



MEMBER'S DATA FORM (MDF)

| FOR Pag-IBIG Fund USE ONLY | | | | | | | | | | |
|------------------------------|---|---|---|---|---|---|---|---|---|---|
| Pag-IBIG MID NUMBER | | | | | | | | | | |
| 1 | 2 | 3 | 2 | 5 | 0 | 1 | 0 | 8 | 0 | 2 |
| REGISTRATION TRACKING NUMBER | | | | | | | | | | |

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 EMPLOYED UNEMPLOYED/NOT YET EMPLOYED
 CHECK THIS BOX IF FIRST TIME JOB SEEKER

*MEMBERSHIP CATEGORY

| MANDATORY | | VOLUNTARY | |
|---|--|--|---|
| <input checked="" 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) | MIDDLE NAME | NO MIDDLE NAME (check if applicable only) |
|---|------------------|--------------|----------------------------------|-------------|--|
| *MEMBER | Alberca | John Michael | | Lopez | <input type="checkbox"/> |
| FATHER | | | | | <input type="checkbox"/> |
| *MOTHER (Maiden Name) | Lopez | Ludivina | | Quinto | <input type="checkbox"/> |
| *SPOUSE (If Married) | | | | | <input type="checkbox"/> |
| MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE | | | | | <input type="checkbox"/> |

| | | |
|---|---|---|
| *DATE OF BIRTH 12 10 2002 | *MARITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated | TAXPAYER IDENTIFICATION NUMBER (TIN) 235 392 137 |
| *PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) Cebu City, Philippines | *CITIZENSHIP Filipino | SSS/GSIS NUMBER 0646326795 |
| *SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | HEIGHT 165 (cm) | WEIGHT 68 (kg) |
| COMMON REFERENCE NUMBER (CRN) (If Available) | PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.) | EMPLOYEE NUMBER |
| | FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction) <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually | For AFP/PNP Employee, Serial/Badge No. |
| | | For DepEd Employee, Division Code-Station Code |

ADDRESS AND CONTACT DETAILS

| | | | | | | |
|---|--|--|--|--|--|--|
| *PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name | | | | | (Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER | |
| Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code | | | | | Home | |
| Espina Village Guadalupe Cebu City 6000 | | | | | Cell Phone | |
| *PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name | | | | | +63 09297055618 | |
| Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code | | | | | Business (Direct Line) | |
| Espina Village Guadalupe Cebu City 6000 | | | | | Business (Trunk Line) Local | |
| *PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address | | | | | Email Address | |
| | | | | | jmalberca10@gmail.com | |



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



12-051655017-7

ALBERCA, JOHN MICHAEL LOPEZ

DECEMBER 10, 2002 - MALE

GUADALUPE CEBU CITY, CEBU - 6000


Signature



1 2 0 5 1 6 5 5 0 1 7 7



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

MO0296IW202307276509 Date/Time Generated: 27 July 2023 08:50:41 PM

| | | | | | |
|---|--|--|--|---|------------------------------|
| SS NUMBER 06-4632679-5 | | | | | |
| NAME | | | | | |
| (LAST NAME) ALBERCA | (FIRST NAME) JOHN MICHAEL | (MIDDLE NAME) LOPEZ | (SUFFIX) | | |
| FACTS OF BIRTH | | | | | |
| DATE OF BIRTH (MMDDYYYY) 12102002 | PLACE OF BIRTH (CITY/MUNICIPALITY) CEBU CITY (CAPITAL) | (PROVINCE/STATE) CEBU | (COUNTRY) PHILIPPINES | SEX MALE | |
| FATHER'S NAME (LAST NAME) | | (FIRST NAME) | (MIDDLE NAME) | (SUFFIX) | |
| MOTHER'S MAIDEN NAME (LAST NAME) ALBERCA | | (FIRST NAME) LUDIVINA | (MIDDLE NAME) GUINITA | (SUFFIX) | |
| DEMOGRAPHIC DATA | | | | | |
| HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) | | (STREET NAME) 5TH STREET | (SUBDIVISION) ESPINA VILLAGE | | |
| (BARANGAY/DISTRICT/LOCALITY) GUADALUPE | (CITY/MUNICIPALITY) CEBU CITY (CAPITAL) | (PROVINCE) CEBU | POSTAL CODE 6000 | COUNTRY CODE 0063 | |
| CIVIL STATUS SINGLE | HEIGHT (IN CENTIMETERS) 160.02 | WEIGHT (IN KILOGRAMS) 60 | DISTINGUISHING FEATURE/S | NATIONALITY FILIPINO | RELIGION CHRISTIAN |
| OTHER CARD APPLICANT DATA | | | | | |
| TELEPHONE NUMBER (AREA CODE + TEL NO.) | MOBILE NUMBER (0969) 203-0352 | EMAIL ADDRESS jmalberca361@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) | | | RELATIONSHIP | | DATE OF BIRTH (MMDDYYYY) |
| (LAST NAME) | (FIRST NAME) | (MIDDLE NAME) | (SUFFIX) | | |
| 1 ALBERCA | MARGIE | LOPEZ | | Sister | 03181996 |
| FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE | | | | | |
| SELF-EMPLOYED (SE) | | OVERSEAS FILIPINO WORKER (OFW) | | NON-WORKING SPOUSE (NWS) | |
| Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings _____ | | Foreign Address _____ _____ _____ Monthly Earnings _____ Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO | | SS No./Common Reference No. of Working Spouse _____ _____ Monthly Income of Working Spouse (P) _____ | |
| PURPOSE OF APPLICATION | | | | | |
| PURPOSE FOR EMPLOYMENT / PRIOR REGISTRANT | | PROFESSION/BUSINESS | | ESTIMATED MONTHLY SALARY | |
| UMID CARD APPLICATION WITH ATM OPTION | | | | | |
| <input checked="" type="checkbox"/> UMID CARD AS ATM CARD | | (BANK NAME) UNION BANK OF THE PHILIPPINES | | (BANK BRANCH) UNIONBANK | |
| 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> | | | | | |

INSTRUCTIONS

1. Fill out this form in one (1) copy.
2. Erasures/alterations are not encouraged. However, if necessary, such will be limited up to two (2) erasures/alterations only. Always affix initials on all erasures/alterations of this form.
3. Place a checkmark on the applicable box.
4. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
5. Indicate the home address. If permanent home address is in the province but working in Metro Manila during weekdays or working abroad, indicate the provincial address instead of the Metro Manila address.
6. Write the "HEIGHT" in centimeters and "WEIGHT" in kilograms.
To convert: 1 ft = 30.48 cm 1 in = 2.54 cm 1 lb = 0.4536 kg
7. Limit the distinguishing features to those that can be found on the face such as "mole under the right eye" and "mole or birth mark on the left cheek/forehead".
8. Always indicate the following **mandatory** information:
 - Country of place of birth, if born outside the Philippines
 - Mobile number, if applied locally*
 - Email address, if applied abroad*

* if card applicant cannot provide the required mobile number/email address, indicate the card applicant's immediate family member's mobile number/email address where SSS can communicate with the card applicant.
9. **For all types of card replacement**, pay the required fee at any SSS branch office/accredited bank/collecting agent. Write the Special Bank Receipt (SBR)/Receipt Number/Transaction Reference Number on the field provided and submit this form together with the required document/s and proof of payment to the nearest SSS branch office.
10. **For card replacement due to unclaimed UMID cards beyond five (5) years**, a replacement fee and biometric data re-capture is required.
11. Submit this form to the nearest SSS branch with the following required documents (use the table Documentary Requirements Guide).

| DOCUMENTARY REQUIREMENTS GUIDE | |
|--|--|
| <p>IDENTIFICATION REQUIREMENTS (Present the original)</p> <p>A. Primary ID card/document [any one (1) of the following]:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Unified Multi-Purpose ID Card <input type="checkbox"/> 2. Social Security Card <input type="checkbox"/> 3. Alien Certificate of Registration <input type="checkbox"/> 4. Driver's License <input type="checkbox"/> 5. Firearm Registration <input type="checkbox"/> 6. License to Own and Possess Firearms <input type="checkbox"/> 7. National Bureau of Investigation (NBI) Clearance <input type="checkbox"/> 8. Passport <input type="checkbox"/> 9. Permit to Carry Firearms Outside of Residence <input type="checkbox"/> 10. Postal Identity Card <input type="checkbox"/> 11. Seafarer's Identification & Record Book (Seaman's Book) <input type="checkbox"/> 12. Voter's ID Card <p>B. Any two (2) other ID cards/documents, both with signature and at least one (1) with photo (In absence of a primary card). Please specify.</p> <p><input type="checkbox"/> _____</p> <p>_____</p> | <p>IDENTIFICATION REQUIREMENTS (Present the original)</p> <p>A. For card replacement due to amendment of data/authenticating finger</p> <ul style="list-style-type: none"> <input type="checkbox"/> Previously issued SS digitized ID or UMID card of the card applicant <input type="checkbox"/> Proof of payment <p>B. For card replacement due to lost SS digitized ID or UMID Card</p> <ul style="list-style-type: none"> <input type="checkbox"/> Duly notarized Affidavit of Loss <input type="checkbox"/> Proof of payment <p>C. For card replacement due to non-receipt of UMID Card</p> <ul style="list-style-type: none"> <input type="checkbox"/> Duly notarized Affidavit of Non-Receipt of Card <input type="checkbox"/> Notice/Email from Identity Management Department (IMD) that the courier lost/was not able to deliver the UMID Card <input type="checkbox"/> Proof of payment <p>C. For card replacement due to damaged UMID Card, UMID Card as ATM Card and other reason/s</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proof of payment |

12. Observe proper attire when applying for a UMID card.

| DOs | DONTs |
|---|---|
| <ul style="list-style-type: none"> • Collared shirt/blouse is encouraged • Face and neck should be free from bandage or accessories | <ul style="list-style-type: none"> • Wearing of the following: <ul style="list-style-type: none"> a. For Male - undershirt/"sando" and/or earrings b. For Female - dangling or overstated earrings c. Eyeglasses and/or colored contact lenses d. Metal piercing in any part of the face e. Head gear f. Sunglasses |

Unified Multi-Purpose ID (UMID) Card Application Page 2

REMINDERS

1. Card applicants who chose to enroll their UMID Card as ATM card at point of card application shall claim the same at the specified bank's branch or kiosk within thirty (30) days upon receipt of SMS notification from SSS.
2. For regular UMID Card, the default mode of issuance is pick-up at the SSS branch office where card application was made.
3. UMID Cards for pick-up at SSS Offices where card application was filed, shall be claimed within sixty (60) days from receipt of SMS notification from SSS. Otherwise, unclaimed UMID Cards within the 60-days claiming period shall be verified thru IMD or SSS hotline. Unclaimed UMID Cards beyond five (5) years shall be shredded or destroyed.
4. To verify the status of your UMID Card application, you may reach us at 920-6401 local 5714 or email at sss_id@sss.gov.ph.
5. Card applicants shall be required to verify the status/availability of their UMID Cards if with change of mobile number after the card application was made or non-receipt of SMS notification from SSS within thirty (30) days from card application.
6. Unsuccessfully delivered UMID Cards (RTS) will be sent to the SSS branch office where biometric data capture was made.