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Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD
FOR ISSUANCE OF SS NUMBER

SS NUMBER

06-4024276-5

COV-01214 (09-2015)

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 AND REMINDERS 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 THE REGISTRANT

A. PERSONAL DATA

NAME (LAST NAME)		NAME (FIRST NAME)		NAME (MIDDLE NAME)		NAME (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
CENIZA		FRANZ		JUDE				06 23 1995	
SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		CIVIL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others						TAX IDENTIFICATION NUMBER (IF ANY)	
NATIONALITY FILIPINO		RELIGION ROMAN CATHOLIC		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) CEBU CITY					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)			(HOUSE/LOT & BLK. NO.)		(STREET NAME)		(SUBDIVISION)		
TALAMARAN			LOT 16		HIGHWAY 77		CASA DEL RIO		
(BARANGAY/DISTRICT/LOCALITY)		(CITY/MUNICIPALITY)		(PROVINCE)		(COUNTRY)		ZIP CODE	
TALAMARAN		CEBU CITY		PHILIPPINE					
MOBILE/CELLPHONE NUMBER 09432191547		E-MAIL ADDRESS			TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)				
FATHER (LAST NAME)		FATHER (FIRST NAME)		FATHER (MIDDLE NAME)		FATHER (SUFFIX)			
CENIZA		FRANZ		JUDE		Illeg.			
MOTHER'S MAIDEN NAME (LAST NAME)		MOTHER'S MAIDEN NAME (FIRST NAME)		MOTHER'S MAIDEN NAME (MIDDLE NAME)		MOTHER'S MAIDEN NAME (SUFFIX)			
CENIZA		CHARLIE		MAY		BAGA LOYOS			

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

SPOUSE (LAST NAME)		SPOUSE (FIRST NAME)		SPOUSE (MIDDLE NAME)		SPOUSE (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
CHILD/REN (LAST NAME)		CHILD/REN (FIRST NAME)		CHILD/REN (MIDDLE NAME)		CHILD/REN (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
1.									
2.									
3.									
4.									
5.									
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased)				RELATIONSHIP		DATE OF BIRTH (MMDDYYYY)			
1.									
2.									

C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE

SELF-EMPLOYED (SE) Profession/Business		OVERSEAS FILIPINO WORKER (OFW) Foreign Address		NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse	
Year Prof./Business Started					
Monthly Earnings P		Monthly Earnings P		Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	
				Monthly Income of Working Spouse (P) I agree with my spouse's membership with SSS. SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE	

D. CERTIFICATION

I certify that the information provided in this form are true and correct.
(If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

FRANZ JUDE CENIZA
PRINTED NAME

SIGNATURE

DATE

SEPT 6 2017

RIGHT THUMB INDEX

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)		WORKING SPOUSE'S MSC (FOR NWS)		RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)		RECEIVED & PROCESSED (MSS, BRANCH/SERVICE OFFICE)	
P		P				Received & Processed Original Refiled SEP 06 2017 Joggy T. Tumanda	
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)		APPROVED MSC (FOR SE/OFW/NWS)		SIGNATURE OVER PRINTED NAME		DATE & TIME	
P		P					
START OF PAYMENT (FOR SE/NWS)		FLEXI-FUND APPLICATION (FOR OFW)		REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)		SIGNATURE OVER PRINTED NAME	
		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved				SEP 06 2017 DATE & TIME	



MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : 122030923225
 Member Category : SPONSORED POS-FINANCIALLY
 Sub-Category : INCAPABLE
 NHTS Coverage :
 Effectivity Period : 5/4/2019 - 12/31/2019

CENIZA, FRANZ JUDE

LOT 16 CASADEL RIO HIGHWAY 77 ST,
 TALAMBAN, CEBU CITY, CEBU 6000

Foreign Address : N/A
 Sex : Male
 Date of Birth : 06/23/1995
 Place of Birth :
 Civil Status : SINGLE
 Contact No. (Foreign) : N/A
 (Local) :
 Tax Identification Number :

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) :
 Name of Employer/Organized Group :
 Business Address :
 Telephone Number :
 Tax Identification Number :

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** NO DECLARED DEPENDENT/S ***

*** NOTHING FOLLOWS ***

LOURDES F. DIOCSO
 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.



Form No. 102 (Revised January 1990)

(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 11a.)

Main form containing fields for child's name (Frans Jude Geniza), sex (Male), date of birth (23 June 1995), place of birth (Saint Vincent General Hospital - Cebu City), weight (3.07 kgs), parents' names (Demetrio Jose Ylaja Sison and Girlie Mae Bagaloyos Geniza), and informant (Demetrio Jose Sison).

Vertical column on the right for OCRG use only, containing checkboxes and handwritten entries for items 41 through 94.

08228-87-400EEC-01221-BI001

BEST POSSIBLE IMAGE



1400082284000122107122022001

BRen 02217-A95LP0G-0

Documentary Stamp Tax Paid

Handwritten signature: CDSM

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

St. Anthony Montessori Learning Center Inc.

Talamban, Cebu City

*Pinatunayan nito na si
This Certifies that*

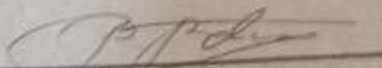
Ceniza, Franz Jude

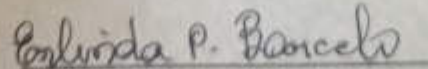
*ay maluswahlating nakatapos ng kurso sa Sekundarya na itinakda
has satisfactorily completed the Secondary Course as prescribed by
ng Kagawaran ng Edukasyon kaya pinagkalooban siya nitong
the Department of Education, and is therefore, awarded this*

CERTIFICATE

Nilagdaan sa siyudad ng Sugbu, Pilipinas ngayong ika—27 ng Marso Dalawang Libo 't Labing Lima

Signed in the City of Cebu, Philippines, 27th of March, Two Thousand Fifteen


Mr. Rogelio C. Rondina Jr.
Adviser


Dr. Erlinda P. Barcelo
Chairman of the Board


Dr. Hans Christian Tesch
Academic Director



BRGY TALAMBAN CEBU CITY

PLACE OF BIRTH
CEBU CITY



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

CENIZA, FRANZ JUDE

TIN: **398-392-338-000**

LOT 16 CASA DEL RIO, HI-WAY
TALAMBAN, CEBU CITY

BIRTH DATE: 06/23/1995

ISSUE DATE: 07/20/2021



SIGNATURE

CASID

O.R. No.