



# MEMBER'S DATA FORM (MDF)

| FOR Pag-IBIG Fund USE ONLY   |              |
|------------------------------|--------------|
| Pag-IBIG MID NUMBER          | 121325738919 |
| REGISTRATION TRACKING NUMBER | 923221321167 |

| OCCUPATIONAL STATUS                                 |            | UNEMPLOYED/NOT YET EMPLOYED |  |                                      |                          |
|---|------------|-----------------------------|--|--------------------------------------|--------------------------|
| MEMBERSHIP CATEGORY                                 |            |                             |  |                                      |                          |
| PERSONAL DETAILS                                    |            |                             |  |                                      |                          |
| NAME  | LAST NAME  | FIRST NAME                  | NAME EXTENSION   | MIDDLE NAME                          | NO MIDDLE NAME           |
| MEMBER  | DUMPA      | VYTHS                       |  | APLACA                               | <input type="checkbox"/> |
| FATHER  | DUMPA      | ALAN                        |  | APAO                                 | <input type="checkbox"/> |
| MOTHER (Maiden Name)                                | APLACA     | JESSIE                      |  | MANSANADEZ                           | <input type="checkbox"/> |
| SPOUSE (if Married)                                 |            |                             |  |                                      | <input type="checkbox"/> |
| MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE | DUMPA      | VYTHS                       |  | APLACA                               | <input type="checkbox"/> |
| DATE OF BIRTH                                       |            | MARITAL STATUS              |  | TAXPAYER IDENTIFICATION NUMBER (TIN) |                          |
| 05/03/2001  |            | Single/Unmarried            |  |                                      |                          |
| PLACE OF BIRTH                                      |            |                             | CITIZENSHIP  |                                      | SSS NUMBER               |
| MANILA, METRO MANILA (NCR)                          |            |                             | FILIPINO   |                                      | 3510501630               |
| SEX   | HEIGHT(cm) | WEIGHT(kg)                  | PROMINENT DISTINGUISHING FACIAL FEATURES   |                                      |                          |
| FEMALE  | 151 00     | 45 00                       |  |                                      |                          |
| COMMON REFERENCE NUMBER (CRN)                       |            |                             | FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT   |                                      |                          |
|   |            |                             | For AFP/PNP Employee, Senal/Badge No<br>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                             |
|                             |           |                        |                                 | PUROK 3     |  |
| Subdivision                 |           |                        | Barangay                        |             | Business (Direct Line)                 |
|                             |           |                        | CANICAPAN                       |             |  |
| Municipality/City           |           |                        | Province/State/Country          |             | Business (Trunk Line)                  |
| CLARIN                      |           |                        | MISAMIS OCCIDENTAL, PHILIPPINES |             |  |
| ZIP Code                    |           |                        | Email Address                   |             |  |
| 7201                        |           |                        | vythsdumpa.gsg@gmail.com        |             |  |
| PRESENT HOME ADDRESS        |           |                        |                                 |             |  |
| Unit/Room No. Floor         |           | Building Name          |                                 | Lot no.     | Block no.                              |
|                             |           |                        |                                 |             | Phase No.                              |
| House No.                   |           | Street Name            |                                 | Subdivision |  |
|                             |           | SITIO SON-OC           |                                 | Barangay    |  |
|                             |           |                        |                                 | LAHUG       |  |
| Municipality/City           |           | Province/State/Country |                                 | ZIP Code    |  |
| CEBU CITY                   |           | CEBU, PHILIPPINES      |                                 | 6000        |  |
| PREFERRED MAILING ADDRESS   |           |                        | PRESENT HOME ADDRESS            |             |  |

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.



## MEMBER DATA RECORD

### MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **100254202260** PhilSys Number :  
 Member Category : DIRECT CONTRIBUTOR - SELF  
 EARNING INDIVIDUAL - INDIVIDUAL NHTS Coverage : N/A  
 Validity Period : N/A

### DUMPA, VYTHS APLACA

ZN 5 MARUPIT, CAMALIGAN, CAMARINES SUR - 4401

Foreign Address : N/A Sex : FEMALE  
 Date of Birth : 5/3/2001  
 Place of Birth : TONDO, NCR, CITY OF MANILA, FIRST DISTRICT  
 Contact No. (Foreign) : N/A Civil Status : SINGLE  
 (Local) : /0968 3020525 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 |
|-----|---------|------------|-------------|-----|----------|---------------|
|-----|---------|------------|-------------|-----|----------|---------------|

\*\*\* NO DECLARED DEPENDENT/S \*\*\*

**HENRY V. ALMANON**  
 REGIONAL VICE PRESIDENT  
 Philhealth Regional Office - V Legaspi City

**Paalala :** Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang mairagdag o 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 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.

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

MO0620IW202109149761 Date/Time Generated: 20 November 2021 10:53:40 AM

|   |   |   |                                    |
|---|---|---|------------------------------------|
| SS NUMBER<br><b>35-1050163-0</b>  |   | NAME  |                                    |
| (LAST NAME)<br><b>DUMPA</b>   | (FIRST NAME)<br><b>VYTHS</b>  | (MIDDLE NAME)<br><b>APLACA</b>                  | (SUFFIX)                           |
| FACTS OF BIRTH  |   |   |                                    |
| DATE OF BIRTH (MMDDYYYY)<br><b>05032001</b>   | PLACE OF BIRTH (CITY/MUNICIPALITY)<br><b>TONDO I / II</b>   | (PROVINCE/STATE)<br><b>METRO MANILA</b>         | (COUNTRY)<br><b>PHILIPPINES</b>    |
| FATHER'S NAME (LAST NAME)<br><b>DUMPA</b>   | (FIRST NAME)<br><b>ALAN</b>   | (MIDDLE NAME)<br><b>APAO</b>                    | (SUFFIX)                           |
| MOTHER'S MAIDEN NAME (LAST NAME)<br><b>APLACA</b>   | (FIRST NAME)<br><b>JESSIE</b>   | (MIDDLE NAME)<br><b>MANSANADEZ</b>              | (SUFFIX)                           |
| DEMOGRAPHIC DATA  |   |   |                                    |
| HOME ADDRESS (RM, FLR, UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)  |   | (STREET NAME)                                   | (SUBDIVISION)                      |
| (BARANGAY/DISTRICT/LOCALITY)<br><b>CANIPACAN</b>  | (CITY/MUNICIPALITY)<br><b>CLARIN</b>  | (PROVINCE)<br><b>MISAMIS OCCIDENTAL</b>         | POSTAL CODE<br><b>7201</b>         |
| COUNTRY CODE<br><b>0063</b>   | CIVIL STATUS<br><b>SINGLE</b>   | HEIGHT (IN CENTIMETERS)<br><b>54</b>            | WEIGHT (IN KILOGRAMS)<br><b>46</b> |
| DISTINGUISHING FEATURE/S  | NATIONALITY<br><b>FILIPINO</b>  | RELIGION<br><b>CHRISTIAN</b>                    |                                    |
| OTHER CARD APPLICANT DATA   |   |   |                                    |
| TELEPHONE NUMBER (AREA CODE + TEL NO.)  | MOBILE NUMBER<br><b>(0968) 302-0525</b>   | EMAIL ADDRESS<br><b>vythsdumpa217@gmail.com</b> |                                    |
| 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   |   |   |                                    |
| 2   |   |   |                                    |
| FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE   |   |   |                                    |
| SELF-EMPLOYED (SE)  | OVERSEAS FILIPINO WORKER (OFW)  | NON-WORKING SPOUSE (NWS)                        |                                    |
| Profession/Business   | Foreign Address   | SS No./Command Reference No. of Working Spouse  |                                    |
| Year Prof./Business Started   |   |   |                                    |
| Monthly Earnings  | Monthly Earnings  | Monthly Income of Working Spouse (P)            |                                    |
|   | Are you applying for membership in the Flex-Fund Program?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |   |                                    |
| PURPOSE OF APPLICATION  |   |   |                                    |
| PURPOSE<br><b>FOR EMPLOYMENT</b>  | PROFESSION/BUSINESS   | ESTIMATED MONTHLY SALARY                        |                                    |
| UMID CARD APPLICATION WITH ATM OPTION   |   |   |                                    |
| <input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)  | (BANK BRANCH)   |   |                                    |
| CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION   |   |   |                                    |
| 1. I certify that the information provided are true and correct.<br>2. I hereby consent to:<br>• 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;<br>• sharing of these data with SSS service providers to carry out the purposes stated above; and<br>• disposal of this application in the manner consistent with the Data Privacy Act.<br>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.<br>4. 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. |   |   |                                    |

