

TCD201901823808



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
BUREAU OF INTERNAL REVENUE



TIN:  
**644-928-745-00000**

Name:  
PARDILLO, EZRA AARON NUDALO

Address:  
GUADALUPE 8000 CITY OF CEBU CEBU  
PHILIPPINES

SIGNATURE

Birth Date:  
20-SEP-2000

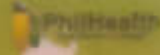
TIN Issuance Date:  
23-FEB-2024



CR 002-004141



REPUBLIC OF THE PHILIPPINES  
Department of Health - Department of Health Office



**12-252031565-7**

**PARDILO, EZRA AARON NUDALO**

SEPTEMBER 20, 2000 - M.A.S

QUIJADON SERVACIO, GUADALUPE, CEBU

CITY, CEBU - 6000





The image shows a Pag-IBIG Plus Loyalty Card. The card has a blue and yellow design. At the top left is the Pag-IBIG logo, which consists of a house icon with a sun and a person inside. To the right of the logo, the text "Pag-IBIG Plus" is written in a stylized font, with "LOYALTY CARD" underneath. Below the logo is a gold-colored chip. The cardholder's name, "EZRA AARON N. PARDILLO", and ID number, "1213-3713-9643", are printed in the center. To the right of the text is a portrait of the cardholder. At the bottom left is a small star icon, and at the bottom center is a barcode with the number "3\*\*982\*2053\*007853" below it.

**Pag-IBIG Plus**  
LOYALTY CARD

**EZRA AARON N. PARDILLO**  
ID No. **1213-3713-9643**

3\*\*982\*2053\*007853



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM  
 REQUEST/VERIFICATION FORM**

COV-01205 (05-2015)

**THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE**

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK OR BLUE INK ONLY.

**PART I - TO BE FILLED OUT BY MEMBER**

**A. MEMBER INFORMATION**

SS NUMBER: 0161471524732  
 COMMON REFERENCE NUMBER: \_\_\_\_\_  
 DATE OF BIRTH (MMDDYYYY): 08/20/2010  
 TAX IDENTIFICATION NUMBER (IF ANY): \_\_\_\_\_  
 NAME: PARDILLO, EZRA NUDALO  
 LOCAL ADDRESS: BRGY. LAKING, APAS STREET, ZIP CODE 6100P  
 TELEPHONE NUMBER: \_\_\_\_\_  
 MOBILE/CELLPHONE NUMBER: 09751066528  
 E-MAIL ADDRESS: ezra.nudalo@gmail.com  
 GENDER:  MALE  FEMALE  
 TYPE OF MEMBERSHIP:  EMPLOYED  VOLUNTARY  SELF-EMPLOYED  NON-WORKING SPOUSE  OVERSEAS FILIPINO WORKER

**B. TYPE OF TRANSACTION**

REQUEST

Cancellation of Multiple SS Numbers, indicate the following information:  
 Civil Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_  
 Maiden Name (if female): \_\_\_\_\_ Name of Child/Children: 1. \_\_\_\_\_  
 Name of Father: \_\_\_\_\_ 2. \_\_\_\_\_  
 Name of Mother: \_\_\_\_\_ 3. \_\_\_\_\_

Consolidation of Contributions (for members with multiple employers)  Deletion of Entry in Employment History Record  
 Correction/Refund/Posting/Adjustment of Contributions  Encoding/Correction of Date of Coverage  
 Manual Verification

Employment History (To be filled-out by member requesting for the above request/s) - Please use separate sheet if necessary

NAME OF EMPLOYER	ADDRESS	PERIOD OF EMPLOYMENT	
		FROM (MM/YYYY)	TO (MM/YYYY)
1			
2			

Certification of Membership/Non-Membership  Print-out of Computer Records (EE Basic Information/Actual Premiums/Fee-Fund Premiums/SSS P.E.S.O. Fund Premiums/Employment History/Claims Information)  
 Copy of Membership Record/s (Record Type)  Others \_\_\_\_\_

VERIFICATION

Contribution (Indicate Period Covered) \_\_\_\_\_  Loans/Benefits Eligibility  
 Date of Coverage \_\_\_\_\_  Status of \_\_\_\_\_  
 Employer Number \_\_\_\_\_  Loan Application  
 SS Number \_\_\_\_\_  Benefits Claim Application (sickness/maternity/EC/ disability/retirement/death/burial)  
 Flexi-Fund Premiums \_\_\_\_\_  Application for UMID Card  
 SSS P.E.S.O. Fund Premiums \_\_\_\_\_  Data Change Requested  
 Loan Balance \_\_\_\_\_  Others \_\_\_\_\_

**C. CERTIFICATION**

I certify that the information provided in this form are true and correct.

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**D. AUTHORIZATION (To be filled out by member with authorized representative or company representative only)**

I authorize Mr./Ms. \_\_\_\_\_ to request/verify the information requested above and/or sign documents necessary for the release of the result of the said request/verification.

PRINTED NAME & SIGNATURE OF MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_ PRINTED NAME & SIGNATURE OF AUTHORIZED REP: \_\_\_\_\_ DATE: \_\_\_\_\_

**PART I - TO BE FILLED OUT BY SSS**

Preference for release of request/verification:  For Mailing  For Pick-up (indicate date & time) \_\_\_\_\_  
 Identification document/s presented by herein named authorized/co. representative:  SS  Two (2) valid IDs \_\_\_\_\_

Perforate Here



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM  
 REQUEST/VERIFICATION FORM  
 ACKNOWLEDGEMENT STUB**

SS NUMBER/Common Reference Number (if any): \_\_\_\_\_ NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

RECEIVED BY: \_\_\_\_\_ SIGNATURE OVER PRINTED NAME: \_\_\_\_\_ POSITION TITLE: \_\_\_\_\_ DATE & TIME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

93 Omega Street,  
Cebu, Central Visayas  
6000, Philippines



Philippines · Cebu

2.0 n.

36 min  
1.9 mi

Seda Central  
Bloc Cebu

Starbucks

Trattoria da  
Gianni

Waterfront Cebu  
City Hotel &  
Casino

Alberto's Pizza  
Mabolo Branch

Tongs S  
Restaura

Landers  
Superstore

Mezzo Ho

tel &  
ence  
Cebu

Ayala Center Cebu

The Social

Hop Inn Hotel  
Cebu City

Mabolo Ro

ouse

MABO