


ALPUERTO, LYKA M.

CRITICAL AND NON-CRITICAL REQUIREMENTS

 **REPUBLIC OF THE PHILIPPINES**
Province of Cebu
City of Mandaue
Barangay Cubacub
Office of the Punong Barangay

BARANGAY CLEARANCE

TO WHOM IT MAY CONCERN;

This is to certify that **LYKA MANGUMPIT ALPUERTO, 19 years old**, a bonafide resident of **Purok 1, Cubacub Mandaue City**. He/She is duly registered and a Barangay Assembly member and is thereof within my jurisdiction and under the administrative supervision and ministerial function.

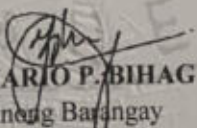
This is to certify that he/she is personally known to be a person of good moral character, peace, loving, no derogatory record, and a registered voter in the barangay with a sound social standing citizen in our community.

This certification is issued upon the request of **LYKA MANGUMPIT ALPUERTO** for **EMPLOYMENT PURPOSES** and that this certification may serve.

Issued this **22ND day of JULY 2024** at Barangay Cubacub, Mandaue City, Cebu, Philippines 6014.

Cert Fee: N/A	
OR. No.: N/A	
Date Issued: 07/22/2024	
Purok: Purok 1	
Precinct No.: 0303A	

Right Thumbmark	Left Thumbmark


ALMARIO P. BIHAG
Punong Barangay
Cubacub, Mandaue City



Municipal Form No. 102
(Revised January 1985)
Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH
(To be accomplished in quadruplicate)
(To be completely answered and legibly. Use ink or green-ink. Place 2 before the appropriate number in items 2, 4a, 5a, 5b and 18a.)

REMARKS/ANNOTATION

Province CEBU Registry No. 2005-2142
City/Municipality MANDAUE CITY

1. NAME (First Middle Last)
LYKA MANGUNIT ALPHERO

2. SEX 1 Male X Female
3. DATE OF BIRTH (day) (month) (year)
16 APRIL 2005

4. PLACE OF BIRTH (Name of Hospital, Clinic, Institution, Home, etc., Barangay) (City/Municipality) (Province)
VICKYNE GULLAS MEMORIAL HOSPITAL BANTILAN, MANDAUE CITY CEBU

5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others (Specify)

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) 1st
d. WEIGHT AT BIRTH 2900 grams

6. MAIDEN NAME (First Middle Last)
MARIFE JARALVE MANGUNIT

7. CITIZENSHIP 1 FILIPINO 2 FOREIGN
8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive 1
b. No. of children still being including this birth 1
c. No. of children born alive but are now dead 0

10. OCCUPATION ACCOUNTING CLERK
11. Age at the time of this birth 30 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
OURAGUS, SANDANGAN MANDAUE CITY CEBU

13. NAME (First Middle Last)
RESILTO BALON ALPHERO

14. CITIZENSHIP 1 FILIPINO 2 FOREIGN
15. RELIGION ROMAN CATHOLIC

16. OCCUPATION DRIVER
17. Age at the time of this birth 28 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
JUNE 26, 2004 / POGONIAN BIAL, SANDAUGA, DEL NORTE

18a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife
4 Healer (Traditional Medicine) 5 Others (Specify)

19a. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 11:08 a.m. on the date stated above.
Signature Mary Grace Orma M.D. Address C/O VICKYNE GULLAS MEM. HOSPITAL BANTILAN, MANDAUE CITY
Name in Print MARY GRACE ORMA M.D.
Title or Position ATTENDING PHYSICIAN Date APRIL 16, 2005

20. INFORMANT
Signature MARIFE M. ALPHERO Address OURAGUS, SANDANGAN MANDAUE CITY
Name in Print MARIFE M. ALPHERO
Relationship to the child MOTHER Date APRIL 25, 2005

21. PREPARED BY
Signature REGINEE J. MORALES
Name in Print REGINEE J. MORALES
Title or Position CLERK
Date APRIL 25, 2005

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature ANDREA C. BARRERA
Name in Print ANDREA C. BARRERA
Title or Position Asst. Civil Registrar
Date MAY 04 2005

23. No. of children born alive 1
24. No. of children still being including this birth 1
25. No. of children born alive but are now dead 0
26. Age at the time of this birth 30 years
27. Age at the time of this birth 28 years
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06231-8C-400VGF-00041-BI001
1 POSSIBLE IMAGE

BReN
02230-B06HG01-2

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, PhD



(To be accomplished in quadruplicate)

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 13a.)

Province Zamboanga del Norte Registry No. 97-491

City/Municipality Dapitan City For OCRG USE ONLY: Population: Zamboanga NG

1. NAME (First) (Middle) (Last)
JARIFE JARALVE MARCONITE

2. SEX 1 Male X Female 2 Male 3 Female
3. DATE OF BIRTH (day) (month) (year)
11 April 1975

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
Barcelona, Dapitan City, Zambo, Norte

5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (Give births and total deaths including this delivery) (First, second, third, etc.) 2nd
d. WEIGHT AT BIRTH 2608 grams

6. MAIDEN NAME (First) (Middle) (Last)
LILITA SIOPON JARALVE

7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

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

10. OCCUPATION Housekeeper 11. Age at the time of this birth: 27 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Barcelona, Dapitan City, Zambo, Norte

13. NAME (First) (Middle) (Last)
HERNANDEZ NEGAO MURMINTY

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION Carpenter 17. Age at the time of this birth: 26 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
June 06, 1972 - Pifan, Zambo, Norte

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

19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at 1:00 P.M. on April 11, 1975 at the place stated above.)

Signature VIOLANTA BACOGIA Address (Deceased)
Name in Print VIOLANTA BACOGIA Date _____
Title or Position Healer

20. INFORMANT
Signature Lilia J. Murminty Address Barayan, Binali, Zambo, Norte
Name in Print LILIA J. MURMINTY Date 2/17/97
Relationship to the child Mother

21. PREPARED BY
Signature Gregorio
Name in Print Gregorio G. Ocasio
Title or Position Registration Officer I
Date 2/17/97

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature Osman B. Gueyuan
Name in Print OSMAN B. GUEYUAN
Title or Position City Civil Registrar
Date 2/21/97

REMARKS/ANNOTATION

41 9700491

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50 1 1 2780

51 959 210

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0227/97

Bina Rectrice

06001-FF-400VDL-00031-BI001
BEST POSSIBLE IMAGE
1400000400000003106062016001

BReN
07201-A75HB02-2
Documentary
Stamp Tax Paid

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

For births before 3 August 1988/on or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We, _____ and _____
parent/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the
information contained herein are true and correct to the best of our/my knowledge and belief.

(Signature of Father) _____
(Signature of Mother)
Community Tax No. _____
Date Issued _____
Place Issued _____

SUBSCRIBED AND SWORN to before me this _____ day of _____
at _____, Philippines.

(Signature of Administering Officer) _____
(Name in Print) _____

(Title/Designation) _____
(Address) _____

Not applicable for births before 27 February 1981

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit)

I, LILIA J. MANGUPIT, of legal age, ~~single~~ married
and with residence and postal address at Birawan, Rizal, Zambo, Norte
after having been duly sworn to in accordance with law, do hereby depose and say:

- That I am the applicant for the delayed registration ~~of~~ of the birth of MARIFE J. MANGUPIT
- That ~~she~~ she was born on April 11, 1975 at Marcelina, Dapitan City
- That ~~she~~ she was attended at birth by VICTORIA SACORDA-BLIT who resides at (Deceased)
- That ~~she~~ she is a citizen of the Philippines
- That ~~my~~ her parents were married on June 06, 1972 at Pifan, Zambo, Norte
 not married but was acknowledged by my/his/her father whose name is _____
- That the reason for the delay in registering ~~my~~ her birth was due to our negligence
- That a copy of ~~my~~ her birth certificate is needed for the purpose of all legal intents and purposes.
- (For the applicant only) That I am married to _____
 (For the father/mother/guardian) That I am the mother of the said person.

Lilia Mangupit
(Signature of Affiant)
Community Tax No. 14449725 A
Date Issued February 16, 1997
Place Issued Birawan, Rizal, Zambo, Norte

SUBSCRIBED AND SWORN to before me this 17th day of February, 1997
at Dapitan City, Philippines.

Cesar B. Cabilan
(Signature of Administering Officer) _____
(Name in Print) _____

(Title/Designation) _____
DAPITAN CITY
(Address) _____

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BEST POSSIBLE IMAGE



BRen
07201-A75HB02-2

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority



Republic of the Philippines
 Department of Justice
 National Bureau of Investigation



39012185

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.

NBI ID NO.
A416DLPA50-IS1569243

VALID UNTIL
March 21, 2025

FAMILY NAME
ALPUERTO

FIRST NAME
LYKA

HUSBAND'S SURNAME

ADDRESS
PUROK 1 BRGY CUBACUB MANDAUE CITY CEBU

DATE OF BIRTH
April 16, 2005

PLACE OF BIRTH
MANDAUE CITY CEBU

CITIZENSHIP
FILIPINO

CIVIL STATUS
SINGLE

GENDER
FEMALE

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE



SIGNATURE



Date Printed: Thursday, 21 March 2024 11:16 AM



A416DLPA50-IS1569243

Medarado G. de Lemos
 ATTY. MEDARDO G. DE LEMOS
 Director

Agency IS
 CASID villanueva@p
 O.R. No. 8EMJJK9DD
 O.R. Date 03/21/2024 11:10:11 AM
 DATID villanueva@p
 BIOD villanueva@p
 RECID
 INTD
 PRTID villanueva@p



COV-01214 (09-2015)

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

SS NUMBER
06-46 168885

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) ALPUERTO (FIRST NAME) LYKA (MIDDLE NAME) MANGUMPTI (SUFFIX) _____ DATE OF BIRTH (MM/DD/YYYY) 04/11/62
 SEX Male Female CIVIL STATUS Single Married Widowed Legally Separated Others _____ TAX IDENTIFICATION NUMBER (IF ANY) _____
 NATIONALITY Filipino RELIGION Roman catholic PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, (if born outside the Philippines)) Banilad, Mandaua City, Cebu
 HOME ADDRESS (RM, FLR, UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION) Cubacub Purok 1, Mandaua City, Cebu, Philippines
 (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY) ZIP CODE 6014
 MOBILE/CELLPHONE NUMBER 09560358961 E-MAIL ADDRESS mangumpitlyka@gmail.com TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.) _____
 FATHER (LAST NAME) ALPUERTO (FIRST NAME) RENATO (MIDDLE NAME) BAROR (SUFFIX) _____
 MOTHER'S MAIDEN NAME (LAST NAME) MANGUMPTI (FIRST NAME) MARIFE (MIDDLE NAME) JARALVE (SUFFIX) _____

B. DEPENDENT(S)/BENEFICIARY/IES Check this box if using additional sheet

SPOUSE (LAST NAME) _____ (FIRST NAME) _____ (MIDDLE NAME) _____ (SUFFIX) _____ DATE OF BIRTH (MM/DD/YYYY) _____
 CHILD/REN (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MM/DD/YYYY)
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 OTHER BENEFICIARIES (if without spouse & child and parents are both deceased) (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) RELATIONSHIP DATE OF BIRTH (MM/DD/YYYY)
 1. _____
 2. _____

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

SELF-EMPLOYED (SE) Profession/Business SP. I.M. Year Prof./Business Started 2023 Monthly Earnings 4000
OVERSEAS FILIPINO WORKER (OFW) Foreign Address _____ Monthly Earnings 4000 Are you applying for membership in the Flex-Fund Program? YES NO
NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse _____ 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.

ALPUERTO LYKA
PRINTED NAME

[Signature]
SIGNATURE

7/17/23
DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE) 9622 WORKING SPOUSE'S MSC (FOR NWS) APPROVED MSC (FOR SE/OFW/NWS) 4000
 MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) 570 START OF PAYMENT (FOR SE/NWS) July 2023
 RECEIVED BY REPRESENTATIVE OFFICE (PARTNER AGENT) [Signature] DATE & TIME JUL 07 2023
 RECEIVED & PROCESSED BY SERVICE CENTER (PRINCIPAL OFFICE) [Signature] DATE & TIME JUL 07 2023
 SIGNATURE OVER PRINTED NAME DATE & TIME
 REVIEWED BY (SSS BRANCH SERVICE OFFICE) [Signature] DATE & TIME
 SIGNATURE OVER PRINTED NAME DATE & TIME




REPUBLIKA NG PILIPINAS
 Republic of the Philippines
PAMBANSANG PAGKAKALANLAN
 Philippine Identification




PCN: 4506-2846-8159-8852

Apelyido/Last Name
ALPUERTO

Mga Pangalan/Given Names **Gitnang Apelyido/Middle Name** **Suffix**
LYKA **MANGUMPIT**

Kasarian/Sex
FEMALE

Kalagayang Sibila/Marital Status
SINGLE

Araw ng Kapanganakan/Date of Birth
APRIL 16, 2005

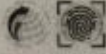
Uri ng Dugo/Blood Type
O

Lugar ng Kapanganakan/Place of Birth
CITY OF MANDAUE, CEBU

Tirahin/Address
PRK 1, CUBACUB, CITY OF MANDAUE, CEBU, 6014

ePhilID Generation Date
14 MARCH 2024

Authenticate this ePhilID using PhilSys Check at verify.philsys.gov.ph
 If found, please return to the nearest PSA Office.


ePhilID

www.psa.gov.ph
www.philsys.gov.ph
 Hotline 1388 (fee may apply)

r-02



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121338672635
REGISTRATION TRACKING NO.	924081044520

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED	
MEMBERSHIP CATEGORY		Please specify	
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	NO MIDDLE NAME
MEMBER	ALPUERTO	LYKA	MANGUMPIT <input type="checkbox"/>
FATHER	ALPUERTO	RENATO	BABOR <input type="checkbox"/>
MOTHER (Maiden Name)	MANGUMPIT	MARIFE	JARALVE <input type="checkbox"/>
SPOUSE (if Married)			<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ALPUERTO	LYKA	MANGUMPIT <input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)
04/16/2005	Single/Unmarried		
PLACE OF BIRTH	CITIZENSHIP		SSS NUMBER
MANDAUE CITY, CEBU	FILIPINO		GSIS NUMBER
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES
FEMALE	162.00	51.00	
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER
			For AFP/FPN Employee, Serial/Badge No.
			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	
	H ABELLANA STREET		+83 (0956) 0358961
Subdivision	Barangay	Business (Direct Line)	
	CUBACUB	Business (Trunk Line)	
Municipality/City	Province/State/Country	Email Address	
MANDAUE CITY	CEBU, PHILIPPINES		alpuerto7@gmail.com
ZIP Code			
6014			
PRESENT HOME ADDRESS			
Unit/Room No., Floor	Building Name	Lot No., Block No.	Phase No.
House No.	Street Name	Subdivision	Barangay
	H ABELLANA STREET		CUBACUB
Municipality/City	Province/State/Country	ZIP Code	
MANDAUE CITY	CEBU, PHILIPPINES	6014	
PREFERRED MAILING ADDRESS	PRESENT HOME ADDRESS		



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

MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NO.	121338672635
REGISTRATION TRACKING NO.	924081044520

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	ALPUERTO	LYKA		MANGUMPIT	<input type="checkbox"/>
FATHER	ALPUERTO	RENATO		BABOR	<input type="checkbox"/>
MOTHER (Maiden Name)	MANGUMPIT	MARIFE		JARALVE	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ALPUERTO	LYKA		MANGUMPIT	<input type="checkbox"/>

DATE OF BIRTH	MARITAL STATUS	TAXPAYER IDENTIFICATION NUMBER (TIN)
04/19/2005	Single/Unmarried	
PLACE OF BIRTH	CITIZENSHIP	SSS NUMBER
MANDAUE CITY, CEBU	FILIPINO	
SEX	PROMINENT DISTINGUISHING FACIAL FEATURES	EMPLOYEE NUMBER
FEMALE		For AFP/FPN Employee, Serial/Badge No.
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT	For Dep'd 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
	H ABELLANA STREET	+83 (0906) 0358961
Subdivision	Barangay	Business (Direct Line)
	CUBACUB	
Municipality/City	Province/State/Country	Business (Trunk Line)
MANDAUE CITY	CEBU, PHILIPPINES	
ZIP Code		Email Address
6014		alpuerto7@gmail.com

PRESENT HOME ADDRESS		
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.
House No.	Street Name	Subdivision
	H ABELLANA STREET	Barangay
		CUBACUB
Municipality/City	Province/State/Country	ZIP Code
MANDAUE CITY	CEBU, PHILIPPINES	6014
PREFERRED MAILING ADDRESS	PRESENT HOME ADDRESS	

THIS FORM MAY BE REPRODUCED, NOT FOR SALE.

REPUBLIC OF THE PHILIPPINES

HQP-PFF-039
(F10, 04/2022)

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

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
ALPUERTO	MARIFE		MANDUMPIT		MOTHER	04/11/1975

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, supplement 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 _____ DATE _____

Signature of member/Heir _____ Designation/Position _____ Branch/Unit _____

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.





Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

B/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): **122515428885** PhilSys Number :
Member Category : DIRECT CONTRIBUTOR - SELF
EARNING INDIVIDUAL - INDIVIDUAL NHTS Coverage : N/A
Validity Period : N/A

ALPUERTO, LYKA MANGUMPIT
CUBACUB, MANDAUE CITY, CEBU - 6014

Foreign Address : N/A Sex : FEMALE
Date of Birth : 04/16/2005
Place of Birth : MANDAUE CITY, CEBU
Contact No. (Foreign) : N/A Civil Status : SINGLE
(Local) : /0956 0358961 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: N/A
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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*** NO DECLARED DEPENDENT/S ***

MARJORIE A. CABRIETO
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. *Read the*



Name ALPUERTO, LYKA M. (24262826)

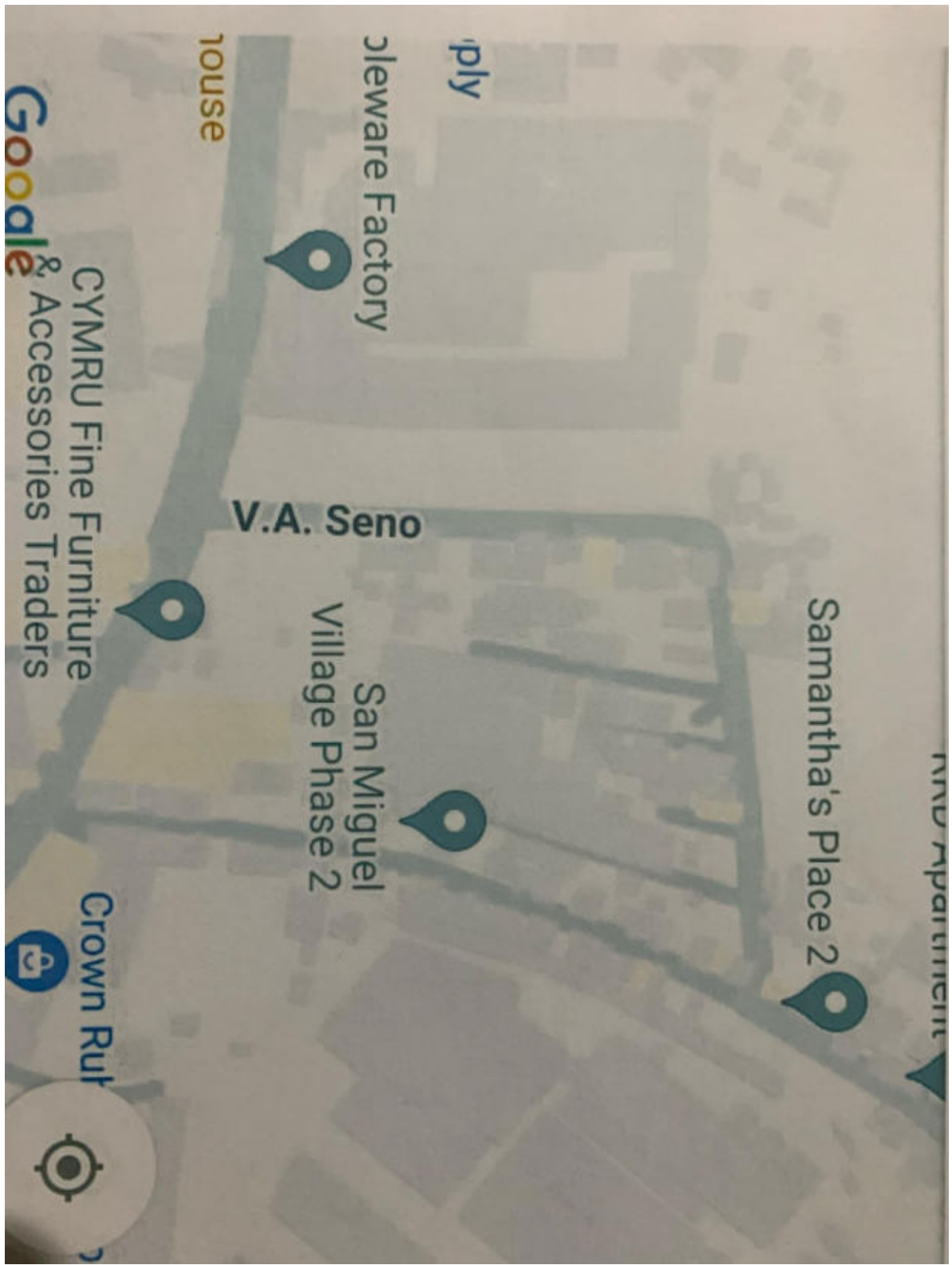
College College of Business & Accountancy

Course BSBA

Year Level 1

Section Non-blocked

EDP Code	Subject	Type	Units	Days	Time	Room	Course	Status
72366	ACCTG 111	LEC	3	THS	6:30 PM - 7:30 PM	310	BSBA	
72073	BA 111	LEC	3	THS	3:30 PM - 4:30 PM	308	BSBA	
72221	ENGL 100	LEC	3	THS	2:30 PM - 3:30 PM	414	BSBA	
72358	ENTREP 100	LEC	3	MWF	6:30 PM - 7:30 PM	312	BSBA	
72392	HIST 101	LEC	3	THS	7:30 PM - 8:30 PM	307	BSBA	
72384	MATH 100	LEC	3	MWF	7:30 PM - 8:30 PM	307	BSBA	
76263	NSTP 101	LEC	3	THS	5:30 PM - 6:30 PM	FLD	BSIT	
95719	PE 101	LEC	2	MON	1:30 PM - 3:30 PM	SH1009	BSIT	
72107	PSYCH 101	LEC	3	THS	4:30 PM - 5:30 PM	416	BSBA	
72089	SOCIO 102	LEC	3	MWF	4:30 PM - 5:30 PM	308	BSBA	
Total			29					



ply

cleware Factory

ouse

V.A. Seno

San Miguel
Village Phase 2

Samantha's Place 2

CYMRU Fine Furniture
& Accessories Traders

Crown Ruf

Google

