



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



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : 18-252423312-7 PhilSys Number : N/A

Member Type : DIRECT CONTRIBUTOR - NHTS Coverage : N/A
 : SELF EARNING INDIVIDUAL - Validity Period : N/A
 INDIVIDUAL

AL-MUSSALLY, SHIREEN ADNAN LISONDRA

SAMBAG I (POB.), CEBU CITY, CEBU - 6000

Foreign Address : N/A Sex : FEMALE
 Date of Birth : 06/20/2002
 Place of Birth : DUBAI
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : Tax Identification Number :

ENTITY INFORMATION

Philhealth Number (PEN/POGN) : N/A
 Name of Entity/Organized Group : N/A
 Business Address : N/A
 Telephone Number : N/A Employment Status : N/A
 Tax Identification Number : N/A Date : N/A

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
*** NO DECLARED DEPENDENTS ***						

MARJORIE A. CABRIETO

REGIONAL VICE PRESIDENT
 PRO - VII Cebu City

Paalala: Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahil kanina. 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. **Printed At: CEBU CITY - CEBU**
 06/27/2024 10:31:19 AM 20710922 20710922 / 06/27/2024



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO	121344614473
REGISTRATION TRACKING NO	924176854183

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	AL-MUSSALLY	SHIREEN ADNAN		LISONDRA	<input type="checkbox"/>
FATHER	AL-MUSSALLY	ADNAN AHMAD			<input checked="" type="checkbox"/>
MOTHER (Maiden Name)	LISONDRA	EMMIE		MORENO	<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	AL-MUSSALLY	SHIREEN ADNAN		LISONDRA	<input type="checkbox"/>
DATE OF BIRTH 09/20/2002		MARITAL STATUS Single/Unmarried		TAXPAYER IDENTIFICATION NUMBER (TIN)	
PLACE OF BIRTH UNITED ARAB EMIRATES		CITIZENSHIP FILIPINO		SSS NUMBER	
SEX FEMALE		HEIGHT(cm) 157 00	WEIGHT(kg) 480 00	GSIS NUMBER	
COMMON REFERENCE NUMBER (CRN)		PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER <i>For AFP/PNP Employee - Serial/Badge</i>	
		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		No <i>For DepEd Employee - Division Code-Station Code</i>	

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
			PUROK 3 SINO STA INEZ		+63 (0927) 5151330
Subdivision			Barangay		
			CATANGNAN		
Municipality/City			Province/State/Country		
GEN LUNA			SURIGAO DEL NORTE, PHILIPPINES		
ZIP Code			Email Address		
8419			almussallyshireen@gmail.com		
PRESENT HOME ADDRESS					
Unit/Room No. - Floor		Building Name		Lot No. Block No. Phase No.	
2ND		GLC			
House No.		Street Name		Subdivision	
		P. U. L. ROSARIO URGELLELO		Barangay	
				SALGANG 1	
Municipality/City		Province/State/Country		ZIP Code	
CEBU CITY		CEBU, PHILIPPINES		0000	
PREFERRED MAILING ADDRESS			PRESENT HOME ADDRESS		

PRESENT EMPLOYMENT DETAILS					
OCCUPATION			EMPLOYMENT STATUS	TYPE OF WORK	
EMPLOYER/BUSINESS NAME			COUNTRY OF ASSIGNMENT		
EMPLOYER/BUSINESS ADDRESS			MONTHLY INCOME		
Unit/Room No.	Floor	Building Name	Basic 0.00		
Lot No.	Block No.	Phase No.	House No.	Street Name	Allowance/Others 0.00
Subdivision			Barangay		
Municipality/City			Province		
State/Country (if abroad)			ZIP Code		
			OFFICE ASSIGNMENT		
			DATE EMPLOYED		

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG MEMBERSHIP	
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT
EMPLOYER/BUSINESS ADDRESS	FROM TO

HEIRS						
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO. MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH
1 1						

CERTIFICATION
I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect, record, organize, update, modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).
SIGNATURE OF INFORMANT _____ DATE _____

FOR Pag-IBIG FUND USE ONLY			
RECEIVED BY <i>[Signature]</i> Signature over Printed Name	<i>CSA</i> Designation/Position	<i>CEBU-COM</i> Branch/Unit	DATE 06/27/24

DISCLAIMER

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.

REGISTRATION INFORMATION

Transaction Number

MO0623IW202406242759

SS Number:

06-4894720-8

Name of Applicant

AL-MUSSALLY, SHIREEN ADNAN LISONDRA

Date of Birth:

06/20/2002

 Republic of the Philippines Department of Justice National Bureau of Investigation 		39456636
<small>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:</small>		
NBI-ID NO. A452FSTN20-R71638451	VALID UNTIL July 02, 2025	
FAMILY NAME AL MUSSALLY	FIRST NAME SHIREEN ADNAN	
MIDDLE NAME LISONDRA	HUSBAND'S SURNAME	
ADDRESS URGELLO ST BRGY SAMBAG 1 CEBU CITY		
DATE OF BIRTH June 20, 2002	PLACE OF BIRTH DUBAI UAE	
CITIZENSHIP FILIPINO	CIVIL STATUS SINGLE	
PURPOSE MULTI-PURPOSE CLEARANCE	GENDER FEMALE	
REMARKS NO RECORD ON FILE		
 A452FSTN20-R71638451	 JUDGE JAIME B. SANTIAGO (RET.) Director	Date Printed: Tuesday, July 02, 2024 04:22 PM
	Agency: R7 CASID: villarinn D R No: MPANN304UR D R Date: 07/02/2024 4:18:00 PM DST PAID	DATID: villarinn BIOID: villarinn RECID: INTID: PRTID: villarinn



REPORT OF BIRTH
CHILD BORN ABROAD OF PHILIPPINE PARENT OF _____ENTS

2005-10,125

(Place and Date of Report)

Name of Child in full SHINEEN HANAN LISONDRA Sex FEMALE
Date of birth JUNE 30, 2003 hour _____ m _____
Place of birth (in full) IRANIAN HOSPITAL DUBAI U.A.E.
Civil status of parents MARRIED

FATHER
Full name _____
Name before marriage _____
*Race SYRIAN Religion MUSLIM
Date of Birth MARCH 3, 1963
Occupation LABOUR SUPERVISOR
Present Residence AL-BARANA VILLAGO DUBAI, U.A.E.
Birth place DER AL-ZAIR
Naturalized (if foreign born) _____
Registered as Philippine citizen at _____
On _____
Passport No. 3504637 issued by SYRIAN EMBASSY DUBAI
Dated 12-06-2005
Valid to 31-12-2005
Precise periods and places of Philippine residence: _____

MOTHER
Full name EMILIE M. LISONDRA
Name before marriage _____
*Race FILIPINO Religion ISLAMI
Date of Birth JANUARY 2, 1946
Occupation HOUSEWIFE
Present Residence AL-BARANA VILLAGO DUBAI - U.A.E.
Birth place CABANATUAN CITY PHILS.
Naturalized (if foreign born) _____
Registered as Philippine citizen at _____
On _____
Passport No. FF 405628 issued by PHILIPPINE EMBASSY ABU-DHABI
Dated MARCH 06, 2005
Valid to MARCH 06, 2005
Precise periods and places of Philippine residence: _____

Place and date of marriage RAS-AL-KHAYMA - NOV. 29, 1999
Number of previous children 2 Number now living 7 YRS.
Name and address of Physician or nurse DR. SATARI - SHABNAM

*Caucasian, Malay, Negroid, Indian or Mongolian _____
Elisondra
(Signature of parent, physician or nurse)

(WHEN REPORTED BY MAIL, SIGN IN THE PRESENCE OF TWO WITNESSES) (WHEN REPORTED IN PERSON, USE THIS FORM)

Declared to in our presence this _____ Subscribed and sworn to before me this _____
Day of _____, 19 _____
At _____, 19 _____
(Witness) _____
(Witness) _____
(Address) _____
(Address) _____
 GENEROSO, CAL
Consul General

PHILIPPINE CONSULATE
At 17 JUL 2005, 19 _____

The foregoing information was furnished by (father, mother, physician, nurse) and supported by (affidavit, physician's certificate from local authorities). This report has been executed in triplicate copy issued to parents, copy transmitted to the Department of Foreign Affairs, Manila and placed in the files of this office.



REMARKS

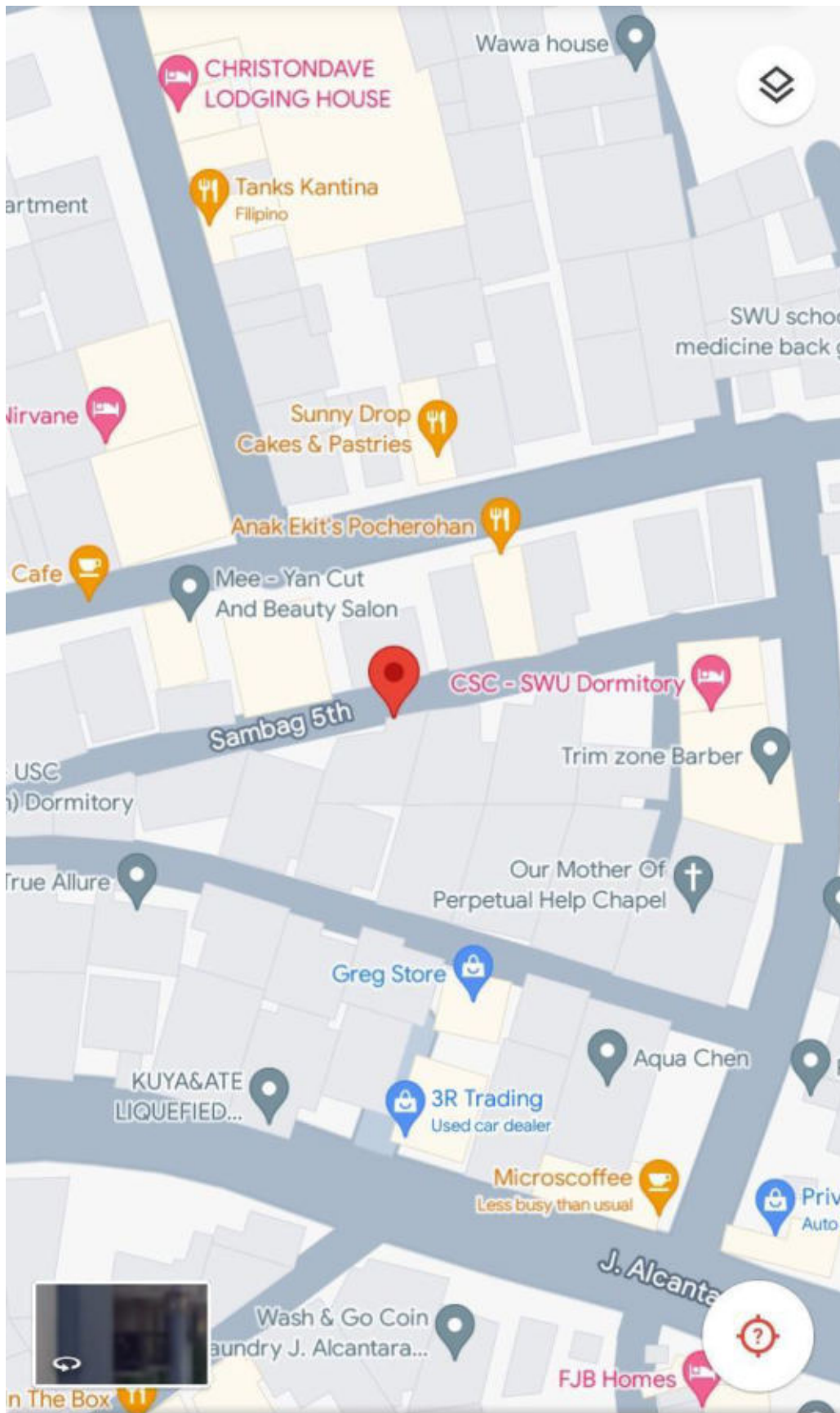
(SEAL)

08654-79-728ACA-00364-B1002
BEST POSSIBLE IMAGE

T002086547280036409112023002




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






REPUBLIC OF THE PHILIPPINES
 Ang Republika ng Pilipinas
 DEPARTMENT OF EDUCATION
 Kagawaran ng Edukasyon
 Region CARAGA
 Rehiyon CARAGA
 Division of Surigao City
 Sangay ng Surigao City



St. Paul University Surigao

This Certifies that
 Pinatutunayan nito na si

SHIREEN ADNAN LISONDRA AL-MUSSALLY

LEARNERS REFERENCE NUMBER (LRN): 1406007150119


has satisfactorily completed the requirements for graduation in Senior High School
 ay kariya-nyang nakatapos sa mga kinakailangan sa pagtatapos ng Senior High School


ACADEMIC TRACK: ACCOUNTANCY, BUSINESS AND MANAGEMENT STRAND
 ACADEMIC TRACK: ACCOUNTANCY, BUSINESS AND MANAGEMENT STRAND

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

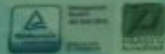
Diploma Katibayan

Signed in Surigao City, Philippines, on the 29th day of May 2021
 Nilagdaan sa Lungsod ng Surigao, Pilipinas, nitong ika-29 ng Mayo 2021


 SR. TERESITA C. BARICAUA, SPC
 Principal
 Pangangapuri


 SR. MARIE ROSANNE B. MALLILLIN, SPC
 Chancellor
 University President
 Pangulo ng Unibersidad

SPECIAL ORDER (A)
 No. RO-K19-0158, s. 2021
 Dated: May 10, 2021



P. FUORO'S COORDINATOR

THE FOLLOWING CERTIFICATE
 IS GIVEN TO

Shireen Al-Mussally

This is to certify that Ms. Al-Mussally has been working as a sales and creative coordinator/staff for P. FUORO from May 2023 to June 2024. Congratulations on achieving this milestone and have a successful career ahead!



Certified and acknowledged by
 P. FUORO



Lacking:

- **TIN**
- **Barangay Clearance**
- **Medical**