



Republic of the Philippines  
City of Mandaue  
**BARANGAY TABOK**

**OFFICE OF THE PUNONG BARANGAY**  
Tel. Nos. 345-0027/343-9489

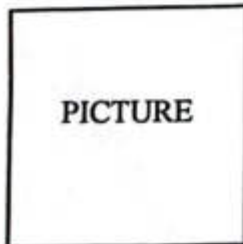
# Barangay Certification

## TO WHOM IT MAY CONCERN:

This is to certify that RONEL E. TORREFIEL  
23 years of age, single, Filipino, is a bona fide resident of Sitio Sto. Niño, Barangay Tabok,  
Mandaue City.

This certification is issued upon the request of the above-mentioned person for  
EMPLOYMENT purposes and for whatever legal purpose this  
may serve best.

Issued this 14<sup>TH</sup> day of JUNE 2024

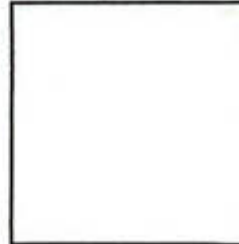


PICTURE

Signature



Left Thumb



Right Thumb

(NOT VALID WITHOUT PAYMENT)

Amount	<u>130.00</u>
Paid per OR No.	<u>10428875</u>
Date Issued	<u>06.14.2024</u>

  
**DARIO S. TARRIMAN**  
Punong Barangay



Republic of the Philippines  
**CEBU NORMAL UNIVERSITY**  
 Main Campus



Osmena Boulevard, Cebu City, 6000, Philippines  
 University Charter: Republic Act No. 8688  
 Institutional Code: 7024

Accredited State University: Accrediting Agency of Chartered Colleges & Universities of the Philippines, Inc. (AACCUPI)

# Qualifications Statement

TO ALL PERSONS TO WHOM THIS QUALIFICATIONS STATEMENT MAY COME

Be it known that

## RONEL E. TORREFIEL

of the College of Law, Public Governance and Safety with Student Identification Number: 20-001107

*having satisfactorily completed the prescribed four-year full-time Program of Instruction, PQF Level 6 per Republic Act No. 10968, using English as medium, upon recommendation of the Academic Council of Cebu Normal University, duly confirmed by the Board of Regents, and by the Authority of the Republic of the Philippines, is hereby granted the degree of*

**BACHELOR OF SCIENCE IN TOURISM MANAGEMENT**  
**MAJOR IN SUSTAINABLE TOURISM MANAGEMENT**  
**CUM LAUDE**

*with all the Rights, Honors, and Privileges thereunto appertaining.*

*In testimony whereof the Seal of the Cebu Normal University and the Signatures of the President, the Dean, and the Registrar are hereunto affixed.*

*Given in Cebu City, Philippines this 27th day of May, 2024.*



*[Signature]*  
**ATTY. LURIED MARIE V. YRAY**  
 College Dean

*[Signature]*  
**JASON P. SAREQUIL, LPT**  
 University Registrar

*[Signature]*  
**DANIEL A. ARIASO, SR., PhD, CESO-II**  
 University President



REFERENCE NO.: 00000818      DATE OF ISSUE: 27 MAY 2024

SDF-URO-105-013-01



Republic of the Philippines

**PHILIPPINE HEALTH INSURANCE CORPORATION**

Corporate Action Center Hotline - (02) 441-7442

www.philhealth.gov.ph



**MEMBER DATA RECORD**

**MEMBER BASIC INFORMATION**

PhilHealth Identification Number (PIN) : **12-026028661-2** PhilSys Number :  
 Member Category : DIRECT CONTRIBUTOR -  
 Sub-Category : EMPLOYED PRIVATE NHTS Coverage : N/A  
 Validity Period : N/A - N/A

**TORREFIEL, RONEL ESTARIJA**

CABAYUGAN, CALAPE BOHOL

Foreign Address : N/A Sex : MALE  
 Date of Birth : 03/31/2001  
 Place of Birth : JETAFAE, BOHOL  
 Contact No. (Foreign) : N/A Civil Status : SINGLE  
 (Local) : +639179538042 Tax Identification Number :

**ENTITY INFORMATION**

PhilHealth Number (PEN/POGN) : 210276000370  
 Name of Employer/Organized Group : FOUNDEVER ASIA INC (SYKES ASIA INC)  
 Business Address : 10 FLR GLORIETTA 1 BPO OFFICE TOWER AYALA CENTER, SAN LORENZO, MAKATI CITY FOURTH DIST.  
 Telephone Number : 8178781 Employment Status : EMPLOYED  
 Tax Identification Number : 005057181041 Date : N/A

**DEPENDENT INFORMATION**

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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\*\*\* NOTHING FOLLOWS \*\*\*

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

Paalala: Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyong, magbigay ng kopya sa ospital. (Reminder: 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 MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a Member Portal System generated report. Signature is not required.

Jun 13, 2024 11:47 PM


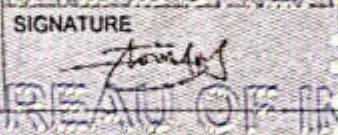



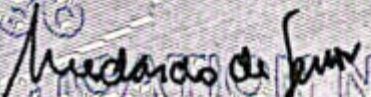


Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



39449107

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>T614CR5L10-OW14212358</b>	VALID UNTIL <b>June 12, 2025</b>	
FAMILY NAME <b>TORREFIEL</b>	FIRST NAME <b>RONEL</b>	
MIDDLE NAME <b>ESTARIJA</b>	HUSBAND'S SURNAME	SIGNATURE 
ADDRESS <b>VISITACION ST. SAMBAG 2 CEBU CITY</b>	PLACE OF BIRTH <b>GETAFE BOHOL</b>	
DATE OF BIRTH <b>March 31, 2001</b>	CIVIL STATUS <b>SINGLE</b>	
CITIZENSHIP <b>FILIPINO</b>	GENDER <b>MALE</b>	
PURPOSE <b>MULTI-PURPOSE CLEARANCE</b>		
REMARKS <b>NO RECORD ON FILE</b>	Date Printed: Wednesday, 12 June 2024 03:34 PM	
 T614CR5L10-OW14212358	Agency OW14      DATID ybiemas CASID ybiemas      BIOID ybiemas O.R No MP9DNVJHYR      RECID O.R Date 06/12/2024 3:32:01 PM      INTID DST PAID      PRTID ybiemas	
	 <b>ATTY. MEDARDO G. DE LEMOS</b> Director	



# MEMBER'S DATA FORM (MDF)

**FOR Pag-IBIG Fund USE ONLY**

Pag-IBIG MID NUMBER  
**1212 9591 6621**

REGISTRATION TRACKING NUMBER  
**9220.7743.3289**

### INSTRUCTIONS

1. Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on a single sheet of paper.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. All fields marked with asterisk (\*) are mandatory.
4. On the "OCCUPATIONAL STATUS" portion, if not employed or purpose is pre-employment, select "UNEMPLOYED/NOT YET EMPLOYED".
5. The "NAME EXTENSION" shall refer to JR., II, III and the like.
6. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate
7. On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living
8. On the "HEIRS" portion, the provision on the Laws on Succession, under the New Civil Code, shall be observed
9. For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCIF, HQP-PFF-049) and submit to any Pag-IBIG Branch nearest you

\*OCCUPATIONAL STATUS  EMPLOYED  UNEMPLOYED/NOT YET EMPLOYED  
 CHECK THIS BOX IF FIRST TIME JOB SEEKER

**\*MEMBERSHIP CATEGORY**

MANDATORY		VOLUNTARY	
<input checked="" type="checkbox"/> EMPLOYED (PRIVATE)	<input type="checkbox"/> SELF-EMPLOYED	<input type="checkbox"/> EMPLOYED (FOREIGN GOVERNMENT)	<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION
<input type="checkbox"/> EMPLOYED (GOVERNMENT)	<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER	<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT
<input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD	<input type="checkbox"/> JOB ORDER PERSONNEL	<input type="checkbox"/> NON-WORKING SPOUSE	<input type="checkbox"/> OTHERS, Please specify
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> OTHER EARNING GROUP (OEGs)	<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP	<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR

**PERSONAL DETAILS**

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	Torrejuel	Ronel		Estanija	<input type="checkbox"/>
FATHER	Torrejuel	Felipe		Tarcon	<input type="checkbox"/>
*MOTHER (Maiden Name)	Estanija	Rosalinda		Inf	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

*DATE OF BIRTH 03 31 2001	*MARRITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	*TAXPAYER IDENTIFICATION NUMBER (TIN)
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) Jetafe, Bond, Philippines	*CITIZENSHIP Filipino	SSS/GSIS NUMBER
*SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.) Pimple	EMPLOYEE NUMBER
HEIGHT 170 (cm)		For AFP/PNP Employee, Serial/Badge No.
WEIGHT 70 (kg)		For DepEd Employee, Division Code-Station Code
COMMON REFERENCE NUMBER (CRN) (if Available)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (if payment of MS is not thru payroll deduction) <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	

**ADDRESS AND CONTACT DETAILS**

*PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name	(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code Cabanatuan Cabpé Bohol 6128	Home Call Phone Business (Direct Line) Business (Trunk Line) Local Email Address
*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 (if abroad) ZIP Code Tabuk Mandau Cebu Philippines 6014	
*PREFERRED MAILING ADDRESS <input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

ORIGINAL DOC SEEN

BY: [Signature]  
DATE: 3/18/12  
BRANCH



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 19a.)

REMARKS/ANNOTATION

2:30

Province Salog Registry No. 2001-244  
City/Municipality Gatafa

1. NAME (First) (Middle) (Last)  
Rosal Estrella Torresiel  
2. SEX 1 Male 2 Female  
3. DATE OF BIRTH (day) (month) (year)  
31 March 2001  
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
Salog Gatafa Bohol  
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) 5th (first, second, third, etc.)  
d. WEIGHT AT BIRTH 3175 grams

For OCR USE ONLY:  
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41

48

49 50

56

61

62 64

68 69

70 72 74

75 76

81

88 89

85 91

93  1/5/89

12260

6. MAIDEN NAME (First) (Middle) (Last)  
Rosalinda Tact Estrella  
7. CITIZENSHIP Filipino 8. RELIGION R. Catholic  
9a. Total number of children born alive: 5 b. No. of children still living including this birth: 5 c. No. of children born alive but are now dead: 0  
10. OCCUPATION Housekeeper 11. Age at the time of this birth: 30 years  
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
Salog Gatafa Bohol

13. NAME (First) (Middle) (Last)  
Felipe Torresiel Torresiel  
14. CITIZENSHIP Filipino 15. RELIGION R. Catholic  
16. OCCUPATION \_\_\_\_\_ 17. Age at the time of this birth: 32 years

18. MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment of Paternity at the back.)  
January 5, 1989 Gatafa, Bohol

19a. ATTENDANCE AT BIRTH (If not attended, accomplish Affidavit of Non-Attendance at Birth at the back.)  
1 Nurse 2 Midwife  
5 Others (Specify) \_\_\_\_\_

19b. I, \_\_\_\_\_, attended the birth of the child who was born alive at 11:30 o'clock: am/pm on 31 March 2001 at the address stated above.

Signature Can not be contested Address Salog, Gatafa, Bohol  
Name in Print MARICOU TRAYERO  
Title or Position Mid-wife Date April 16, 2001

20. INFORMANT  
Signature [Signature] Address Salog, Gatafa, Bohol  
Name in Print SPICIDO T. TORRESIEL  
Relationship to the child Grand-Father Date April 16, 2001

21. PREPARED BY  
Signature [Signature]  
Name in Print MAXINA T. VALNORES  
Title or Position CIVIL REGISTRY CLERK  
Date April 16, 2001  
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print RICHADEL L. TORRESIEL  
Title or Position MR. CIVIL REGISTRAR  
Date April 16, 2001

07955-E3-400ATC-00362-BI001

BEST POSSIBLE IMAGE



T400079554000036210122021001  
0133

BRen  
01226-B01EX02-9

Documentary  
Stamp Tax Paid

CSM

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





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

MO0781IW202203138592 Date/Time Generated: 13 March 2022 12:30:55 PM

SS NUMBER <b>35-1765955-6</b>					
<b>NAME</b>					
(LAST NAME) <b>TORREFIEL</b>	(FIRST NAME) <b>RONEL</b>	(MIDDLE NAME) <b>ESTARIJA</b>	(SUFFIX)		
<b>FACTS OF BIRTH</b>					
DATE OF BIRTH (MMDDYYYY) <b>03312001</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>JETAFFE</b>	(PROVINCE/STATE) <b>BOHOL</b>	(COUNTRY) <b>PHILIPPINES</b>	SEX <b>MALE</b>	
FATHER'S NAME (LAST NAME) <b>TORREFIEL</b>	(FIRST NAME) <b>FELIPE</b>	(MIDDLE NAME) <b>TORREON</b>	(SUFFIX) <b>SR</b>		
MOTHER'S MAIDEN NAME (LAST NAME) <b>ESTARIJA</b>	(FIRST NAME) <b>ROSALINDA</b>	(MIDDLE NAME) <b>INOT</b>	(SUFFIX)		
<b>DEMOGRAPHIC DATA</b>					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)		(STREET NAME)	(SUBDIVISION) <b>PUROK 5, CABAYUGAN, CALAPE, BOHOL</b>		
(BARANGAY/DISTRICT/LOCALITY) <b>CABAYUGAN</b>	(CITY/MUNICIPALITY) <b>CALAPE</b>	(PROVINCE) <b>BOHOL</b>	POSTAL CODE <b>6328</b>	COUNTRY CODE <b>0063</b>	
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) <b>172</b>	WEIGHT (IN KILOGRAMS) <b>69</b>	DISTINGUISHING FEATURE/S	NATIONALITY <b>FILIPINO</b>	RELIGION <b>CHRISTIAN</b>
<b>OTHER CARD APPLICANT DATA</b>					
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER <b>(0917) 953-8042</b>	EMAIL ADDRESS <b>ronel.torrefiel@gmail.com</b>			
<b>DEPENDENT(S)/BENEFICIARY/IES</b>					
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)			(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)			
1					
2					
<b>FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE</b>					
<b>SELF-EMPLOYED (SE)</b>		<b>OVERSEAS FILIPINO WORKER (OFW)</b>		<b>NON-WORKING SPOUSE (NWS)</b>	
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)	
<b>PURPOSE OF APPLICATION</b>					
PURPOSE <b>FOR EMPLOYMENT</b>		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
<b>UMID CARD APPLICATION WITH ATM OPTION</b>					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)		(BANK BRANCH)			
<b>CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION</b>					
<p>1. I certify that the information provided are true and correct.</p> <p>2. I hereby consent to:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• sharing of these data with SSS service providers to carry out the purposes stated above; and</li> <li>• disposal of this application in the manner consistent with the Data Privacy Act.</li> </ul> <p>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.</p> <p>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.</p>					

**INSTRUCTIONS**

1. Fill out this form in one (1) copy.
2. Erasures/alterations are not encouraged. However, if necessary, such will be limited up to two (2) erasures/alterations only. Always affix initials on all erasures/alterations of this form.
3. Place a checkmark on the applicable box.
4. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
5. Indicate the home address. If permanent home address is in the province but working in Metro Manila during weekdays or working abroad, indicate the provincial address instead of the Metro Manila address.
6. Write the "HEIGHT" in centimeters and "WEIGHT" in kilograms.  
To convert: 1 ft = 30.48 cm      1 in = 2.54 cm      1 lb = 0.4536 kg
7. Limit the distinguishing features to those that can be found on the face such as "mole under the right eye" and "mole or birth mark on the left cheek/forehead".
8. Always indicate the following **mandatory** information:
  - Country of place of birth, if born outside the Philippines
  - Mobile number, if applied locally\*
  - Email address, if applied abroad\*
 \* if card applicant cannot provide the required mobile number/email address, indicate the card applicant's immediate family member's mobile number/email address where SSS can communicate with the card applicant.
9. **For all types of card replacement**, pay the required fee at any SSS branch office/accredited bank/collecting agent. Write the Special Bank Receipt (SBR)/Receipt Number/Transaction Reference Number on the field provided and submit this form together with the required document/s and proof of payment to the nearest SSS branch office.
10. **For card replacement due to unclaimed UMID cards beyond five (5) years**, a replacement fee and biometric data re-capture is required.
11. Submit this form to the nearest SSS branch with the following required documents (use the table Documentary Requirements Guide).

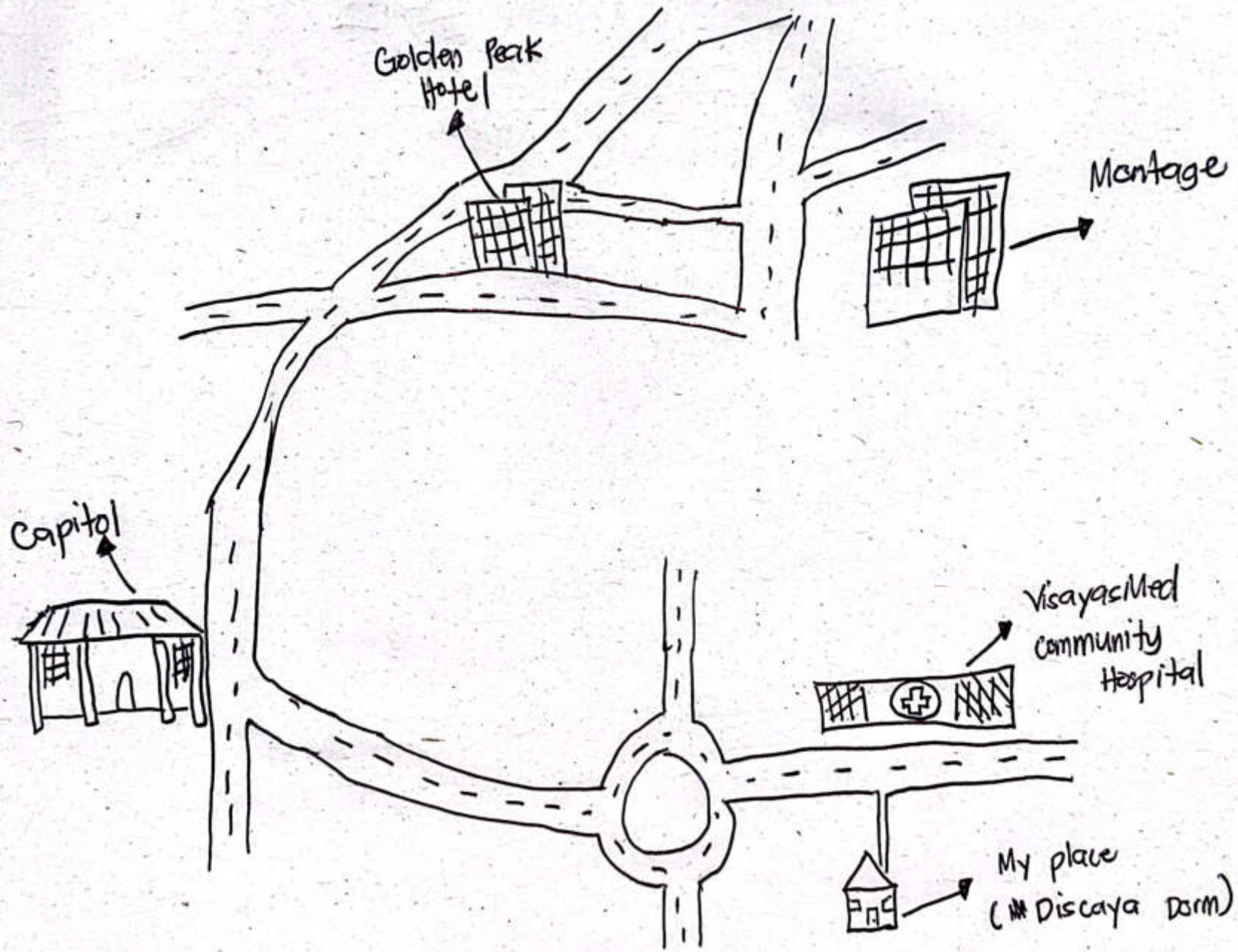
<b>DOCUMENTARY REQUIREMENTS GUIDE</b>	
<p><b>IDENTIFICATION REQUIREMENTS (Present the original)</b></p> <p><b>A. Primary ID card/document [any one (1) of the following]:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Unified Multi-Purpose ID Card</li> <li><input type="checkbox"/> 2. Social Security Card</li> <li><input type="checkbox"/> 3. Alien Certificate of Registration</li> <li><input type="checkbox"/> 4. Driver's License</li> <li><input type="checkbox"/> 5. Firearm Registration</li> <li><input type="checkbox"/> 6. License to Own and Possess Firearms</li> <li><input type="checkbox"/> 7. National Bureau of Investigation (NBI) Clearance</li> <li><input type="checkbox"/> 8. Passport</li> <li><input type="checkbox"/> 9. Permit to Carry Firearms Outside of Residence</li> <li><input type="checkbox"/> 10. Postal Identity Card</li> <li><input type="checkbox"/> 11. Seafarer's Identification &amp; Record Book (Seaman's Book)</li> <li><input type="checkbox"/> 12. Voter's ID Card</li> </ul> <p><b>B. Any two (2) other ID cards/documents, both with signature and at least one (1) with photo (In absence of a primary card). Please specify.</b></p> <p><input type="checkbox"/> _____</p>	<p><b>IDENTIFICATION REQUIREMENTS (Present the original)</b></p> <p><b>A. For card replacement due to amendment of data/authenticating finger</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Previously issued SS digitized ID or UMID card of the card applicant</li> <li><input type="checkbox"/> Proof of payment</li> </ul> <p><b>B. For card replacement due to lost SS digitized ID or UMID Card</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Duly notarized Affidavit of Loss</li> <li><input type="checkbox"/> Proof of payment</li> </ul> <p><b>C. For card replacement due to non-receipt of UMID Card</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Duly notarized Affidavit of Non-Receipt of Card</li> <li><input type="checkbox"/> Notice/Email from Identity Management Department (IMD) that the courier lost/was not able to deliver the UMID Card</li> <li><input type="checkbox"/> Proof of payment</li> </ul> <p><b>C. For card replacement due to damaged UMID Card, UMID Card as ATM Card and other reason/s</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of payment</li> </ul>

12. Observe proper attire when applying for a UMID card.

<b>DOs</b>	<b>DONTs</b>		
<ul style="list-style-type: none"> <li>• Collared shirt/blouse is encouraged</li> <li>• Face and neck should be free from bandage or accessories</li> </ul>	<ul style="list-style-type: none"> <li>• Wearing of the following:                             <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 0;"> <ul style="list-style-type: none"> <li>a. For Male - undershirt/"sando" and/or earrings</li> <li>b. For Female - dangling or overstated earrings</li> <li>c. Eyeglasses and/or colored contact lenses</li> </ul> </td> <td style="width: 50%; padding: 0;"> <ul style="list-style-type: none"> <li>d. Metal piercing in any part of the face</li> <li>e. Head gear</li> <li>f. Sunglasses</li> </ul> </td> </tr> </table> </li> </ul>	<ul style="list-style-type: none"> <li>a. For Male - undershirt/"sando" and/or earrings</li> <li>b. For Female - dangling or overstated earrings</li> <li>c. Eyeglasses and/or colored contact lenses</li> </ul>	<ul style="list-style-type: none"> <li>d. Metal piercing in any part of the face</li> <li>e. Head gear</li> <li>f. Sunglasses</li> </ul>
<ul style="list-style-type: none"> <li>a. For Male - undershirt/"sando" and/or earrings</li> <li>b. For Female - dangling or overstated earrings</li> <li>c. Eyeglasses and/or colored contact lenses</li> </ul>	<ul style="list-style-type: none"> <li>d. Metal piercing in any part of the face</li> <li>e. Head gear</li> <li>f. Sunglasses</li> </ul>		

**REMINDERS**

1. Card applicants who chose to enroll their UMID Card as ATM card at point of card application shall claim the same at the specified bank's branch or kiosk within thirty (30) days upon receipt of SMS notification from SSS.
2. For regular UMID Card, the default mode of issuance is pick-up at the SSS branch office where card application was made.
3. UMID Cards for pick-up at SSS Offices where card application was filed, shall be claimed within sixty (60) days from receipt of SMS notification from SSS. Otherwise, unclaimed UMID Cards within the 60-days claiming period shall be verified thru IMD or SSS hotline. Unclaimed UMID Cards beyond five (5) years shall be shredded or destroyed.
4. To verify the status of your UMID Card application, you may reach us at 920-6401 local 5714 or email at sss\_id@sss.gov.ph.
5. Card applicants shall be required to verify the status/availability of their UMID Cards if with change of mobile number after the card application was made or non-receipt of SMS notification from SSS within thirty (30) days from card application.
6. Unsuccessfully delivered UMID Cards (RTS) will be sent to the SSS branch office where biometric data capture was made.





Ronel Torrefiel <ronel.torrefiel@gmail.com>

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## BIR-ORUS: Form 1904 Approved

1 message

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**orus-noreply** <orus-noreply@bir.gov.ph>  
To: ronel.torrefiel@gmail.com

Thu, Apr 11, 2024 at 7:49 AM

### Online Registration and Update System

#### YOUR APPLICATION IS APPROVED

Hi RONEL ESTARIJA TORREFIEL,

Your Application for registration for Persons Registering Under E.O. 98 with ARN O24R0840417189 has been approved.

Your TIN is: 647699333

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NOTE: This is a system-generated message and does not require a signature. Please do not reply to this email.