



REPUBLIC OF THE PHILIPPINES  
Unified Multi-Purpose ID



CRN - 0006-2667018-6

SURNAME FILIPINAS

GIVEN NAME ELSA

MIDDLE NAME SENO

SEX FEMALE

DATE OF BIRTH 1985/08/24

ADDRESS

88 HILLSIDE COMP GUADALUPE CEBU  
CITY CEBU PHL 6000



REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation



PhilHealth  
Your Partner in Health



12-050579495-3

FILIPINAS, ELSA SENO

AUGUST 24, 1985 - FEMALE

88 HILLSIDE CMPD GUADALUPE CEBU CITY, CEBU -  
6000

Signature



1 2 0 5 0 5 7 9 4 9 5 3

FORMAL ECONOMY



**HOME DEVELOPMENT  
MUTUAL FUND**

**HDMF Transaction Card**

**SENO, ELSA SUNDO**

*Pag-IBIG MID No.* **1640-0093-4534**

*Date of Birth* **August 24, 1985**

*Security Code* **183426**

*Issue Date:* 10-20-2008



1. Use your permanent Pag-IBIG Member's Identification (MID) Number when transacting business with the Fund. This will facilitate, among others, posting of your monthly contributions and loan payments.
2. This card may be used for the following transactions:



REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation

PhilHealth



12-050579495-3

FILIPINAS, ELSA SENO

AUGUST 24, 1985 - FEMALE

28 HILLSIDE CAMP GUADALUPE CEBU CITY CEBU  
6000



120505794953  
FORMAL ECONOMY

## 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.



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
BUREAU OF INTERNAL REVENUE

SENO, ELSA SUNDO

TIN: 249-764-782-000

88 Hillside Compound, Guadalupe  
Cebu City 6000

DATE BIRTH: 08/24/1985

ISSUE DATE: 12/04/2009



*E. Seno*  
SIGNATURE

- This card bears your permanent Taxpayer Identification Number (TIN). Always indicate your TIN on all returns / documents filed with the BIR.
- Report immediately to your Revenue District Officer, the loss of this card and change of name or address.
- Any person who secures and / or uses more than one TIN shall be criminally liable and shall be punishable by fine and imprisonment.



*to all persons to whom these present may come*

*Greetings*

*Be it known that the Board of Trustees, by authority of the Republic of the Philippines, and on recommendation of the Faculty, has conferred upon*

**Elsa S. Seno**

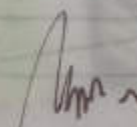
*who has fulfilled all the requirements therefor, the degree of*


**BACHELOR OF SCIENCE IN COMMERCE**

*with all the rights, honors, and privileges as well as the obligations and responsibilities thereunto appertaining.*

*In testimony whereof, we have hereto subscribed our names and affixed the seal of the School in Cebu City, Philippines, this 23<sup>rd</sup> day of March, 2006.*



  
ATTY. AUGUSTO W. GO  
President

  
BARTOLOME T. POZON, CPA  
Dean

DEREGULATED STATUS

2023.02.20 15:39





Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

Province: **CEBU** Municipality: **CEBU CITY** Registry No: **2017 22337**

**CHILD**  
1. NAME: **CHEN, JAY** (Last, First, Middle)  
2. DATE OF BIRTH: **24 AUGUST 2017**  
3. PLACE OF BIRTH: **ST. ANTHONY'S HOSPITAL, BAYVIEW SUBDIVISION, CEBU CITY, CEBU**  
4. SEX: **M**  
5. WEIGHT: **3.4** (Kilograms) 6. HEIGHT: **50.0** (Centimeters)

**MOTHER**  
1. NAME: **CHEN, JAY** (Last, First, Middle)  
2. DATE OF BIRTH: **04 FEBRUARY 1977**  
3. PLACE OF BIRTH: **CEBU CITY, CEBU**  
4. OCCUPATION: **HOUSEWIFE**  
5. SIGNATURE: *[Signature]*  
6. DATE: **24 AUGUST 2017**

**FATHER**  
1. NAME: **CHEN, JAY** (Last, First, Middle)  
2. DATE OF BIRTH: **04 FEBRUARY 1977**  
3. PLACE OF BIRTH: **CEBU CITY, CEBU**  
4. OCCUPATION: **HOUSEWIFE**  
5. SIGNATURE: *[Signature]*  
6. DATE: **24 AUGUST 2017**

**MARRIAGE OF PARENTS**  
1. DATE: **22 SEPTEMBER 2012**  
2. PLACE: **CEBU CITY, CEBU**  
3. TYPE: **REGULAR**

**REGISTRAR**  
1. NAME: **DR. JAY CHEN, JAY**  
2. TITLE: **Medical Officer II**  
3. SIGNATURE: *[Signature]*  
4. DATE: **AUGUST 24, 2017**

**DEPUTY REGISTRAR**  
1. NAME: **CHEN, JAY**  
2. TITLE: **Officer**  
3. SIGNATURE: *[Signature]*  
4. DATE: **AUGUST 24, 2017**

**REGISTRATION OFFICER**  
1. NAME: **PHILIP A. BELLON**  
2. TITLE: **REGISTRATION OFFICER IV**  
3. SIGNATURE: *[Signature]*  
4. DATE: **29 AUG 2017**

REMARKS/ANNOTATIONS (For LEADERS use only)

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

MEDICAL REGISTRATION SLIP

OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

Place of Birth <b>CEBU</b>		Municipality <b>CEBU CITY</b>		Locality No. <b>2014 13929</b>	
Name <b>CHRIS JOHN</b>		Surname <b>SENDO</b>		Nationality <b>FILIPINAS</b>	
1. Sex <b>MALE</b>	2. Date of Birth <b>18 APRIL 2014</b>	3. Date of Issuance <b>18 APRIL 2014</b>			
4. Place of Birth <b>WISCONSIN ESTATE MEMORIAL MEDICAL CENTER / 6 ANDRONGUE ST., CEBU CITY, CEBU</b>					
5. State of Birth <b>CEBU</b>	6. Country of Birth <b>PHILIPPINES</b>	7. Sex of Mother <b>MALE</b>	8. Surname of Mother <b>SENDO</b>	9. Nationality of Mother <b>FILIPINAS</b>	10. Date of Issuance <b>18 APRIL 2014</b>
11. Name of Father <b>ELLA</b>		12. Surname of Father <b>SENDO</b>		13. Nationality of Father <b>FILIPINAS</b>	
14. Occupation of Father <b>PLUMBER</b>		15. Religion of Father <b>ROMAN CATHOLIC</b>		16. Date of Issuance <b>18 APRIL 2014</b>	
17. Name of Mother <b>ELLA</b>		18. Surname of Mother <b>SENDO</b>		19. Nationality of Mother <b>FILIPINAS</b>	
20. Occupation of Mother <b>HOUSEWIFE</b>		21. Religion of Mother <b>ROMAN CATHOLIC</b>		22. Date of Issuance <b>18 APRIL 2014</b>	
23. Address of Father <b>GUADALUPE, CEBU CITY, CEBU</b>		24. Address of Mother <b>GUADALUPE, CEBU CITY, CEBU</b>		25. Address of Child <b>GUADALUPE, CEBU CITY, CEBU</b>	
26. Name of Child <b>CHRISTOPHER</b>		27. Surname of Child <b>COMALES</b>		28. Nationality of Child <b>FILIPINAS</b>	
29. Occupation of Child <b>PLUMBER</b>		30. Religion of Child <b>ROMAN CATHOLIC</b>		31. Date of Issuance <b>18 APRIL 2014</b>	
32. Address of Child <b>GUADALUPE, CEBU CITY, CEBU</b>		33. Address of Child <b>GUADALUPE, CEBU CITY, CEBU</b>		34. Address of Child <b>GUADALUPE, CEBU CITY, CEBU</b>	

DATE OF BIRTH: **18 APRIL 2014** PLACE OF BIRTH: **GUADALUPE, CEBU CITY, CEBU**

DECLARATION OF PARENTS: I, the undersigned, do hereby declare that the above information is true and correct to the best of my knowledge and belief.

Signature: **MARY KATHLEEN ZERNA, MD** (Medical Officer #1)  
 Date: **4/18/2014**

Signature: **YANNICK SENDO**  
 Date: **4/18/2014**

Signature: **CHRISTOPHER C. FILIPINAS**  
 Date: **4/18/2014**

Signature: **ALONZO SENDO**  
 Date: **4/18/2014**

Signature: **WILSON C. CUDAY**  
 Date: **4/18/2014**

Signature: **PHILIP A. SOTABON**  
 Date: **4/18/2014**

FORM FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR GENERAL

**FILIPINAS, ELSA SENO**

SS Number: 06-2667018-6 | CRN Number: 0006-2667018-6

🔒 Your password will expire on Nov 29, 2024 | Your last login was on Jun 20, 2024 5:48:21 AM thru the SSS Website

HOME

MEMBER INFO

INQUIRY

BENEFITS

LOANS

SERVICES

PAYMENT REFERENCE NUMBER (PRN)

LOGOUT

## Member Details

## Address &amp; Contact Information

SS Number Status	0 - ACTIVE
Document Compliance	DOCUMENTARY REQUIREMENT(S) SUBMITTED
Membership Status	PERMANENT
Prior Registration	NO
Date of SS Number Issuance	
Sex	FEMALE
Reporting Date	12-12-2006
Reporting ID	06-1668398-3
Latest ER ID	89-0224374-4
Latest ER Name	KTENDOPS PHILIPPINES, INC.
Claim Flag Status	0 - NO FINAL/FUNERAL CLAIM
Transferred to (New SS Number)	
Membership Type	EMPLOYEE
Change in Coverage Status	NO STATUS CHANGE
Date of Loan Disqualification	
SS Number Withdrawal Reason	
Record Location	BACLOD
TIN Number	

