice President

PRO - VII Cebu City

**Paalala :** Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ~~ospital~~ **ospital**. *Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.*

*This is a system generated report. Signature is not required.*

4/26/2017 1:18:55 PM 71000101 50000107 71000101 5/15/2015 4/26/2017



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



39446233

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 <b>S260CSEA69-R71557521</b>	VALID UNTIL <b>February 19, 2025</b>
FAMILY NAME <b>SEGUERRA</b>	FIRST NAME <b>SHERYL LAICA</b>
MIDDLE NAME <b>MORTOS</b>	HUSBAND'S SURNAME
ADDRESS <b>ZONE 4 PUROK ILANG ILANG BRGY DUMLOG TALISAY CITY CEBU</b>	PLACE OF BIRTH <b>TALISAY CEBU</b>
DATE OF BIRTH <b>March 05, 1996</b>	CIVIL STATUS <b>SINGLE</b>
CITIZENSHIP <b>FILIPINO</b>	GENDER <b>FEMALE</b>
PURPOSE <b>MULTI-PURPOSE CLEARANCE</b>	



SIGNATURE

REMARKS  
**NO RECORD ON FILE**

**PERSONAL COPY**



S260CSEA69-R71557521

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

Date Printed: Monday, February 19, 2024 03:27 PM  
Agency: R7  
CASID: dupag  
O.R. No.: MP8SP7BTQY  
O.R. Date: 02/19/2024 3:12:23 PM  
DST PAID  
DATID: dupag  
BIOD: dupag  
RECID  
INTID  
PRFID: villarinn

(Copy for OCRG)

Form No. 102 (Revised) January 1993 (To be accomplished in quadruplicate)		REMARKS/ANNOTATION
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH (Fill out completely, accurately and legibly. Use ink or greenware. Place X before the appropriate answer in items 2, 5a, 5b and 15a.)		
Province <u>Cebu</u> Registry No. <u>96-295</u> City/Municipality <u>Talisay</u>		For OCRG USE ONLY: Population Reference No. <u>2250-A96F502-2</u>  TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 41 <u>9606695</u> 48 <input type="checkbox"/> 49 <u>3</u> 50 <u>1</u> 56 <u>1</u> 57 <u>1</u> 61 <input type="checkbox"/> 62 <u>0</u> 64 <u>1</u> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <u>2</u> 72 <u>7</u> 74 <u>1</u> 76 <u>2</u> 79 <u>1</u> 81 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <u>1040</u> 88 <u>926</u> 91 <u>19</u>
1. NAME (First) <u>Sheryl Laida</u> (Middle) <u>Mortos</u> (Last) <u>Sequera</u>		
2. SEX <u>1</u> Male <u>2</u> Female 3. DATE OF BIRTH (day) (month) (year) <u>5</u> March 1990		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Dumlog Talisay Cebu</u>		
5a. TYPE OF BIRTH <u>1</u> Single <u>2</u> Twin <u>3</u> Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify		
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>1st</u> d. WEIGHT AT BIRTH <u>3725</u> grams		
6. MARDEN NAME (First) <u>Janes</u> (Middle) <u>Padua</u> (Last) <u>Mortos</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>Housewife</u> 11. Age at the time of this birth: <u>19</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Dumlog Talisay Cebu</u>		
13. NAME (First) <u>Jose</u> (Middle) <u>Francis</u> (Last) <u>Sequera</u>		
14. CITIZENSHIP <u>Filipino</u> 15. RELIGION <u>Roman Catholic</u>		
15. OCCUPATION <u>Pump Boy</u> 16. Age at the time of this birth: <u>19</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>November 27, 1992 - Intra, miamia Dumlog</u>		
19a. ATTENDANT <u>1</u> Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Helet (Traditional Midwife) <u>5</u> Others (Specify)		
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>10:00</u> o'clock <u>am/pm</u> on the date stated above.		
Signature <u>Michael B. Roa</u> Address <u>Dumlog, Talisay, Cebu</u> Name in Print <u>Michael B. Roa</u> Date <u>3-5-96</u> Title or Position <u>RAM</u>		
20. INFORMANT Signature <u>Sequera</u> Address <u>Dumlog, Talisay, Cebu</u> Name in Print <u>Walter M. Sequera</u> Date <u>3-5-96</u> Relationship to the child <u>father</u>		
21. PREPARED BY Signature <u>Michael B. Roa</u> Name in Print <u>Michael B. Roa</u> Title or Position <u>RAM</u> Date <u>3-5-96</u>		
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>Severino A. Amorin</u> Name in Print <u>SEVERINO A. AMORIN</u> Title or Position <u>MR. CIVIL REGISTRAR</u> Date <u>5-20-96</u>		



04237-77-400KCM-00068-BI001  
 BEST POSSIBLE IMAGE  
 7400042374000006808082011001  
 EH000398552

BReN  
 02250-A96F501-6  
 Documentary  
 Stamp Tax Paid

*Carmelita N. ERICTA*  
 CARMELITA N. ERICTA  
 Administrator and Civil Registrar General  
 National Statistics Office



FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121234806768
REGISTRATION TRACKING NUMBER	918257095191

OCCUPATIONAL STATUS		Employed			
MEMBERSHIP CATEGORY					
	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	SEGUERRA	SHERYL LAICA		MORTOS	<input type="checkbox"/>
FATHER	SEGUERRA	JOEL		FUENTES	<input type="checkbox"/>
MOTHER (Maiden Name)	MORTOS	JANET		PADUA	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	SEGUERRA	SHERYL LAICA		MORTOS	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
03/05/1996	SINGLE		SSS NUMBER		
PLACE OF BIRTH	CITIZENSHIP		GSIS NUMBER		
TALISAY CITY, CEBU, PHILIPPINES	FILIPINO		EMPLOYEE NUMBER		
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	0.00	0.00			
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		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)	
	DUMLOG			BUSINESS (TRUNK LINE)	
Municipality/City	Province/State/Country			E-MAIL ADDRESS	
TALISAY CITY	CEBU, PHILIPPINES				
ZIP Code					
6045					
PRESENT HOME ADDRESS					
Unit/Room No., Floor	Building Name	Lot no.	Block no.	Phase No.	
House No.	Street Name	Subdivision		Barangay	
		DUMLOG			
Municipality/City	Province/State/Country			Zip Code	
TALISAY CITY	CEBU, PHILIPPINES			6045	
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS:			

