



Republic of the Philippines

**PHILIPPINE HEALTH INSURANCE CORPORATION**

Corporate Avenue Center Shellra - (02) 441-7442

www.phichealth.gov.ph



## MEMBER DATA RECORD

### MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN)	: 12-251103732-6	PhilSys Number	:
Member Category	: DIRECT CONTRIBUTOR -		
Sub-Category	: EMPLOYED PRIVATE	MHS Coverage	: NA
		Validity Period	: NA - NA

### CABIJE, VAN KEDRICK CABONELAS

ST NIÑO MAMBALING, CEBU CITY CEBU

Foreign Address	: N/A	Sex	: MALE
		Date of Birth	: 08/18/2004
		Place of Birth	: CEBU CITY, CEBU
Contact No. (Foreign)	: N/A	Civil Status	: SINGLE
(Local)	: +639380421440	Tax Identification Number	:

### ENTITY INFORMATION

PhilHealth Number (PENPOOR)	: 012000014136		
Name of Employer/Organized Group	: WPRO PHILIPPINES INC (FORMERLY WPRO SPO PHILIPPINES LTD INC DONG BUSINESS UNDER WPRO PHILIPPINES)		
Business Address	: L77 BLK2 TOWER 1 CEBU IT TOWER COR ARCH REYES ST & MINDAHO ST CEBU BUSINESS PARK, LIZ, CEBU CITY CEBU		
Telephone Number	: 2360551	Employment Status	: EMPLOYED
Tax Identification Number	: 006897563000	Date	: NA

### DEPENDENT INFORMATION

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

**MAJORIE A. CARRIETO**  
REGIONAL VICE PRESIDENT  
PRO - VS Cebu City

*Paalala: Basahin ang nilalaman ng MDR. Kung may kulang o mali, diinagayud ang pagpapaliwanag sa opisyo. Pagkatapos ay ipatibay sa opisyo ng Purok. (Reminder: Read the contents of the MDR. Should there be any data discrepancies, report it back to central or verify the error. Take good care of MDR and do not hand it over to anybody. Provide photo-copy to hospital in case of confinement and availing of benefits.)*

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

Jun 24, 2024 01:16 PM



## MEMBER'S DATA FORM (MDF)

HCA-PHY-025  
018, 01-000

HCA Payment Card Use Only	
Payment Card Number	121324378204
Payment Card Expiry Month	023220215389

OCCUPATIONAL STATUS		MEMBER'S CURRENT NET EMPLOYER			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	MISC IDENTIFIER	MOBILE PHONE	NOTICE OF LOSS
MEMBER	CABLE	VALERIECK		CABLELAB	<input type="checkbox"/>
FATHER	CABLE	JOVANNI			<input type="checkbox"/>
MOTHER ( maiden name)	CABLELAS	WHELLE		YANA	<input type="checkbox"/>
SPOUSE ( maiden name)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	CABLE	VALERIECK		CABLELAB	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER ( TIN)	
28/02/2004		Single/Unmarried			
PLACE OF BIRTH			CITY/STATE		
Cebu City, Cebu			Cebu		
SEX	HEIGHT (cm)	WEIGHT (kg)	PERMANENT DISTINGUISHING FACIAL FEATURES		
Male	173.00	65.00	None		
COMMON INTEREST CLASSIFICATION		SEQUENCY OF MEMBERSHIP STATUS ASSIGNMENT			
		For Self-Employed For Self-Employed For Self-Employed For Self-Employed			

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS				COUNTRY + AREA CODE + TELEPHONE NUMBER	
Address No., Floor				Building Name	
				None	
Lot No.	Block No.	Phase No.	Phase No.	Street Name	DP Phone
				ISADAO MANSILING	453 2526 342144
Subdivision				Business (Direct Line)	
Sangre MAMBALING					
Municipality/City				Business (Toll-Free Line)	
CEBU CITY				None	
Postal Code				Email Address	
6000				valerielc@phic.com	
PRESENT HOME ADDRESS					
Address No., Floor		Building Name		Phase No.	
Lot No.	Block No.	Phase No.	Phase No.	Street Name	Business (Direct Line)
				ISADAO MANSILING	None
Subdivision				Business (Toll-Free Line)	
Sangre MAMBALING					
Municipality/City				Postal Code	
CEBU CITY				6000	
REFERRED MAILING ADDRESS			PERMANENT HOME ADDRESS		

THIS FORM MAY BE REPRODUCED, NOT FOR SALE.



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**

SS NUMBER SLIP

06-4629471-7

CABIJE, VAN KEDRICK CABONELAS

08/18/2004





Ibabao Mambaling



Mambaling  
Barangay Hall



Casquejo's Store  
Convenience store

k n' Go Bakeshop



Sto

Republic of the Philippines  
Department of Justice  
National Bureau of Investigation

35248260



Signature

SEX: MALE



Issue Period: Validity: September 04, 2024 to 09/04/2025

Agency: NI	DOB: 08/08/1994
Case: 00000000000000000000	SSN: 0000000000
D.O.B: 08/08/1994	SCA: 0000000000
D.O.B: 08/08/1994	ATC: 0000000000
0000000000	0000000000

ATY. NEDARDO D. DE CAMUS  
Director

REGISTRATION NO. C120HVRK40-R7148260

LAST NAME: CARLOS

FIRST NAME: CABONELAS

ADDRESS:

SITIO IBABAO PROPER BRGY MAMBALING CEBU CITY

CITY: CEBU CITY

ISSUE DATE: August 18, 2024

CITY: CEBU CITY

COUNTRY: FILIPINO

STATUS: SINGLE

MULTI-PURPOSE CLEARANCE

RECORDS:  
NO RECORD ON FILE



C120HVRK40-R7148260

Republic of the Philippines  
Department of Justice  
National Bureau of Investigation

35248260



Signature

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RECORDS:  
NO RECORD ON FILE



C120HVRK40-R7148260

PERSONAL COPY



REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation



**12-251103732-6**

**CABIJE, VAN KEDRICK CABONELAS**

AUGUST 18, 2004 - MALE

ST NIÑO MAMBALING CEBU CITY, CEBU - 6000

Signature



1 2 2 5 1 1 0 3 7 3 2 6



(To be accomplished in quadruplicate)

**Results of the Proceedings**  
**OFFICE OF THE CIVIL REGISTRAR GENERAL**  
**CERTIFICATE OF LIVE BIRTH**

See all sections, especially the notes, for the instructions.  
Print in letters for completion unless it reads "X, Y, Z, etc."

Province: **QUEZON** (To be completed in quadruplicate)

City/Municipality: **QUEZON CITY** 2004 26140

Page No. 0000

REMARKS/REMARKATION

C M I L B	1. NAME First Middle Last <b>THE EDDIE GABRIEL DAVID</b>	2. SEX 1. Male 2. Female <b>MALE</b>		3. DATE OF BIRTH Month Day Year <b>18 APRIL 2004</b>	The CHILD USE THIS IN Precedence to the last one.	
	4. PLACE OF BIRTH Name No. Street, Barangay City/Municipality Province <b>DR. VICENTE ALVARO A. DELA ROSA JR. HOSPITAL, BANGAL, SAN KRISTIAN, QUEZON CITY</b>	5a. TYPE OF BIRTH 1. Single 2. Twin 3. Other, Specify		5b. IF MULTIPLE BIRTH, CHILD RANK 1. First 2. Second 3. Third 4. Other, Specify		CHILD RANK AT THE OFFICE OF THE CIVIL REGISTRAR
	6. MOTHER NAME <b>REYDIE TIA GABRIEL</b>	7. CITIZENSHIP <b>PHILIPINO</b>	8. RELIGION <b>C.</b>			
9. FATHER NAME <b>EDDIE GABRIEL</b>	10. CITIZENSHIP <b>PHILIPINO</b>	11. RELIGION <b>C.</b>				
M O T H E R	12. OCCUPATION <b>MANAGER</b>	13. RESIDENCE Address No., Street, Barangay City/Municipality Province <b>FRANCIS BUNYAN, QUEZON CITY</b>	14. AGE AT THE TIME OF BIRTH Year Month Day <b>31</b>	15. AGE AT THE TIME OF BIRTH Year Month Day <b>31</b>		
	16. ATTENDANT 1. Physician 2. Nurse 3. Midwife 4. Other (Specify) _____	17. CERTIFICATION OF BIRTH I hereby certify that I received the birth of the child who was furnished at <b>QUEZON CITY</b> on the date above.	18. SIGNATURE OF REGISTRAR Name in Print: <b>OSCAR B. BERNALES</b> Typed Name: <b>OSCAR B. BERNALES</b> Signature: <i>[Signature]</i>	19. SIGNATURE OF FATHER Name in Print: <b>EDDIE GABRIEL</b> Typed Name: <b>EDDIE GABRIEL</b> Signature: <i>[Signature]</i>	20. SIGNATURE OF MOTHER Name in Print: <b>REYDIE TIA GABRIEL</b> Typed Name: <b>REYDIE TIA GABRIEL</b> Signature: <i>[Signature]</i>	
	21. PREPARED BY Name in Print: <b>OSCAR B. BERNALES</b> Typed Name: <b>OSCAR B. BERNALES</b> Signature: <i>[Signature]</i>	22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Name in Print: <b>OSCAR B. BERNALES</b> Typed Name: <b>OSCAR B. BERNALES</b> Signature: <i>[Signature]</i>	23. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Name in Print: <b>OSCAR B. BERNALES</b> Typed Name: <b>OSCAR B. BERNALES</b> Signature: <i>[Signature]</i>	24. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Name in Print: <b>OSCAR B. BERNALES</b> Typed Name: <b>OSCAR B. BERNALES</b> Signature: <i>[Signature]</i>	25. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Name in Print: <b>OSCAR B. BERNALES</b> Typed Name: <b>OSCAR B. BERNALES</b> Signature: <i>[Signature]</i>	

DS062-BF-600VDL-00131-B1001

BEST POSSIBLE IMAGE

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6K300212006SPRN  
02217-8942/17-3Documentary  
Stamp Tax Paid

*Lisa Grace S. Bernales*  
LISA GRACE S. BERNALES, Ph.D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority





Republic of the Philippines  
City of Cebu  
BARANGAY MAMBALING  
OFFICE OF THE BARANGAY CAPTAIN

No. \_\_\_\_\_

**BARANGAY CLEARANCE**

**HON. ROSELLER V. SALVADOR**  
Barangay Captain

To Whom it May Concern:

Barangay Councilors:

This is to certify that VAN KEDRICK C. CABLE  
with the address at 4711B DABADO Mambaling,  
Cebu City.

**HON. ERIC F. HARRIS**  
Chairman on Information

This certification is issued upon his/her request for:

**HON. OWEN BATILLO**  
Chairman on Tourism and Urban Plan

- |   |   |
|---|---|
| <input type="checkbox"/> Student                | <input type="checkbox"/> VECO Requirement     |
| <input checked="" type="checkbox"/> Employment  | <input type="checkbox"/> MCWD Requirement     |
| <input type="checkbox"/> Marriage               | <input type="checkbox"/> Police Clearance     |
| <input type="checkbox"/> Loan/Lending           | <input type="checkbox"/> Identification       |
| <input type="checkbox"/> Building - Commercial  | <input type="checkbox"/> Travel Req. - Abroad |
| <input type="checkbox"/> Building - Residential | <input type="checkbox"/> Travel Req. - Local  |
| <input type="checkbox"/> Driver's License       | <input type="checkbox"/> Bank Requirement     |
| <input type="checkbox"/> Others: _____          |   |

**HON. ALICIA Y. ANDARSI**  
Chairwoman on Environment and  
Women's Affair

**HON. EDWIE Y. MANAGRANAG**  
Chairman on Education and Health

**HON. BEMIE A. GO**  
Chairman on Cultural Affairs and Family  
Values and Peace and Order

**HON. VICTORIANO B. LABORTE**  
Chairman on Social Services and  
Livelihood


Given this 3<sup>rd</sup> day of JUNE, 2024 at Barangay  
Hall, Mambaling, Cebu City, Cebu, Philippines.

**HON. ECHARMAINE BUEN B.  
MALOLOT-ON**  
Chairwoman on Budget and Finance

NOT VALID WITHOUT  
OFFICIAL SEAL

SK Chairman:

Certified by:

  
HON. ROSELLER V. SALVADOR  
BARANGAY CAPTAIN

**HON. AUDRAE C. TEVES**  
Chairman on Youth Affairs and Sports

QR Number : \_\_\_\_\_  
Amount Paid : \_\_\_\_\_  
Date Issued : \_\_\_\_\_



Republika ng Pilipinas  
 Republic of the Philippines  
 Kagawaran ng Edukasyon  
 Department of Education



REHIYON VII, GITNANG VISAYAS  
 Region VII, Central Visayas  
 BANGAY NG LUNGGOD NG CEBU  
 Division of Cebu City

**MAMBALING NATIONAL HIGH SCHOOL (NIGHT)**

Pinatutunayan nito na si  
 This certifies that

**VAN KEDRICK C. CABIJE**

Learner Reference Number (LNR) : 1198820001

ay kanya-atiyang nakatupad sa mga kinakailangan sa pagtatapos ng Senior High School  
 has satisfactorily completed the requirements for graduation in Senior High School

**TECHNICAL-VOCATIONAL-LIVELIHOOD TRACK**  
**HOME ECONOMICS STRAND**

na hinakla para sa Mataas na Paaralan ng Kagawaran ng Edukasyon, kaya pinagkakaloohan niya nitong  
 prescribed for Secondary Schools of the Department of Education and is therefore awarded this

**KATIBAYAN**  
**DIPLOMA**

Nauglasan sa Luugod ng Cebu, Pilipinas nitong (sa 11 na ng Hulyo 2021 )  
 Signed in Cebu City, Philippines on the 11th day of July 2021



**EMILY V. BARANGGOT**

Prinsipal  
 Principal

**NIMFA D. BONGO, EdD CESO V**

Paamagat sa Tagapantalan ng mga Paaralan  
 Schools Division Superintendent