



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

MO0578IW202405202948 Date/Time Generated: 22 May 2024 11:53:26 AM

SS NUMBER 06-4855344-3				
NAME				
(LAST NAME) ALMAGRO	(FIRST NAME) MARY FRANCHINE JOYS	(MIDDLE NAME) CABALUNA	(SUFFIX)	
FACTS OF BIRTH				
DATE OF BIRTH (MMDDYYYY) 07252001	PLACE OF BIRTH (CITY/MUNICIPALITY) CEBU CITY (CAPITAL)	(PROVINCE/STATE) CEBU	(COUNTRY) PHILIPPINES	SEX FEMALE
FATHER'S NAME (LAST NAME) ALMAGRO	(FIRST NAME) CALIXTO	(MIDDLE NAME) DE LUNA	(SUFFIX) 3RD	
MOTHER'S MAIDEN NAME (LAST NAME) CABALUNA	(FIRST NAME) VIVIAN	(MIDDLE NAME) GAMBOA	(SUFFIX)	
DEMOGRAPHIC DATA				
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION)				
(BARANGAY/DISTRICT/LOCALITY) BASAK PARDO	(CITY/MUNICIPALITY) CEBU CITY (CAPITAL)	(PROVINCE) CEBU	POSTAL CODE 6000	COUNTRY CODE 0063
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 158	WEIGHT (IN KILOGRAMS) 59	DISTINGUISHING FEATURE/S FILIPINO	RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA				
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER (0963) 488-8651	EMAIL ADDRESS mfjalmagro@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) Profession/Business <u>9622</u> Year Prof./Business Started <u>05222024</u> Monthly Earnings <u>4,000.00</u>		OVERSEAS FILIPINO WORKER (OFW) Foreign Address _____ _____ 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 SELF EMPLOYED	PROFESSION/BUSINESS 9622	ESTIMATED MONTHLY SALARY 4,000.00		
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: • 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.				

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)

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

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

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

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.



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO	121344187546
REGISTRATION TRACKING NO	924171399757

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED	
MEMBERSHIP CATEGORY		Please specify	
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	NAME EXTENSION
MEMBER	ALMAGRO	MARY FRANCHINE JOYS	CABALUNA
FATHER	ALMAGRO	CAIXTO	iii
MOTHER (Maiden Name)	CABALUNA	VIVIAN	GAMBOA
SPOUSE (if Married)			
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ALMAGRO	MARY FRANCHINE JOYS	CABALUNA
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)
07/25/2001	Single/Unmarried		
PLACE OF BIRTH	CITIZENSHIP		SSS NUMBER
CEBU CITY, CEBU	FILIPINO		0648553443
SEX	HEIGHT(cm)	WEIGHT(kg)	PROMINENT DISTINGUISHING FACIAL FEATURES
FEMALE	158.00	59.00	
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER
			<i>For AFP/PNP Employee, Serial/Badge No</i>
			<i>For DepEd Employee, Division Code-Station Code</i>

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
				JD AVELINO	+63 (0963) 4888651
Subdivision			Barangay		Business (Direct Line)
			WEST AWANG		Business (Trunk Line)
Municipality/City			Province/State/Country		Email Address
CALBAYOG CITY			WESTERN SAMAR PHILIPPINES		mfjalmagro@gmail.com
ZIP Code					
6710					
PRESENT HOME ADDRESS					
Unit/Room No.	Floor	Building Name		Lot No.	Block No.
				7	11
House No.	Street Name		Subdivision	Barangay	
	SITIO ULAP			BASAK PARDO	
Municipality/City			Province/State/Country		ZIP Code
CEBU CITY			CEBU, PHILIPPINES		6000
PREFERRED MAILING ADDRESS					
PRESENT HOME ADDRESS					

PRESENT EMPLOYMENT DETAILS					
OCCUPATION		EMPLOYMENT STATUS		TYPE OF WORK	
EMPLOYER/BUSINESS NAME				COUNTRY OF ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS				MONTHLY INCOME	
Unit/Room No. / Floor		Building Name		Basic 0.00	
Lot No.	Block No.	Phase No.	House No.	Street Name	Advances/Others 0.00
Subdivision				Total Mo. Income 0.00	
Barangay				OFFICE ASSIGNMENT	
Municipality/City				DATE EMPLOYED	
Province					
State/Country (if abroad)				ZIP Code	

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG MEMBERSHIP		
EMPLOYER/BUSINESS NAME		OFFICE ASSIGNMENT
EMPLOYER/BUSINESS ADDRESS		FROM TO

HEIRS						
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH
1						

CERTIFICATION	
<p>I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify; suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).</p>	
SIGNATURE OF INFORMANT	DATE

FOR Pag-IBIG FUND USE ONLY			
RECEIVED BY <i>MARY JEAN D. SALAZAR</i> Signature over Printed Name	<i>CJA</i> Designation/Position	<i>Gen Com</i> Branch/Unit	DATE <i>6/24/24</i>

DISCLAIMER

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



Mary Franchine Joys Cabaluna

12-026150157-6

**ALMAGRO, MARY FRANCHINE JOYS
CABALUNA**

JULY 25, 2001 - FEMALE
LAGUNA BASAK PARDO (POB.) CEBU CITY, CEBU - 6000



1 2 0 2 6 1 5 0 1 5 7 6

INFORMAL ECONOMY



Municipal Form No. 102 (Revised January, 1993)
 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

Province CEBU **REG. NO. 20769**
 City/Municipality CEBU CITY

CHILD
 1. NAME (First) (Middle) (Last)
LILY FRANCHINE JOYS CABALUNA
 2. SEX 1 Male 2 Female
 3. DATE OF BIRTH (day) (month) (year)
25 JULY 2001
 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
 House No., Street, Barangay)
DR. ANTONIO MOTHER & CHILD HOSPITAL, BASAK, SAN NICOLAS, CEBU CITY
 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) 1st (first, second, third, etc.)
 d. WEIGHT AT BIRTH 3300 grams

MOTHER
 6. MAIDEN NAME (First) (Middle) (Last)
VIVIAN GABALUNA
 7. CITIZENSHIP FILIPINO **B. RELIGION** ROMAN CATHOLIC
 9a. Total number of children born alive: 1
 b. No. of children still living including this birth: 1
 c. No. of children born alive but are now dead: 0
 10. OCCUPATION None
 11. Age at the time of this birth: 23 years
 12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
UBOS PONDOK, BASAK, BARDO CEMIL CITY

FATHER
 13. NAME (First) (Middle) (Last)
UNKNOWN
 14. CITIZENSHIP UNKNOWN **15. RELIGION** UNKNOWN
 16. OCCUPATION N.A.
 17. Age at the time of this birth: N.A. years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
NOT APPLICABLE

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife
 4 Heilot (Traditional Midwife) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 6:20 P.M. o'clock
 am/pm on the date stated above.

Signature [Signature] Address BASAK, SAN NICOLAS, CEBU CITY
 Name in Print DR. MA. TERESA C. TIPCOS Date JULY 25, 2001
 Title or Position MEDICAL OFFICER III

20. INFORMANT
 Signature [Signature] Address UBOS PONDOK, BASAK, CEBU CITY
 Name in Print VIVIAN CABALUNA Date JULY 25, 2001
 Relationship to the child MOTHER

21. PREPARED BY
 Signature [Signature]
 Name in Print CORAZON GACHO
 Title or Position NURSING ATTENDANT
 Date AUG 09, 2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature [Signature]
 Name in Print LUCELINA N. DEJIT
 Title or Position REGISTRATION OFFICER
 Date AUG 09 2001

For OCRG USE ONLY:
 Population Reference No. 000098
 TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
 41 7
 48 1
 49 60
 55 1
 61 1
 62 84
 68 1
 69 1
 70 1 72 74
 76 1 79
 81 1
 86 1 87
 88 1 91
 93 1
 94 1

SID: 18142040784858034C4A3C0D883CF46A4F78E18 01/04/2013 04:24:10 PM

LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS CALIXTO D. ALMAGRO III AND VIVIAN G. CABALUNA ON OCTOBER 26, 2002 AT DALAGUETE, CEBU UNDER REGISTRY NUMBER 2012-1930. THE CHILD SHALL BE KNOWN AS: MARY FRANCHINE JOYS CABALUNA ALMAGRO

MS. EDITH R. ORCILLA Chief, Document Management Division

CSM

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

08941-28-400KA1-02325-BI001



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Republic of the Philippines
Region VII
City of Cebu
BARANGAY BASAK PARDO
OFFICE OF THE PUNONG BARANGAY

BARANGAY CLEARANCE

To whom it may concern

This clearance is given to **MARY FRANCHINE JOYS C. ALMAGRO** of legal age and a bonafide resident of **Sitio ULAP** of Barangay Basak Pardo Cebu City.

This clearance is being issued upon the request of the above-named person for **EMPLOYMENT** purpose only.

Mary Franchine Joys C. Almagro
Signature of Applicant


Date of Issuance: **JUNE 24, 2024**

Signed

David F. Tumulak
DAVID F. TUMULAK
Barangay Chairman

Control Number: **2024-00972**

 basakpardoccc2023@gmail.com

 268-4100

 <https://www.facebook.com/BasakPardoOfficial>



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)



BAGONG PILIPINAS

Qualifications Statement

TO ALL PERSONS TO WHOM THIS QUALIFICATIONS STATEMENT MAY COME

Be it known that

MARY FRANCHINE JOY'S C. ALMAGRO

of the College of Culture, Arts and Sports with Student Identification Number: 20-002107

having satisfactorily completed the prescribed four-year full-time Program of Instruction, POF Level 6 per Republic Act No. 10968, using English as medium, upon recommendation of the Academia 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 ARTS IN COMMUNICATION

MAJOR IN BROADCAST JOURNALISM

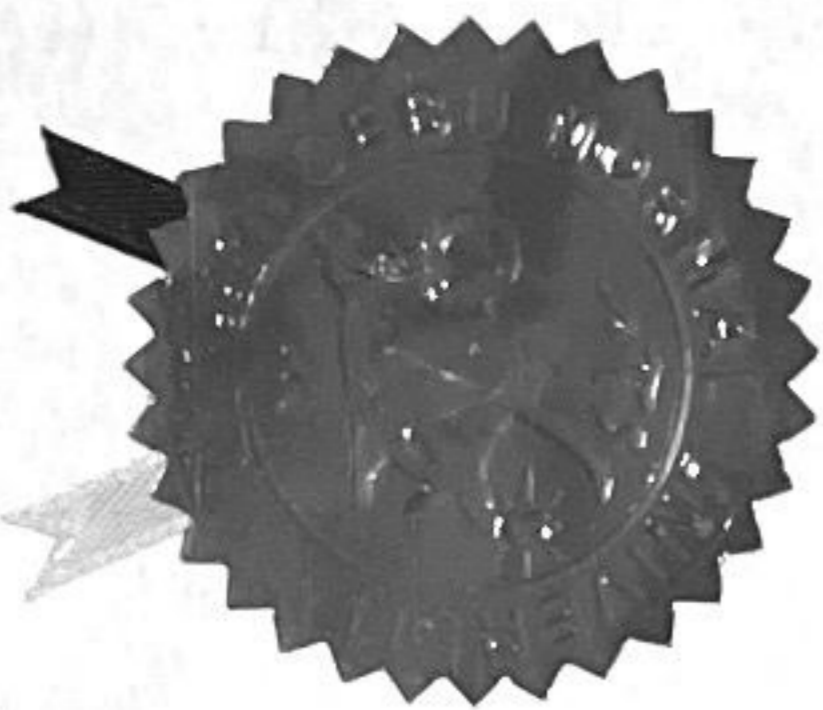
MAGNA CUM LAUDE

with all the Rights, Honors, and Privileges thereto appertaining.

In testimony whereof the Seal of the Cebu Normal University

and the Signatures of the President, the Dean, and the Registrar are herunto affixed.

Given in Cebu City, Philippines this 3rd day of June, 2024.



Alexy Y. Tiempo
ALEXY Y. TIEMPO, PhD
College Dean

JASON P. SABEQUIL, LPT
University Registrar

Daniel A. Ariaso
DANIEL A. ARIASO, SR., PhD, CESO II
University President

REFERENCE NO.: 00001756 DATE OF ISSUE: 03 JUN 2024

SDF-URO-105-013-01



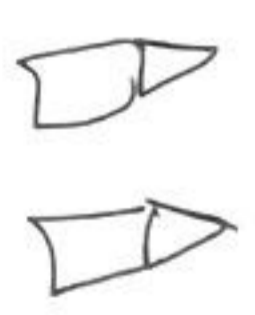
OR VISIT: www.cnu.edu.ph



SITIO LAVENTA



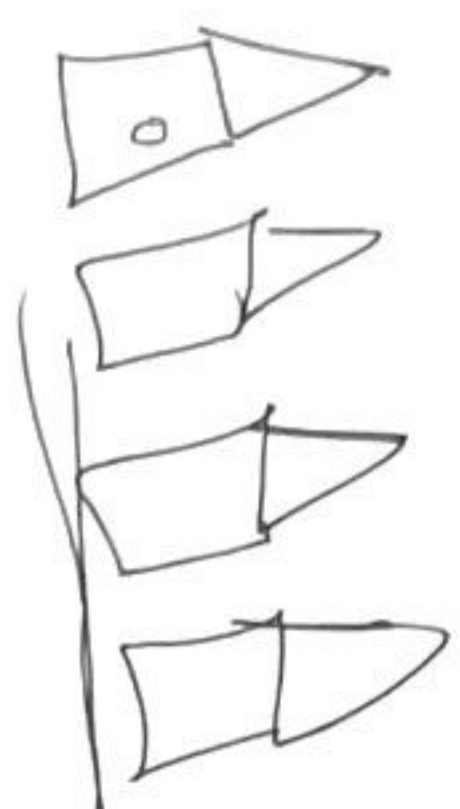
Laguna Chapel



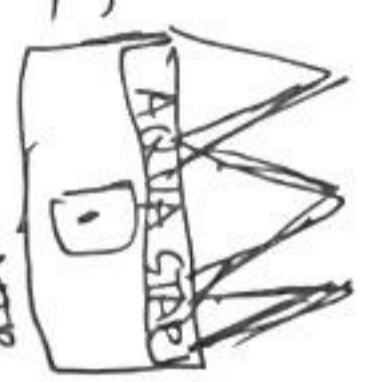
SITIO UAP



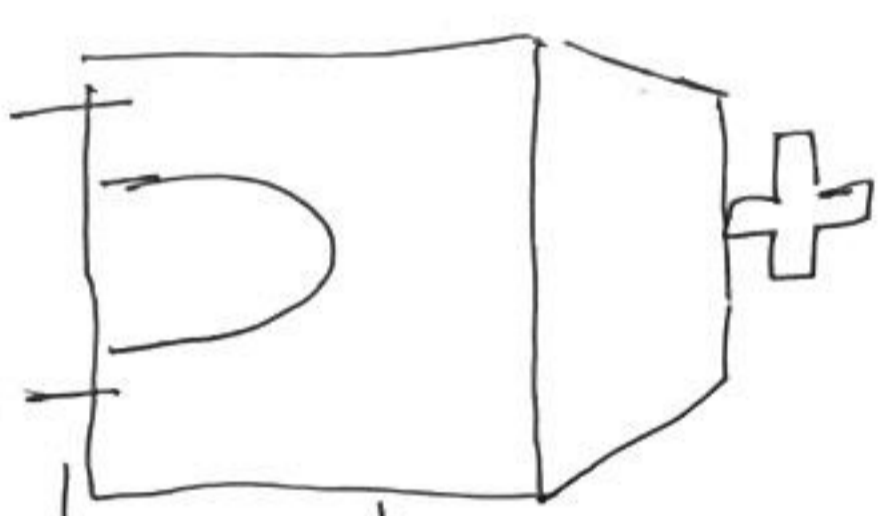
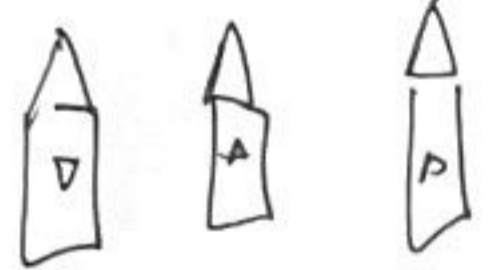
OUR HOME



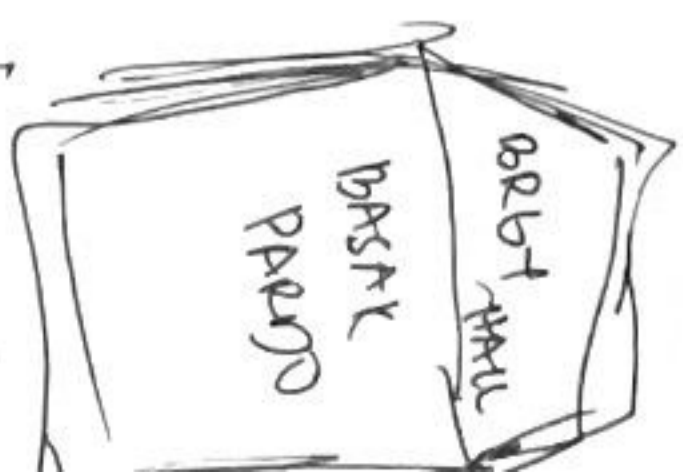
Sitio Laguna



WATER REFILLING STATION



HOW CROSS PARISH



BASK PABLO

BASK PABLO ST.





