


## CRITICAL REQUIREMENTS

- SSS

The screenshot shows the SSS Member Portal interface. At the top left is the SSS logo with the text "Republic of the Philippines SOCIAL SECURITY SYSTEM". At the top right are social media icons for Facebook, Twitter, YouTube, and LinkedIn. The main header area displays the member's name "GABITO, TRISTAN JOVEIN ALIPIO", their SS Number "06-4267293-5", and a password expiration notice: "Your password will expire on Jan 14, 2025 | Your last login was on Jul 18, 2024 3:30:51 PM thru the SSS Website". Below this is a dark blue navigation bar with the following menu items: HOME, MEMBER INFO, INQUIRY, BENEFITS, LOANS, SERVICES, PAYMENT REFERENCE NUMBER (PRN), and LOGOUT. At the bottom of the page is a light blue footer containing copyright information, terms of service, data privacy notice, address (SSS Building East Avenue, Ortigas Center City, Philippines), contact number (02-1455 or 9-1455), and website URLs (https://www.sss.gov.ph and www.callcenter.sss.gov.ph).

• PAGIBIG

HQP-PFF-039  
(V08.11/2020)



## MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG FORM USE ONLY

Pag-IBIG MID NUMBER

REGISTRATION TRACKING NUMBER

1212 0090 0419

**INSTRUCTIONS**

1. Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on a single sheet of paper.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. All fields marked with asterisk (\*) are mandatory.
4. On the "OCCUPATIONAL STATUS" portion, if not employed or purpose is pre-employment, select "UNEMPLOYED/NOT YET EMPLOYED".
5. The "NAME EXTENSION" shall refer to JR., II, III and the like.
6. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
7. On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
8. On the "HEIRS" portion, the provision on the Laws on Succession under the New Civil Code shall be observed.
9. For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCIF, HQP-PFF-049) and submit to any Pag-IBIG Branch nearest you.

**\*OCCUPATIONAL STATUS**

EMPLOYED  UNEMPLOYED/NOT YET EMPLOYED

CHECK THIS BOX IF FIRST TIME JOB SEEKER

**\*MEMBERSHIP CATEGORY**

MANDATORY	VOLUNTARY
<input type="checkbox"/> EMPLOYED (PRIVATE) <input type="checkbox"/> EMPLOYED (GOVERNMENT) <input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER <input type="checkbox"/> JOB ORDER PERSONNEL <input type="checkbox"/> OTHER EARNING GROUP (OEGs)
<input type="checkbox"/> EMPLOYED (FOREIGN GOVERNMENT) <input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE <input type="checkbox"/> NON-WORKING SPOUSE <input type="checkbox"/> MEMBER OF RELIGIOUS GROUP <input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION <input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT <input type="checkbox"/> OTHERS. Please specify

**PERSONAL DETAILS**

NAME	LAST NAME	FIRST NAME	NAME EXTENSION <i>(e.g. Jr., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>
*MEMBER	GABITO	TRISTAN JUAN		ALPIO	<input type="checkbox"/>
FATHER	GABITO	ROBERTO		CABALES	<input type="checkbox"/>
*MOTHER (Maiden Name)	ALPIO	MIE ANN		MARILLA	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					

*DATE OF BIRTH 09 03 2000	*MARITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	TAXPAYER IDENTIFICATION NUMBER (TIN) 772 694 085
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) CEBU CITY	*CITIZENSHIP Filipino	SSS/GSIS NUMBER 0642672935
*SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT 1.67 (cm)	WEIGHT 45 (kg)
*COMMON REFERENCE NUMBER (CRN) (If Available)	*PROMINENT DISTINGUISHING FACIAL FEATURES (Ex: Moles, Scars, etc.)	EMPLOYEE NUMBER 101343487
	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction) <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	For AFP/PNP Employees: Serial/Badge No. _____ For DepEd Employees: Division Code-Station Code _____

**ADDRESS AND CONTACT DETAILS**

*PERMANENT HOME ADDRESS Unit/Room No. Floor Building Name Lot No. Block No. Phase No. House No. Street Name Subdivision: <b>BANICAD CEBU CITY CEBU</b> Province/State/Country (if abroad): <b>SINO KAWBITAN</b> ZIP Code: <b>6000</b>	(Indicate country code if abroad) COUNTRY - AREA CODE TELEPHONE NUMBER Home: _____ Cell Phone: _____ Business (Direct Line): _____ Business (Toll-Free/Long Distance): _____ Email Address: _____
*PRESENT HOME ADDRESS Unit/Room No. Floor Building Name Lot No. Block No. Phase No. House No. Street Name Subdivision: <b>BANICAD CEBU CITY CEBU</b> Province/State/Country (if abroad): <b>SINO KAWBITAN</b> ZIP Code: <b>6000</b>	
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	

THIS FORM MAY BE REPRODUCED. NOT FOR SALE

**PRESENT EMPLOYMENT DETAILS** (If with more than one (1) employer, use separate sheet and follow format below)

OCCUPATION TELECOMMUNICATIONS		EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Project-based <input type="checkbox"/> Temporary		TYPE OF WORK (for one only) (Please specify security of assignment) <input type="checkbox"/> Land-based <input type="checkbox"/> Sea-based	
EMPLOYER/BUSINESS NAME				MONTHLY INCOME Basic _____ Allowances/Others _____ Total Mo. Income _____	
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name Subdivision Barangay				OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
Municipality/City Province State/Country (if abroad) ZIP Code				DATE EMPLOYED (Month, Year)	

**PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP** (Use another sheet if necessary)

EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS ADDRESS	FROM TO m m y y y y m m y y y y
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS ADDRESS	FROM TO m m y y y y m m y y y y
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS ADDRESS	FROM TO m m y y y y m m y y y y

**HEIRS** (In case of death, Fund benefits shall be divided among the member's heirs in accordance with the Rules of Succession under the New Civil Code, as amended) (Use another sheet if necessary)

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable)	RELATIONSHIP	DATE OF BIRTH
TRINIDAD	JAY			<input type="checkbox"/>	SON	02/22/2002
TRINIDAD	JAY			<input type="checkbox"/>	SON	02/22/2002
TRINIDAD	JAY			<input type="checkbox"/>	SON	02/22/2002
TRINIDAD	JAY			<input type="checkbox"/>	SON	02/22/2002

**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)

Trinidad Jay Exhibito  
SIGNATURE OF INFORMANT DATE 02/22/2022

**FOR Pag-IBIG FUND USE ONLY**

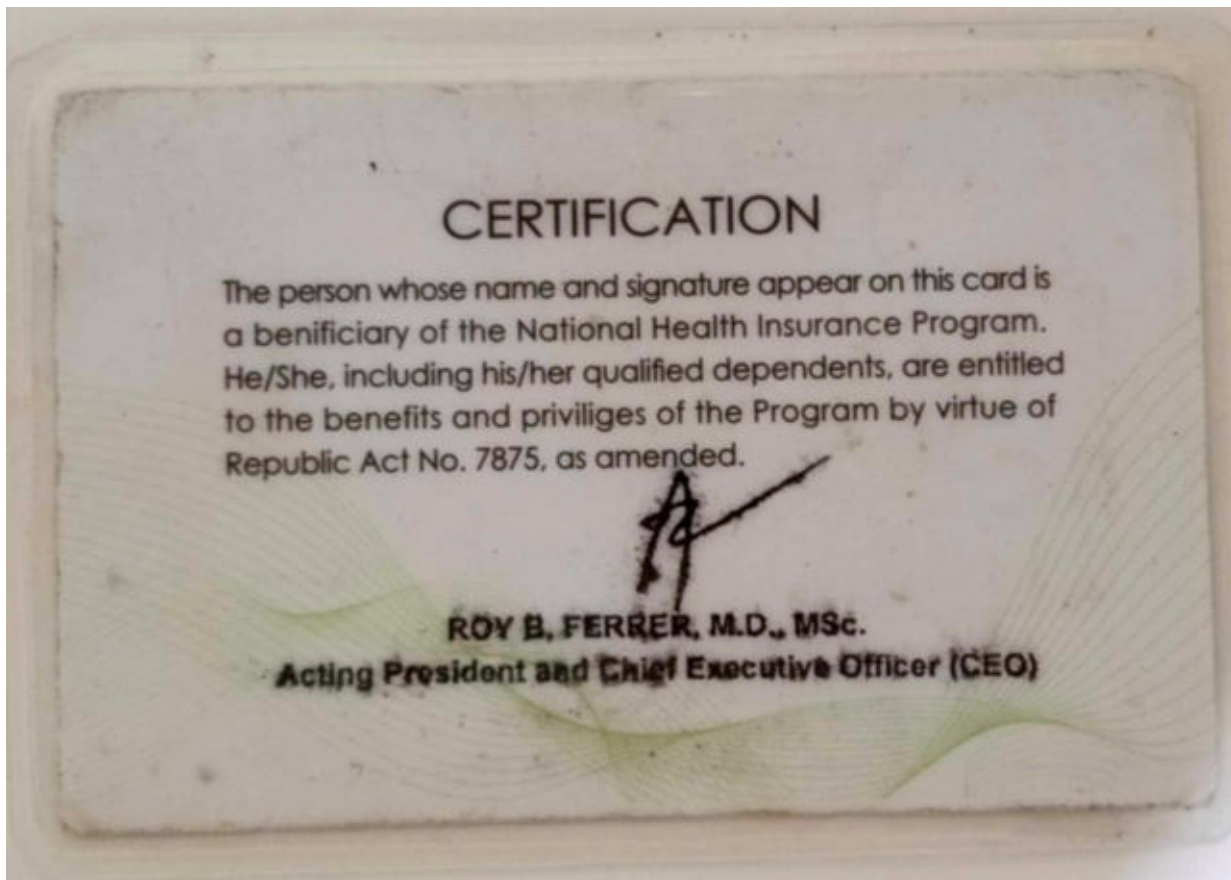
RECEIVED <b>ORIGINAL DOC SEEN</b>	DATE 2-2 FEB 2022
Signature (or Printed Name)	Designation/Position
Branch/Unit	

**DISCLAIMER**

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



- PHILHEALTH



- BIR FORM 1904

Republic of the Philippines  
 Department of Finance  
 Bureau of Internal Revenue

## APPLICATION FOR REGISTRATION

Enter all required information in CAPITAL LETTERS using BLACK ink. Mark all applicable boxes with an "X". One copy must be filed with the BIR and one held by the taxpayer.

BIR Form No. **1904**  
January 2018 (ENC5)

For One-Time Taxpayer and Person Registering under E.O. 98  
(Securing a TIN to be able to transact with any government office)

772-694-085-000

1 PhilSys Number (PSN) <small>(If Applicable)</small>	2 Taxpayer Identification Number (TIN)	3 Date of Registration <small>(MM/DD/YYYY)</small>	4 RDO Code
		1 2 1 0 2 0 0 0	

### Part I - Taxpayer Information

5 Taxpayer Type

E.O. 98 (Filipino Citizen)       One-Time Transaction - Foreign National       Passive Income Earner Only  
 E.O. 98 (Foreign National)       Non-Resident Foreign Corporation  
 One-Time Transaction - Filipino Citizen       Non-Resident Foreign Partnership

6 Foreign TIN (if any) \_\_\_\_\_ 7 Country of Residence \_\_\_\_\_

8 Taxpayer's Name (if individual): Last Name GABITO First Name TRISTAN Middle Name JOVAN Suffix ALIPIO Nickname TJ

9 Taxpayer's Name (if Non-Individual, Registered Name) \_\_\_\_\_

10 Taxpayer's Name (if ESTATE, ESTATE of (First Name, Middle Name, Last Name, Suffix); if TRUST, FID. (First Name, Middle Name, Last Name, Suffix)) \_\_\_\_\_

11 Local/Registered Address

Unit/Room/Floor/Building No. \_\_\_\_\_ Building Name/Tower \_\_\_\_\_

Lot/Block/Phase/House No. \_\_\_\_\_ Street Name \_\_\_\_\_

Subdivision/Village/Zone SILTIO, KALUBIHAN Barangay \_\_\_\_\_

Town/District \_\_\_\_\_ Municipality/City BIANILAD

Province CEBU ZIP Code 6000

12 Principal Foreign Address (indicate complete foreign address) \_\_\_\_\_

13 Date of Birth/Organization (MM/DD/YYYY) 09/03/2000 14 Contact Number (Phone/Mobile No.) 09615727606 15 Date of Arrival in the Philippines (MM/DD/YYYY) 1/1 16 Municipality Code (To be filled-up by BIR) \_\_\_\_\_

17 Mother's Maiden Name MIEHAN MATILDA ALIPIO 18 Father's Name ROBERTO CABALES GABITO

19 Gender  Male  Female 20 Email Address TRISTAN.GABITO123@ymail.com

### Part II - Transaction Details

21 Purpose of TIN Application

A Dealings with Banks       B Dealings with Government Agencies       C Tax Treaty Relief

### Part III - Withholding Agent/Accredited Tax Agent Information

22 Taxpayer Identification Number (TIN) \_\_\_\_\_ 23 RDO Code \_\_\_\_\_

24 Withholding Agent/Accredited Tax Agent's Name (Last Name, First Name, Middle Name for individual/Registered Name for Non-Individual) (if different from taxpayer) \_\_\_\_\_

25 Registered Address (Sub-street, Building/Street, Barangay, City/Municipality, Province) \_\_\_\_\_

26 Contact Number (Phone/Mobile No.) \_\_\_\_\_ 27 Email Address \_\_\_\_\_

28 Declaration

I declare, under the penalties of perjury, that this application has been made in good faith, verified by me and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

Tristan Jovan Gabito  
TAXPAYER/AUTHORIZED REPRESENTATIVE  
(Signature over Printed Name)

\_\_\_\_\_  
Title/Position of Signatory

25A ZIP CODE OFFICE

BUREAU OF  
INTERNAL REVENUE

RECEIVED

TAXPAYER SERVICE  
SECTION

JONATHAN E. BACATING

MCOLO

\*Note: The BIR Data Privacy Policy is in the BIR website (www.bir.gov.ph)

- Waiting for response in form 2316

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**Requesting for BIR Form 2316** 📧 📎

 **Tristan Gabito** <tristan.gabito123@gmail.com>  
to PACEDHR

3:57 PM (1 hour ago) ☆ 🕒 ↶ ⓘ

Good day!

I hope you find this email well. I am writing to request a copy of my BIR Form 2316 for the year 2023 - 2024 Aug 2023 to January 2024

As part of my personal record-keeping and compliance with tax requirements, I would appreciate it if you could provide me with this document at your earliest convenience. If there are any forms or additional information required from my end to facilitate this request, please let me know.

Thank you for your assistance and support.

Best regards

Tristan Jowin Gabito

↶ Reply   ↷ Forward   🗑️

• PSA

(Copy for OCR)



Manila Form No. 102  
(Revised January 1995)

(To be accomplished in duplicate)

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 7, 8, 9, 10 and 11.)

Province Cebu City/Municipality Marikina Registration No. 24248

1. NAME Christian Alipio Osorio (Last)

2. SEX Male 3. DATE OF BIRTH 3 September 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)  
Wabiga, Bonifacio Cebu City Cebu

5a. TYPE OF BIRTH Single b. IF MULTIPLE BIRTH, CHILD WAS 1st

c. BIRTH ORDER (live births and fetal deaths including this delivery) 2nd d. WEIGHT AT BIRTH 3000 grams

6. MAIDEN NAME (First) (Middle) (Last)  
Rose Ann Matillo Alipio

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive: 2 b. No. of children still living including this birth: 2 c. No. of children born alive but are now dead: 0

10. OCCUPATION None 11. Age at the time of this birth: 25 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
Nabig, Bonifacio Cebu City

13. NAME (First) (Middle) (Last)  
Roberto Osbaldo Osorio

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION Highway Vendor 17. Age at the time of this birth: 23 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
May 27, 1993 Cebu City

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife 4 Healer (Traditional Healers) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 30 o'clock on 3 of the date stated above.

Signature Edith M. Alipio Address Wabiga, Bonifacio, Cebu City  
Name in Print E. Alipio Date September 3, 2000  
Title or Position Midwife

20. INFORMANT  
Signature Wabiga Osorio Address Wabiga, Bonifacio, Cebu City  
Name in Print Wabiga Osorio Date September 13, 2000  
Relationship to the child Father

21. PREPARED BY  
Signature [Signature] Name in Print [Name]  
Title or Position [Title] Date SEP. 13, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature AGNES C. DENADO Name in Print AGNES C. DENADO  
Title or Position CLERK Date SEP 15 2000

For OCR USE ONLY:  
Population Reference No. 227-800527-2

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 01027778

48 [ ]

49 030700

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68 1 69 1

70 02 72 02 74 00

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BEST POSSIBLE IMAGE



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BRaN  
02217-800530H-4

Documentary  
Stamp Tax Paid

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



- HOUSE SKETCH

