



Republic of the Philippines
Department of Justice
National Bureau of Investigation



40005701

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.
A562INYN40

FAMILY NAME
AMORES

MIDDLE NAME
PANGASI AN

ADDRESS
SITIO CHICOS LABOGON MANDAUE CITY CEBU

DATE OF BIRTH
September 24, 2004

CITIZENSHIP
FILIPINO

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

VALID UNTIL
May 03, 2025

FIRST NAME
NICOLE GWYN

HUSBAND'S SURNAME

PLACE OF BIRTH
CEBU CITY

CIVIL STATUS
SINGLE



SIGNATURE

GENDER
FEMALE



A562INYN40

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

Date Printed: Friday, May 3, 2024 12:59 PM

Agency	ML16	DATID	otazanj
CASID	otazanj	BIOID	otazanj
O/R No.	FREEQRGSMTTP	RECID	
O/R Date	05/03/2024 12:55:31 PM	INTD	
DST PAID		PRTID	lantapemb



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

MO0184IW202303296687 Date/Time Generated: 07 May 2024 04:37:04 PM

SS NUMBER 06-4565839-6		
NAME		
(LAST NAME) AMORES	(FIRST NAME) (MIDDLE NAME) (SUFFIX) NICOLE GWYN	
FACTS OF BIRTH		
DATE OF BIRTH (MMDDYYYY) 09242004	PLACE OF BIRTH (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY) MANDAUE CITY CEBU PHILIPPINES	
FATHER'S NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) AMORES ERNESTO BENDANILLO	MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) PANGASI-AN WILMA BUALA	
DEMOGRAPHIC DATA		
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION) ZONE 4 CHICOS LABOGON	(BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (POSTAL CODE) (COUNTRY CODE) LABOGON MANDAUE CITY CEBU 6014 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) (WEIGHT (IN KILOGRAMS) DISTINGUISHING FEATURE/S NATIONALITY RELIGION 156 45 FILIPINO CHRISTIAN	
OTHER CARD APPLICANT DATA		
TELEPHONE NUMBER (AREA CODE + TEL NO.) (0956) 754-0981	MOBILE NUMBER (EMAIL ADDRESS) (0956) 754-0981 amoresnicole88@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 Year Prof./Business Started Monthly Earnings	OVERSEAS FILIPINO WORKER (OFW) Foreign Address Monthly Earnings Are you applying for membership in the Flexi-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 FOR EMPLOYMENT / PRIOR REGISTRANT	PROFESSION/BUSINESS	ESTIMATED MONTHLY SALARY
UMID CARD APPLICATION WITH ATM OPTION		
<input checked="" type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME) UNION BANK OF THE PHILIPPINES	(BANK BRANCH) UNIONBANK	
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION		
<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"> 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. <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>		



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

8/F, Golden Peak Tower, Gorordo Ave., cor. Escario St., Cebu City 6000
(032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871
www.philhealth.gov.ph

MDR

MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **120262180838**

Member Category : INFORMAL ECONOMY

Sub-Category : SELF-EARNING INDIVIDUAL

NHTS Coverage :

Effectivity Period :

AMORES, NICOLE GWYN PANGASI-AN

PUROK 4 CHICOS, LABOGON,
MANDAUE CITY, CEBU 6014

Foreign Address : N/A

Sex : Female

Date of Birth : 09/24/2004

Place of Birth : CEBU CITY, 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
-----	---------	------------	-------------	-----	----------	---------------

*** NO DECLARED DEPENDENT/S ***

*** 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 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. (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 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.

5/8/2024 3:53:20 PM 30519615 30519615 / 5/8/2024



MEMBER'S DATA FORM (MDF)

HQP-PFF-039
(V10, 04/2023)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121340794593
REGISTRATION TRACKING NO.	924122489805

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY Please specify					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	AMORES	NICOLE GWYN		PANGASI-AN	<input type="checkbox"/>
FATHER	AMORES	ERNESTO		BENDANILLO	<input type="checkbox"/>
MOTHER (Maiden Name)	PANGASI-AN	WILMA		BUALA	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	AMORES	NICOLE GWYN		PANGASI-AN	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
09/24/2004		Single/Unmarried			
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
CEBU CITY, CEBU			FILIPINO		GSIS NUMBER
SEX	HEIGHT(cm)	WEIGHT(kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	150.00	40.00			
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER
					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	Cell Phone
				SITIO CHICOS	
Subdivision			Barangay		Business (Direct Line)
			LABOGON		Business (Trunk Line)
Municipality/City			Province/State/Country		Email Address
MANDAUE CITY			CEBU, PHILIPPINES		amoresnicole88@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	
		SITIO CHICOS		Barangay	
				LABOGON	
Municipality/City		Province/State/Country			
MANDAUE CITY		CEBU, PHILIPPINES			
ZIP Code					
6014					
PREFERRED MAILING ADDRESS			PRESENT HOME ADDRESS		

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.



(Copy for OCRG)



Municipal 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 typewriter.
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province CEBU City/Municipality CEBU CITY Registry No. 2004 31096

1. NAME (First) NICOLE (Middle) CRYN (Last) BANGAST-AN

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year) 24 SEPTEMBER 2004

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) CEBU CITY MEDICAL CENTER CEBU CITY CEBU

5a. TYPE OF BIRTH X 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) (first, second, third, etc.) 2nd d. WEIGHT AT BIRTH 2200 grams

6. MAIDEN NAME (First) WILMA (Middle) ETIOLA (Last) BANGAST-AN

7. CITIZENSHIP FIL. 8. RELIGION R.C.

9a. Total number of children born alive: 2 b. No. of children still living including this birth: 2 c. No. of children born alive but are now dead: 0

10. OCCUPATION SECRETARY 11. Age at the time of this birth: 32 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) 0000 BARRIO DEL ABRIL CEBU CITY CEBU

13. NAME (First) ERNESTO (Middle) ESDANILLO (Last) AMOROS

14. CITIZENSHIP FIL. 15. RELIGION R.C.

16. OCCUPATION DELIVERY BOY 17. Age at the time of this birth: 25 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) JULY 18, 2003 CEBU CITY

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

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 1:14 pm o'clock am/pm on the date stated above.

Signature Ivy Veturdez Address N. BACALSO AVENUE
Name in Print IVY VETUDEZ City/Municipality CEBU CITY
Title or Position M.D. Date SEPTEMBER 24, 2004

20. INFORMANT
Signature WILMA AMOROS Address 202 TRIS DE ABRIL
Name in Print WILMA AMOROS City/Municipality CEBU CITY
Relationship to the child MOTHER Date SEPTEMBER 24, 2004

21. PREPARED BY
Signature D.P. IRRIGA
Name in Print D.P. IRRIGA
Title or Position CIVIL REGISTRAR GENERAL Date SEPTEMBER 24, 2004

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature OSCAR B. MOLO
Name in Print OSCAR B. MOLO
Title or Position REGISTRATION OFFICER IV Date 2004 OCT 19

For OCRG USE ONLY:
Population Reference No. 2004 31096

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 2 4 3 4

49 2 4 3 4

51 2 4 3 4

53 2 4 3 4

55 2 4 3 4

57 2 4 3 4

59 2 4 3 4

61 2 4 3 4

63 2 4 3 4

65 2 4 3 4

67 2 4 3 4

69 2 4 3 4

71 2 4 3 4

73 2 4 3 4

75 2 4 3 4

77 2 4 3 4

79 2 4 3 4

81 2 4 3 4

83 2 4 3 4

85 2 4 3 4

87 2 4 3 4

89 2 4 3 4

91 2 4 3 4

93 2 4 3 4

95 2 4 3 4

97 2 4 3 4

99 2 4 3 4

06012-2H-400JTC-00591-BI018

BEST POSSIBLE IMAGE



T40006012400059106172016018
GK400304316

BRen
02217-B04TQ0P-0

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority





REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



12-026218083-8

AMORES, NICOLE GWYN PANGASI-AN

SEPTEMBER 24, 2004 - FEMALE
PUROK 4 CHICOS LABOGON MANDAUE CITY, CEBU -
6014

ngpamores
Signature



1 2 0 2 6 2 1 8 0 8 3 8

INFORMAL ECONOMY

