



# Pag-IBIG Fund

(Home Development Mutual Fund)

HQP-PFF-007

October 25, 2021

Date

CLARION, ROSALIE DIAZ

Dear Sir/Madam:

We are pleased to inform you that **121282388085** is your assigned Pag-IBIG Membership ID (MID) Number. Membership with the Fund shall be activated only upon remittance and posting of your initial membership savings (MS). Thereafter, use your Pag-IBIG MID in remitting MC, paying loan amortization, availing loan programs and other business transactions with the Fund.

Should you have any query/clarification regarding this notice, please visit or call this Branch.

Very truly yours,



PAG-IBIG FUND Colon Branch  
Marketing Sales Unit  
ORIGINAL DOCUMENTS SEEN

By: KELCRIS JOY C. SANTOS Date: 10/25/2021  
Marketing Specialist

Name and Designation of Authorized Signatory

CEBU – COLON BRANCH  
3<sup>rd</sup> Floor Gaisano Capital South  
Brgy. Kalubihan, Colon St., Cebu City  
Contact No. (032)231-2918; Email us at: colon.me@pagibigfund.gov.ph

(V04, 02/2018)



Republic of the Philippines

**PHILIPPINE HEALTH INSURANCE CORPORATION**

Corporate Action Center Hotline - (02) 441-7442

www.philhealth.gov.ph



**MEMBER DATA RECORD**

**MEMBER BASIC INFORMATION**

PhilHealth Identification Number (PIN)	: 12-025965326-1	PhilSys Number	:
Member Category	: INFORMAL ECONOMY -		
Sub-Category	: INFORMAL SECTOR	NHTS Coverage	: N/A
		Validity Period	: N/A - N/A

**CLARION, ROSALIE DIAZ**

SABANG, SIBONGA CEBU

Foreign Address	: N/A	Sex	: FEMALE
		Date of Birth	: 01/01/2001
		Place of Birth	: SIBONGA, CEBU
Contact No. (Foreign)	: N/A	Civil Status	: SINGLE
(Local)	: 09954767209	Tax Identification Number	:

**ENTITY INFORMATION**

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

**DEPENDENT INFORMATION**

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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\*\*\* NOTHING FOLLOWS \*\*\*

**EDWIN M. ORIÑA, MD**  
**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 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 MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a Member Portal System generated report. Signature is not required.

Oct 25, 2021 04:44 PM

TCD201900122680



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
BUREAU OF INTERNAL REVENUE

TIN

**393-185-502-00000**

Name:

**CLARION, ROSALIE DIAZ**

Address:

**SABANG 6020 SIBONGA CEBU PHILIPPINES**



Birth Date:

**01-JAN-2001**

TIN Issuance Date:

**05-MAY-2021**



*R. Diaz*

SIGNATURE

CN: 080-2201265

www.bir.gov.ph

✉ contact\_us@bir.gov.ph

☎ 981-7000

- This card bears your permanent Taxpayer Identification Number (TIN).
- Always indicate your TIN in all returns/documents filed with the BIR.
- Issuance of TIN Card for the first time shall be free of charge. However, in case of subsequent issuance upon taxpayer's request due to loss or damage, a P100.00 fee shall be collected to cover cost of reprinting.
- 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.

**BIR Form No. 1931 January 2019 (ENCS)**



E-1

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

SS NUMBER

06-4376244-6

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)	
CLARION		ROSALIE		DIAZ				01   01   2   0   0   1	
SEX		CIVIL STATUS						TAX IDENTIFICATION NUMBER (IF ANY)	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others							
NATIONALITY		RELIGION		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE)			CITY, COUNTRY, if born outside the Philippines		
Filipino		ROMAN CATHOLIC		SABANG SIBONGA CEBU					
HOME ADDRESS (RM./FL./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)		(STREET NAME)		(SUBDIVISION)			
(BARANGAY/DISTRICT/LOCALITY)		(CITY/MUNICIPALITY)		(PROVINCE)		(COUNTRY)		ZIP CODE	
SABANG		SIBONGA		CEBU		PHILIPPINES		6020	
MOBILE/CELLPHONE NUMBER		E-MAIL ADDRESS			TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)				
09954767209		rosaliedarion11@gmail.com							
FATHER (LAST NAME)		FATHER (FIRST NAME)		FATHER (MIDDLE NAME)		FATHER (SUFFIX)			
CLARION		ROGER		NACION					
MOTHER'S MAIDEN NAME (LAST NAME)		MOTHER'S MAIDEN NAME (FIRST NAME)		MOTHER'S MAIDEN NAME (MIDDLE NAME)		MOTHER'S MAIDEN NAME (SUFFIX)			
DIAZ		LEONIOESA		BITANGA					

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)	
CHILDREN (LAST NAME)		CHILDREN (FIRST NAME)		CHILDREN (MIDDLE NAME)		CHILDREN (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
1.									
2.									
3.									
4.									
5.									
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased) (LAST NAME)		OTHER BENEFICIARY/IES (FIRST NAME)		OTHER BENEFICIARY/IES (MIDDLE NAME)		OTHER BENEFICIARY/IES (SUFFIX)		RELATIONSHIP	
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		Monthly Income of Working Spouse (P)	
		Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		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.

ROSALIE D. CLARION  
PRINTED NAME

SIGNATURE

DATE



RIGHT INDEX

RIGHT 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 BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE)	
		P				SSS CEBU BRANCH MEMBERS SERVICES SECT. 4	
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)		APPROVED MSC (FOR SE/OFW/NWS)		SIGNATURE OVER PRINTED NAME		SIGNATURE OVER PRINTED NAME	
P		P		DATE & TIME		DATE & TIME	
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				DATE & TIME	