

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

Transaction Number: MO0516IW202105315832 Date/Time Generated: 02 June 2021 03:37:52 PM

SS NUMBER 35-0587905-0					
NAME (LAST NAME) SARNO (FIRST NAME) ANDREA MAE (MIDDLE NAME) YLARAN (SUFFIX)					
DATE OF BIRTH (MMDDYYYY) 12302000		PLACE OF BIRTH (CITY/MUNICIPALITY) CEBU CITY (CAPITAL)		(PROVINCE/STATE) CEBU	(COUNTRY) PHILIPPINES
FACTS OF BIRTH SEX FEMALE					
FATHER'S NAME (LAST NAME) SARNO		(FIRST NAME) REYNALD		(MIDDLE NAME) GOC-ONG (SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) YLARAN		(FIRST NAME) MARIBEL		(MIDDLE NAME) RAMOS (SUFFIX)	
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK. NO.) BLOCK 15, LOT 9			(STREET NAME) OLIVO	(SUBDIVISION) OLIVO HEIGHTS	
(BRANZAY DISTRICT/LOCALITY) OLIVO		(CITY/MUNICIPALITY) TABUELAN	(PROVINCE) CEBU	POSTAL CODE 6044	COUNTRY CODE 0063
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 1.6	WEIGHT (IN KILOGRAMS) 58	DISTINGUISHING FEATURE/S		NATIONALITY FILIPINO
RELIGION CHRISTIAN					
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL. NO.)		MOBILE NUMBER (0951) 962-2939	EMAIL ADDRESS andreamaeylaransarno@gmail.com		
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 SARNO	MARIBEL	YLARAN		Foster parent	06031978
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./Common Reference No. of Working Spouse	
Year Prof./Business Started				<input type="text"/> <input type="text"/>	
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			
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT		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					
<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"> • 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. • sharing of these data with SSS service providers to carry out the purposes stated above; and • disposal of this application in the manner consistent with the Data Privacy Act. <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>					



Republika ng Pilipinas
Republic of the Philippines
Kagawaran ng Edukasyon
Department of Education



REHIYON VII
REGION VII

SANGAY NG CEBU
DIVISION OF CEBU

JUAN PAMPLONA NATIONAL HIGH SCHOOL

Pinatutunayan nito na si
This certifies that

ANDREA MAE Y. SARNO

Learner Reference Number (LRN): 119780070019

ay kasiya-siyang nakatupad sa mga kinakailangan sa pagtatapos ng Junior High School na itinakda para sa
has satisfactorily completed the requirements for Junior High School prescribed for
Mataas na Paaralan ng Kagawaran ng Edukasyon, kaya pinagkaloooban siya nitong
Secondary Schools of the Department of Education and is therefore awarded this

**KATUNAYAN
CERTIFICATE**

Nilagdaan sa Poblacion, Tabuelan, Cebu, Pilipinas nitong ika-6 ng Abril 2018.
Signed in Poblacion, Tabuelan, Cebu, Philippines on the 6th day of April 2018.

Uhl
CLAVEL D. SALINAS, Ed.D.
Punong-Guro
Principal

Rhea Mar A. Angtud
RHEA MAR A. ANGTUD, Ed.D., CESO VI
Pansangay na Tagapamanihala ng mga Paaralar
Schools Division Superintendent

FRONT



BACK



Note: The Digital TIN ID does not require a signature. To verify the authenticity of the information of this Digital TIN ID holder, scan the QR Code using any mobile device camera or QR Code scanner with internet connection. If your device does not have an internet connection to scan the QR Code, you may contact the BIR Customer Assistance Division (CAD) via (02) 8538-3200 to verify the taxpayer's TIN.

Digital TIN ID photo that is not compliant with the photo requirements and specifications shall not be considered valid for presentation in transactions and shall not be accepted as valid Digital TIN ID by the relying party(ies).



Alorica Teleservices, Inc.
12/F Three Cyberpod Centre - South Tower
Eton Centre Edsa cor. Quezon Avenue
Barangay Pinyahan, Diliman District
Quezon City, Philippines 1101
www.alorica.com

CERTIFICATION OF EMPLOYMENT

This certifies that **Ms. Andrea Mae Yiaran Sarno** was an employee of **Alorica Teleservices, Inc.** (formerly known as Alorica Asia ROHQ, Ltd. / RMH Teleservices Asia Pacific, Inc./Expert Global Solutions) from October 18, 2022 to January 30, 2024. She last held the position of Customer Experience Agent.

This certification is being issued upon the request of Ms. Sarno for whatever legal purpose it may serve. For the purpose of employment verification, please send an email to HumanResources@alorica.com.

Issued on the 15th day of July, 2024 in Quezon City, Philippines.

A handwritten signature in black ink that reads "Jamea".

ATTY. MA. JAMEA ASSUMPTA GARCIA
Regional Vice President, Human Resources



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER
1 2 1 2 6 7 0 9 9 1 A 4

REGISTRATION TRACKING NUMBER
9211-5379-9840

- 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		<input type="checkbox"/> EMPLOYED	<input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED
<input type="checkbox"/> CHECK THIS BOX IF FIRST TIME JOB SEEKER			
*MEMBERSHIP CATEGORY			
MANDATORY		VOLUNTARY	
<input type="checkbox"/> EMPLOYED (PRIVATE)	<input type="checkbox"/> SELF-EMPLOYED	<input type="checkbox"/> EMPLOYED (FOREIGN GOVERNMENT)	<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION
<input type="checkbox"/> EMPLOYED (GOVERNMENT)	<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER	<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT
<input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD	<input type="checkbox"/> JOB ORDER PERSONNEL	<input type="checkbox"/> NON-WORKING SPOUSE	<input type="checkbox"/> OTHERS. Please specify
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> OTHER EARNING GROUP (OEGs)	<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP	<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. JR., II)
*MEMBER	SARNO	ANDREA MAE	YLARAN
FATHER	SARNO	REYNALD	GOC-ONG
*MOTHER (Maiden Name)	YLARAN	MAKIBEL	KAMOS
*SPOUSE (if Married)			
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE			
*DATE OF BIRTH	*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)
1 2 2 0 2 0 0 0	<input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)	*CITIZENSHIP		SSS/GSIS NUMBER
CEBU, CITY			
*SEX	HEIGHT	WEIGHT	EMPLOYEE NUMBER
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	160 (cm)	58 (kg)	
COMMON REFERENCE NUMBER (CRN) (if Available)	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)		For AFP/PNP Employee, Serial/Badge No.
	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (if payment of MS is not thru payroll deduction)		For DepEd Employee, Division Code-Station Code
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		
ADDRESS AND CONTACT DETAILS			
*PERMANENT HOME ADDRESS			(Indicate country code if abroad)
Unit/Room No., Floor, Building Name	Lot No., Block No., Phase No., House No.	Street Name	COUNTRY + AREA CODE TELEPHONE NUMBER
OLIVE HEIGHTS OLIVE	TABUERAHAN CEBU	6044	
Subdivision, Barangay, Municipality/City, Province/State/Country (if abroad), ZIP Code			
*PRESENT HOME ADDRESS			Cell Phone
Unit/Room No., Floor, Building Name	Lot No., Block No., Phase No., House No.	Street Name	09 09 621939
Subdivision, Barangay, Municipality/City, Province/State/Country (if abroad), ZIP Code	Business (Direct Line)		
*PREFERRED MAILING ADDRESS			Business (Trunk Line) Local
<input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address			09 09 621939
			Email Address

THIS FORM MAY BE REPRODUCED, NOT FOR SALE.

(Copy for OCRG)



Multiple Form No. 102 (Revised January 1999)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH (To be completed, carefully and legibly, the use of typewriter. Please X before the appropriate answer in Items 2, 5a, 5b and 15a.)				
Province <u>Cebu</u> City/Municipality <u>Cebu City</u>		Registry No. <u>2000 87468</u>		The OGRG USE ONLY Registration Reference No. <u>2217-002141-0</u> TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94
1. NAME (First) (Middle) (Last) <u>ANJELA MAE</u> <u>ILARAN</u> <u>SABRO</u>		2. SEX ___ 1 Male <u>XXXX</u> 2 Female		
3. DATE OF BIRTH (Day) (Month) (Year) ___ ___ <u>30</u> <u>December</u> <u>2000</u>		4. PLACE OF BIRTH (Name of Hospital/ Clinic/ Institution) (City/Municipality) (Province) House No., Street, Barangay <u>VICTOR BERTO MEMORIAL MEDICAL CENTER, Cebu City, Cebu</u>		
5a. TYPE OF BIRTH <u>XXXX</u> 1 Single ___ 2 Twin ___ 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS ___ 1 First ___ 2 Second ___ 3 Others, Specify		
c. BIRTH ORDER (five births and fetal deaths including this delivery) ___ <u>1st</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH ___ <u>2.825</u> grams		
6. MAIDEN NAME (First) (Middle) (Last) <u>MARIBEL</u> <u>BAROG</u> <u>ILARAN</u>		7. CITIZENSHIP <u>FILIPINO</u>		
8. RELIGION <u>ROMAN CATHOLIC</u>		9a. Total number of children born alive: <u>1</u>		
b. No. of children still living including this birth: <u>1</u>		c. No. of children born alive but are now dead: <u>0</u>		
10. OCCUPATION <u>HOUSEWIFE</u>		11. Age at the time of this birth: <u>33</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>BULASA, ARJAO, Cebu</u>		13. NAME (First) (Middle) (Last) <u>RYNALD</u> <u>OSONG</u> <u>SABRO</u>		
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>		
16. OCCUPATION <u>ASST. COOK</u>		17. Age at the time of this birth: <u>22</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>MAY 20, 2000 - OLIVO, TABUNLAN, Cebu</u>				
19a. ATTENDANT ___ 1 Physician ___ 2 Nurse ___ 3 Midwife ___ 4 Midwife (Traditional Midwife) ___ 5 Others (Specify)				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>5:24 P.M.</u> o'clock am/pm on the date stated above.				
Signature <u>[Signature]</u> Address <u>VICTOR Cebu City</u>		Name in Print <u>HAROLD GARCIA, M.D.</u> Date <u>December 30, 2000</u>		
Title or Position <u>MEDICAL OFFICER III</u>		Date		
20. INFORMANT Signature <u>[Signature]</u> Address <u>Bulasa, Arjao, Cebu</u>				
Name in Print <u>MARIBEL BAROG</u>		Date <u>December 30, 2000</u>		
Relationship to the child <u>MOTHER</u>		Date		
21. PREPARED BY Signature <u>[Signature]</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u>		
Name in Print <u>JOY B. ARANALAO</u>		Name in Print <u>AGNES C. DENAPU</u>		
Title or Position <u>MIRRELL</u>		Title or Position <u>CLERK</u>		
Date <u>December 30, 2000</u>		Date		

05186-63-400JSA-01028-BI001
 BEST POSSIBLE IMAGE



BReN
 02217-B002W13-4
 Documentary
 Stamp Tax Paid

Carmelita N. Ericta
 CARMELITA N. ERICTA
 Administrator and Civil Registrar General
 National Statistics Office

000207



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

B/F, Golden Peak Tower, Gorordo Ave., cor Escario St., Cebu City 6000

Healthline (032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871 www.philhealth.gov.ph

02 June 2021

Member Name : **SARNO , ANDREA MAE YLARAN**
Member Address : **OLIVO, TABUELAN, CEBU 6044**

Member Category : **INFORMAL ECONOMY INFORMAL SECTOR**

We are glad that you are now registered with the National Health Insurance Program (NHIP), a program being administered by the Philippine Health Insurance Corporation (PhilHealth).

Your lifetime PhilHealth Identification Number (PIN) is : **1225-1935-9772**

In order for you or any member of your family be entitled to the benefits of the NHIP especially during hospitalization, you or with your employer, or local government or sponsor should have paid the required number of monthly contributions to the Program.

It is important that you always use your PIN in paying your contributions and when you or any member of your family avail of NHIP benefits during hospitalization.

We would like to give you and your family continued protection on health.

Respectfully,

EDWIN M. ORIÑA, MD
REGIONAL VICE PRESIDENT
PRO - VII Cebu City

This is a system generated document, signature is not required



Republic of the Philippines
Province of Cebu
Municipality of Tabuelan
Barangay Olivo
OFFICE OF THE PUNONG BARANGAY

BARANGAY CERTIFICATION


TO WHOM IT MAY CONCERN:

This is to certify that ANDREA MAE Y. SARNO single, Filipino citizen of legal age, a resident of Purok Rosas, Barangay Olivo, Tabuelan, Cebu.

This is to certify further that the above mentioned name is a registered voter in this barangay and she is personally known to me as a law abiding citizen.

This certification is issued upon the request of ANDREA MAE Y. for opening of bank account and any legal purpose it may serve her best.

Given this 24th day of January, 2024 at Barangay Olivo, Tabuelan, Cebu, Philippines.


EDWIN R. JARINA
Punong Barangay

Residence Certificate No.:20370155
Issued at: Olivo, Tabuelan, Cebu
Issued on: January 24, 2024

Paid under O.R.&DST No.:3688368
Issued at: Olivo, Tabuelan, Cebu
Issued on: January 24, 2024



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



12-251935977-2

SARNO, ANDREA MAE YLARAN

DECEMBER 30, 2000 - FEMALE

OLIVO, TABUELAN, CEBU

Andrea Mae Ylaran
Signature



1 2 2 5 1 9 3 5 9 7 7 2