



REPUBLIC OF THE PHILIPPINES
CITY OF MANDAUE
BARANGAY PAKNAAN

Zone Ube, Barangay Paknaan, Mandaue City 6014 | Telephone # 517-6562 | Email: paknaanigu2023@gmail.com

Office of the Punong Barangay

BARANGAY OFFICIALS

Hon. Marisa Fe T. Ulgasan
Punong Barangay

Sangguniang Barangay

Hon. Eugene C. Andaya
SB Member

Hon. Mark Anthony A. Sanchez
SB Member

Hon. Eric Jefferson A. Cortes
SB Member

Hon. Francis E. Bongo
SB Member

Hon. Marilou S. Mag-isa
SB Member

Hon. Ariel Ian M. Diano
SB Member

Hon. Diosdado G. Mangubat Sr.
SB Member

Hon. Flueritz Gayle T. Jumao-as
SK Chairperson

Teresita P. Flores
Barangay Secretary

Wenceslao O. Gakit
Barangay Treasurer

BARANGAY CERTIFICATION

This is to certify that the person whose name, picture and signature appeared herein has requested a CERTIFICATION from this office.



NAME: J'ANNE S. ALILIN
ADDRESS: ZONE PATATAS, PAKNAAN M.C.
GENDER: FEMALE CIVIL STATUS: SINGLE
DATE OF BIRTH: JULY/02/2000
PLACE OF BIRTH: MANDAUE, CEBU
PURPOSE: FOR EMPLOYMENT



J'ANNE S. ALILIN
SIGNATURE OVER PRINTED NAME

This is to certify further that he/she is known to me of good moral character and is a law abiding citizen. He/She has neither pending case nor derogatory record in our office.

Issued this 16th day of July 2024 at the Office of the Punong Barangay, Paknaan, Mandaue City, Cebu, Philippines 6014

MARISA FE TECLING ULGASAN
Punong Barangay

O.R. NO: .
Amt Paid: 120.00
Doc Stamp: 30
Date & Time: 7/16/2024 12:42

Not valid
without official seal

Note: Not valid without Official Seal. This Barangay Certification is valid only for six (6) months from date of issue.



MEMBER'S DATA FORM (MDF)

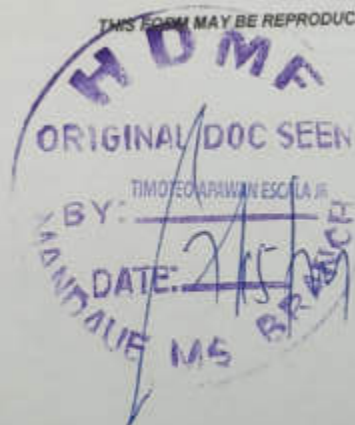
HQP-PFF-039
(V10, 04/2023)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MD NO.	121295983807
REGISTRATION TRACKING NO.	922079495746

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	ALILIN	JANNE		SACAY	<input type="checkbox"/>
FATHER	ALILIN	NOE		BATALUNA	<input type="checkbox"/>
MOTHER (Maiden Name)	SACAY	EMILYN		DEXOS	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ALILIN	JANNE		SACAY	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
07/02/2000	Single/Unmarried				
PLACE OF BIRTH		CITIZENSHIP		SSS NUMBER	
MANDAUE CITY, CEBU		FILIPINO		GSIS NUMBER	
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER
FEMALE	150.00	49.00			For AFP/FPN 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 (0927) 5660280
Subdivision		Barangay		Business (Direct Line)	
MANDAUE CITY		PAKNAAN		Business (Trunk Line)	
Municipality/City		Province/State/Country		Email Address	
MANDAUE CITY		CEBU, PHILIPPINES		jannealiln123@gmail.com	
ZIP Code					
6014					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Phase No.	
House No.		Street Name		Barangay	
				PAKNAAN	
Municipality/City		Province/State/Country		ZIP Code	
MANDAUE CITY		CEBU, PHILIPPINES		6014	
PREFERRED MAILING ADDRESS			PERMANENT HOME ADDRESS		

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.





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

MO0788IW202203209177 Date/Time Generated: 20 March 2022 08:05:20 PM

SS NUMBER 35-1798949-1	
NAME (LAST NAME) ALILIN (FIRST NAME) J ANNE (MIDDLE NAME) SACAY (SUFFIX)	
FACTS OF BIRTH DATE OF BIRTH (MMDDYYYY) 07022000 PLACE OF BIRTH (CITY/MUNICIPALITY) MANDAUE CITY (PROVINCE/STATE) CEBU (COUNTRY) PHILIPPINES SEX FEMALE	
FATHER'S NAME (LAST NAME) ALILIN (FIRST NAME) NOE (MIDDLE NAME) BATALUNA (SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) SACAY (FIRST NAME) EMILYN (MIDDLE NAME) DEXOS (SUFFIX)	
DEMOGRAPHIC DATA HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION)	
(BARANGAY/DISTRICT/LOCALITY) PAKNA-AN (CITY/MUNICIPALITY) MANDAUE CITY (PROVINCE) CEBU POSTAL CODE 6014 COUNTRY CODE 0063	
CIVIL STATUS SINGLE HEIGHT (IN CENTIMETERS) 150 WEIGHT (IN KILOGRAMS) 49 DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA TELEPHONE NUMBER (AREA CODE + TEL NO.) MOBILE NUMBER (0927) 566-0280 EMAIL ADDRESS jannealilin123@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 ALILIN J JASH SACAY (SUFFIX) Slater 01012000	
2 ALILIN NOE SACAY JR Brother 01152012	
3 ALILIN EMILY SACAY Slater 10292013	
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 Flex-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 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	
<ol style="list-style-type: none"> I certify that the information provided are true and correct. I hereby consent to: <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. I trust that all these data shall be kept confidential by SSS and its service providers and my bank. 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. 	



Medgrupe Polyclinics & Diagnostic Center, Inc.
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 Tel # (032) 232-2273/266-3245
 www.primecarealpha.ph

SERVICE ORDER



BILL TO :

[000160] IPLOY STAFFING SOLUTIONS
 CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

Priority No.	0038
SO No.	468062
S.O Date	07/15/2024
Terms	30 Days
Amount Due	₱800.00

PATIENT INFORMATION

PATIENT ID : 102847
PATIENT NAME : ALILIN, J'ANNE , SACAY
PATIENT ADDRESS : ZONE PATATAS , Pakna-An, Mandaue City, Cebu
MOBILE NO. : 09275660280
EMAIL ADDRESS : JANNEALILIN123@GMAIL.COM
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Female
BIRTHDATE : 07/02/2000
AGE : 24
CIVIL STATUS : Single
ICD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME »PE, CHEST PA, CBC, UA, SE <i>waived</i> DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)	1.00	800.00	800.00

SUMMARY OF CHARGES	
TOTAL SALES	800.00
VARIABLE SALES	0.00
V-A-T	0.00
SC/PWD DISCOUNT	0.00
AMOUNT DUE	800.00

PREPARED BY: Mitchie C. De Guzman
DATE: **BIOMETRICS DONE** JUL 15 2024
ACKNOWLEDGED BY: _____
 Signature Over Printed Name
VERIFIED BY: **VALIDATED**
 Date Created: 07/15/2024 10:02 AM

I acknowledge that I was duly informed by Prime Care Alpha employee to pay the above mentioned tests, I have reviewed the prices listed on the (SO) and agree to the changes associated with the products and services.

**** THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM ****