



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

Transaction Number: MO0417IW202102121210 Date/Time Generated: 13 April 2021 01:45:56 PM

SS NUMBER <b>35-0169132-6</b>					
<b>NAME</b>					
(LAST NAME) <b>BRIONES</b>	(FIRST NAME) <b>CAR MICHAEL</b>	(MIDDLE NAME) <b>SISMAR</b>	(SUFFIX)		
<b>FACTS OF BIRTH</b>					
DATE OF BIRTH (MMDDYYYY) <b>12061999</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>CITY OF NAGA</b>	(PROVINCE/STATE) <b>CEBU</b>	(COUNTRY) <b>PHILIPPINES</b>	SEX <b>MALE</b>	
FATHER'S NAME (LAST NAME) <b>BRIONES</b>	(FIRST NAME) <b>BABLITO</b>	(MIDDLE NAME) <b>ALISTRE</b>	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) <b>SISMAR</b>	(FIRST NAME) <b>DESA</b>	(MIDDLE NAME) <b>ALISTRE</b>	(SUFFIX)		
<b>DEMOGRAPHIC DATA</b>					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)		(STREET NAME)	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) <b>INAYAGAN</b>	(CITY/MUNICIPALITY) <b>CITY OF NAGA</b>	(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6037</b>	COUNTRY CODE <b>0063</b>	
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS)	WEIGHT (IN KILOGRAMS)	DISTINGUISHING FEATURE/S	NATIONALITY <b>FILIPINO</b>	RELIGION <b>ROMAN CATHOLIC</b>
<b>OTHER CARD APPLICANT DATA</b>					
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER <b>(0966) 740-2964</b>	EMAIL ADDRESS <b>brionescarl3@gmail.com</b>			
<b>DEPENDENT(S)/BENEFICIARY/IES</b>					
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
1	SISMAR	DESA	ALISTRE		Foster parent
2	BRIONES	BABLEO	SISMAR		Brother
					DATE OF BIRTH (MMDDYYYY)
					33091965
					11201997
<b>FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE</b>					
<b>SELF-EMPLOYED (SE)</b>		<b>OVERSEAS FILIPINO WORKER (OFW)</b>		<b>NON-WORKING SPOUSE (NWS)</b>	
Profession/Business		Foreign Address		SS No./Common 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>PURPOSE OF APPLICATION</b>					
PURPOSE <b>FOR EMPLOYMENT</b>		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
<b>UMID CARD APPLICATION WITH ATM OPTION</b>					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)			(BANK BRANCH)		
<b>CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION</b>					
<p>1. I certify that the information provided are true and correct.</p> <p>2. I hereby consent to:</p> <ul style="list-style-type: none"> <li>the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updates of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits;</li> <li>sharing of these data with SSS service providers to carry out the purposes stated above; and</li> <li>disposal of this application in the manner consistent with the Data Privacy Act.</li> </ul> <p>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.</p> <p>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.</p>					



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121281150785
REGISTRATION TRACKING NUMBER	921081777120

OCCUPATIONAL STATUS: UNEMPLOYED/NOT YET EMPLOYED

MEMBERSHIP CATEGORY

PERSONAL DETAILS

	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	BRIONES	CAR MICHAEL		SISMAR	<input type="checkbox"/>
FATHER	BRIONES	BABLITO		ALICAYA	<input type="checkbox"/>
MOTHER (Maiden Name)	SISMAR	DE SA		AUSTRE	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	BRIONES	CAR MICHAEL		SISMAR	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
12/06/1999	Single/Unmarried				
PLACE OF BIRTH	CITIZENSHIP		SSS NUMBER		
MINGLANILLA, CEBU, PHILIPPINES	FILIPINO		GSIS NUMBER		
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER
MALE	0.00	0.00			
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		For AFP/PNP 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	CELLPHONE	
				ESTACA	+63 (0666) 7402964	
Subdivision	Barangay			BUSINESS (DIRECT LINE)		
	INAYAGAN					
Municipality/City	Province/State/Country			BUSINESS (TRUNK LINE)		
NAGA	CEBU, PHILIPPINES					
ZIP Code	E-MAIL ADDRESS					
6037	brionescar3@gmail.com					
PRESENT HOME ADDRESS						
Unit/Room No., Floor	Building Name	Lot no.	Block no.	Phase No.		
House No.	Street Name	Subdivision		Barangay		
	ESTACA			INAYAGAN		
Municipality/City	Province/State/Country			Zip Code		
NAGA	CEBU, PHILIPPINES			6037		
PREFERRED MAILING ADDRESS	PERMANENT HOME ADDRESS					



## MEMBER DATA RECORD

### MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **120516282180**

Member Category : FORMAL ECONOMY

Sub-Category : PRIVATE

NHTS Coverage :

Effectivity Period :

**BRIONES, CAR MICHAEL SISMAR**

ESTACA, INAYAGAN, NAGA, CEBU 6037

Foreign Address : N/A

Sex : Male

Date of Birth : 12/06/1999

Place of Birth : MINGLANILLA, CEBU

Contact No. (Foreign) : N/A

Civil Status : SINGLE

(Local) : 09667402964

Tax Identification Number :

### EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : 012030000930

Name of Employer/Organized Group : RPD ENCODING SERVICES

Business Address : PUROK 1 ESTACA, TUNGHAAN, MINGLANILLA, CEBU

Telephone Number : N/A

Tax Identification Number : 314122906

### DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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\*\*\* NO DECLARED DEPENDENT/S \*\*\*

\*\*\* 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 maidagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ~~paper~~ *paper*. 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.

3/24/2021 8:08:06 PM 30499114 30499114 / / 3/24/2021



Logout



Head Office Details

**Taxpayer Identification****Number (TIN): 648911357****Registered Name: CAR****MICHAEL SISMAR BRIONES****Branch Code: 00000****RDO Code: RDO083 - TALISAY,  
CEBU**

Generated Digital TIN ID History



Home



Profile



TIN ID



About ORUS



FAQs

AA

orus.bir.gov.ph





Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



36512075

This is to certify that the person whose name, picture, signature and thumbprint appearing below are checked for NBI Clearance and the results is as follows:



SIGNATURE  
*Car Michael*

NBI ID NO:  
**B652LCFL99-LG1460669**

VALID UNTIL  
**November 28, 2024**

FAMILY NAME  
**BRIONES**

FIRST NAME  
**CAR MICHAEL**

MIDDLE NAME  
**SISMAR**

HUSBAND'S SURNAME

ADDRESS  
**PUROK 1 STA FILOMINA ESTACA INAYAGAN CITY OF NAGA CEBU**

DATE OF BIRTH  
**December 06, 1999**

PLACE OF BIRTH  
**MINGLANILLA CEBU**

CITIZENSHIP  
**FILIPINO**

CIVIL STATUS  
**SINGLE**

GENDER  
**MALE**

PURPOSE  
**MULTI-PURPOSE CLEARANCE**

**PERSONAL COPY**

REMARKS  
**NO DEROGATORY RECORD**



B652LCFL99-LG1460669

*Medardo de Lemos*  
**ATTY. MEDARDO G. DE LEMOS**  
Director

Date Printed: Monday, 4 December 2023 10:27 am  
Agency: LG  
CASID: omambac  
O.R. No: 02DLMSS  
C.R. Date: 11/23/2023 10:10:03 a  
DST PAID  
DATID: omambac  
BIOID: omambac  
RECID: cruz02  
INTID:  
VPRID: omambac





REPUBLIC OF THE PHILIPPINES  
 PROVINCE OF CEBU  
 CITY OF NAGA  
 BARANGAY INAYAGAN  
 TEL. NO. 383-2466



Service with a



**OFFICE OF THE PUNONG BARANGAY**



**HON. EDILBERTO A. FAT**  
 Punong Barangay

**Barangay Councilors:**

**HON. NARCISO C. TABLATE**  
 Chairman on Peace and Order and Environment

**HON. LENDY L. FAT**  
 Chairman on Budget and Appropriation and Infrastructure

**HON. ANASTACIO A. CAÑETE JR.**  
 Chairman on Agriculture and BCPC

**HON. HIDEL V. ARCILLA**  
 Chairman on Laws and Solid Waste

**HON. JEAN A. CAÑA**  
 Barangay Councilor

**HON. ALLAN P. CAPARAS**  
 Chairman on Education and Utilities and Facilities

**HON. ELNA L. TAN**  
 Chairman on Health and Sanitation and Social Services

**HON. DAPHNE M. PRANDAS**  
 SK Chairwoman

**Barangay Clearance**

TO WHOM IT MAY CONCERN:

This is to certify that Car Michael Briones,  
24 years of age, Single a resident of this Barangay  
 particularly at Purok Sta. Filomena, Estaca,  
Inayagan, City of Naga, Cebu, Philippines.

This certifies that as per records available at this office as of the date, he/she was not been accused or convicted of any crime or whatsoever.

This clearance is being issued upon the request of the aforementioned name in connection with his/her application for LOCAL EMPLOYMENT PURPOSES.

Done this 29<sup>th</sup> day of July, 2024 at Inayagan, City of Naga, Cebu, Philippines.

Signature of the Applicant



Left



Right

**HON. EDILBERTO A. FAT**  
 Barangay Captain

CTC No \_\_\_\_\_  
 Issued On \_\_\_\_\_  
 Issued At \_\_\_\_\_  
 O.R. No. \_\_\_\_\_  
 Amount Paid \_\_\_\_\_

# St. Paul College Foundation, Inc.



The President and Chairman of the Board, by authority of the Board of Directors and on recommendation of the Dean and the Faculty of the College, has conferred upon

**CAR MICHAEL S. BRIONES**

the certificate of

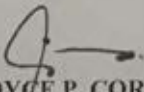
**HEALTH CARE SERVICES NC-II**

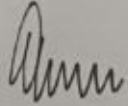
with all the rights, honors and privileges as well as the obligations and responsibilities thereunto appertaining. In testimony whereof, this CERTIFICATE is conferred.

Given this 30<sup>th</sup> day of MAY 2020 in Cebu City, Philippines.

Given Under the Authority of: Technical Skills and Development Authority (TESDA)  
S. O. NO. 0722-HHCHCS 205-0076-2022 DATED: 03/31/2022



  
MARY JOYCE P. CORVERA, RN, MAN  
DEAN COLLEGE OF NURSING

  
ALBIM Y. CABATINGAN, DBA, DPAC, Ph. D  
CAMPUS AFFAIRS DIRECTOR

JULIES  
BAKESHOP

SISTERS OF MARY  
BOYSTOWN

NATIONAL HIGHWAY RD



MARY HELP OF CHRISTIAN SCHOOL

TUNGHANAN RD



KAHALÉ  
TOWN HOUSE

TINONG'S  
BAKESHOP

MIDENA  
SUBDIVISION



PULUK I  
ESTACA TUNGHANAN  
DINGO - CEBU







REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation



Signature



**12-051628218-0**

**BRIONES, CAR MICHAEL SISMAR**

DECEMBER 06, 1999 - MALE  
ESTACA INAYAGAN NAGA, CEBU - 6037



1 2 0 5 1 6 2 8 2 1 8 0