



# MEMBER'S DATA FORM (MDF)

HQP-PFF-039  
(V09, 06/2022)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121318806816
REGISTRATION TRACKING NUMBER	923114312563

OCCUPATIONAL STATUS	UNEMPLOYED/NOT YET EMPLOYED
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MEMBERSHIP CATEGORY	
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**PERSONAL DETAILS**

NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	VILAJUAN	HANNAH		PLATERO	<input type="checkbox"/>
FATHER	VILAJUAN	ALLAN		CASILAC	<input type="checkbox"/>
MOTHER (Maiden Name)	PLATERO	ANALIZA		TOBIANO	<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	VILAJUAN	HANNAH		PLATERO	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
05/26/2004	Single/Unmarried				
PLACE OF BIRTH	CITIZENSHIP		SSS NUMBER		
MANDAUE CITY, CEBU	FILIPINO		GSIS NUMBER		
SEX	HEIGHT (cm.)	WEIGHT (kg.)	EMPLOYEE NUMBER		
FEMALE	0.00	0.00	For AFP/PNP Employee, Serial/Badge No.		
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		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 (0928) 0853436	
Subdivision	Barangay			Business (Direct Line)		
Municipality/City	Province/State/Country			Business (Trunk Line)		
MANDAUE CITY	CEBU, PHILIPPINES			Email Address	hannahvilajuan71@gmail.com	
ZIP Code						
6014						

PRESENT HOME ADDRESS					
Unit/Room No., Floor	Building Name	Lot no., Block no.,	Phase No.		
House No.	Street Name	Subdivision	Barangay		
	C D SENO		TIPOLO		
Municipality/City	Province/State/Country				
MANDAUE CITY	CEBU, PHILIPPINES				
ZIP Code					
6014					

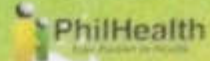
PREFERRED MAILING ADDRESS	PRESENT HOME ADDRESS
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THIS FORM MAY BE REPRODUCED. NOT FOR SALE.





REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation



**12-051651936-9**

**VILLAJUAN, HANNAH PLATERO**

MAY 28, 2004 - FEMALE

C D SENO TIPOLO MANDAUE CITY, CEBU - 6014

*H Villajuan*



1 2 0 5 1 6 5 1 9 3 6 9

## CERTIFICATION

The person whose name and signature appear on this card is a beneficiary of the National Health Insurance Program. He/She, including his/her qualified dependents, are entitled to the benefits and privileges of the Program by virtue of Republic Act No. 7875, as amended.

**ATTY. DANTE A. GIERRAN, CPA**  
President and Chief Executive Officer (CEO)



E-4

COV-01215 (09-2015)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
MEMBER DATA CHANGE REQUEST

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.

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

PART I - TO BE FILLED OUT BY MEMBER

A. PERSONAL DATA

SS NUMBER: 01645752179
COMMON REFERENCE NUMBER (IF ANY):
DATE OF BIRTH (MMDDYYYY): 05262004
TAX IDENTIFICATION NUMBER (IF ANY):
NAME (LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX): VILLASIAN, HANJAH
ADDRESS (RM./FL./UNIT NO. & BLDG. NAME, HOUSELOT & B.L. NO., STREET NAME): TIPOL, MANOAO, CEBU, C.D. SENO
TELEPHONE NUMBER (AREA CODE + TEL. NO.), MOBILE/CELLPHONE NUMBER, E-MAIL ADDRESS: 09260953936, hanahvillasian71@gmail.com
FOREIGN ADDRESS (IF APPLICABLE), COUNTRY, ZIP CODE: PHILIPPINES, 6014

B. DATA CHANGE/CORRECTION/UPDATING

A. CHANGE OF MEMBERSHIP TYPE

FROM: [ ] Employed, [ ] Voluntary, [ ] Overseas Filipino Worker, [ ] Non-Working Spouse (NWS), [ ] Prior Registrant
TO: [ ] Self-Employed (Please fill-out the details below), Profession/Business, Year Profession/Business Started, Monthly Earnings (P)
TO (Option for Prior Registrant Only): [ ] Non-Working Spouse (Please fill-out the details below), SS No./CRN of Working Spouse, Monthly Income of Working Spouse (P)
I AGREE WITH MY SPOUSE'S MEMBERSHIP WITH SSS. SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE

B. CORRECTION OF NAME

[ ] Last Name, [ ] First Name, [x] Middle Name (or change of middle initial to middle name)
[ ] Prefix (e.g., "de", "delo", "delos", "del", "Ma," or "Marta") or Suffix (e.g., Jr., II or III)
[ ] Simple Error in Spelling of Name (e.g., "l" to "r" or "u" to "o" or vice versa; inclusion/deletion of space and special characters)
[ ] Due to Re-marriage
FROM: NO MIDDLE NAME TO: PLATERO

C. CORRECTION OF DATE OF BIRTH

D. CORRECTION OF SEX

E. CHANGE OF CIVIL STATUS

(For Female members: Accomplish the FROM and TO portions, if also requesting for change of name)

- [ ] Single to Married
[ ] Married to Legally Separated
[ ] Married to Widowed
[ ] Reversion from Married to Single

F. UPDATING OF CONTACT INFORMATION

- [ ] Address, [ ] Telephone Number, [ ] E-mail Address, [ ] Mobile/Cellphone Number

G. UPDATING OF BANK INFORMATION

Bank Name, Bank Branch, Account Number
[ ] Benefits (Sickness/Maternity/Partial Disability)
[ ] Loans
[ ] PESO Fund

H. UPDATING OF MEMBER RECORD STATUS (From "Temporary" to "Permanent") - please indicate submitted documents

I. UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box. If more than 3, use other page "instructions" portion.)

Table with columns: NAME (LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX), RELATIONSHIP TO MEMBER, DATE OF BIRTH (MMDDYYYY), and checkboxes for New/Additional, Deletion.

NUMBER

C. CERTIFICATION

0691517151211319

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

HANNAH P. VILLALBA

PRINTED NAME

H Villalva  
SIGNATURE

APRIL 25, 2013

DATE

If member cannot sign, affix fingerprints (please see Instruction no. 5).

Below are the witnesses to fingerprinting:

1)	PRINTED NAME _____	SIGNATURE _____	DATE _____	RIGHT THUMB	RIGHT INDEX
	* ADDRESS & CONTACT NUMBER _____				
2)	PRINTED NAME _____	SIGNATURE _____	DATE _____		
	ADDRESS & CONTACT NUMBER _____				

## PART II - TO BE FILLED OUT BY SSS

## For Change of Membership Type to

## Self-Employed

Business Code \_\_\_\_\_  
 Approved MSC \_\_\_\_\_  
 Start of Payment \_\_\_\_\_  
 Monthly SS Contribution (P) \_\_\_\_\_

## For Change of Membership Type to

## Non-Working Spouse

Working Spouse's MSC \_\_\_\_\_  
 Approved MSC of NWS \_\_\_\_\_  
 Start of Payment \_\_\_\_\_  
 Monthly SS Contribution (P) \_\_\_\_\_

RECEIVED BY

SERRANO, R. ALONSO  
IN/ISR

SIGNATURE OVER PRINTED NAME

26 APR 2013

DATE &amp; TIME

Kandoy  
BRANCH

PROCESSED BY

ENCODED BY

SIGNATURE OVER PRINTED NAME \_\_\_\_\_ DATE &amp; TIME \_\_\_\_\_

SIGNATURE OVER PRINTED NAME \_\_\_\_\_ DATE &amp; TIME \_\_\_\_\_

REVIEWED BY

APPROVED BY

SIGNATURE OVER PRINTED NAME \_\_\_\_\_ DATE &amp; TIME \_\_\_\_\_

SIGNATURE OVER PRINTED NAME \_\_\_\_\_ DATE &amp; TIME \_\_\_\_\_

## INSTRUCTIONS

- Fill out this form in two (2) copies and submit to the nearest SSS branch office together with the required documents. Refer to the attached "List of Documentary Requirements for Member Data Change Request".
- Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- Present original copy and submit photocopy/ies of the following identification (ID) card/s in filing this form:
  - Filed by member
    - Social Security (SS) card or Unified Multi-Purpose ID (UMID) card or two (2) ID cards both with signature and one (1) with photo.
  - Filed by employer or company representative or household employer
    - SS card or UMID card or two (2) ID cards of the member, both with signature and one (1) with photo; and
    - Additional ID card/s per type of filer
      - Company ID of the employer-filer, with signature and photo, if filed by employer
      - Specimen Signature Card (SS Form L-501) of the company representative, if filed by company representative
      - Two (2) ID cards of the household employer-filer, both with signature and one (1) with photo, if filed by household employer
- If member is requesting for updating of contact information (address, telephone number, e-mail address and mobile/cellphone number), indicate already under Part I-A of the form the new contact information.
- If member cannot sign, witnesses to fingerprinting shall be as follows:
  - Filed by member
    - SSS receiving personnel who shall affix his/her signature on the portion provided for in Part I-C.
  - Filed by employer or company representative or household employer
    - Two (2) witnesses. Both should affix their signatures and indicate their addresses and contact numbers on the portions provided for in Part I-C. One (1) witness is the member's employer or company representative or household employer himself and the other one (1) could be any person.
- If dependents/beneficiaries are more than three (3), please use space provided below.

UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box.)

NAME	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MMDDYYYY)	
1.							<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
2.							<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
3.							<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
4.							<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
5.							<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion



**BUREAU OF INTERNAL REVEUE  
REVENUE DISTRICT NO. 081  
CEBU CITY NORTH  
CLIENT SUPPORT SECTION  
TIN VERIFICATION SLIP**

TIME: 1:21

TIN: 628-519-594-000

LAST NAME: - VILLATUAN

FIRST NAME: - HANNAH

MIDDLE NAME: - PLATERO

DATE OF BIRTH: - MAY 26, 2004 ✓

ADDRESS: - TIPOLO, MANDAUE CITY

RDO: 081

TAXPAYER  
CLASSIFICATION: Local Employee

*[Signature]*  
JEREMY VIGANO, CPA  
STAFF SUPERVISOR

**BIR Authorized Signature**

**NOTE: PLEASE READ/ PALIHUG BASAHA**  
Please present BIRTH CERTIFICATE or ID or any  
Document showing NAME and BIRTHDATE



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REVENUE DISTRICT NO. 081  
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CLIENT SUPPORT SECTION  
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TIME: 1:21

TIN: 628-519-594-000

LAST NAME: - VILLATUAN

FIRST NAME: - HANNAH

MIDDLE NAME: - PLATERO

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ADDRESS: - TIPOLO, MANDAUE CITY

RDO: 081

TAXPAYER  
CLASSIFICATION: Local Employee

  
JERWIN MAGANO, CPA

**BIR Authorized Signature**

**NOTE: PLEASE READ/ PALIHUG BASAHA**

Please present BIRTH CERTIFICATE or ID or any Document showing NAME and BIRTHDATE