



MEMBER'S DATA FORM (MDF)

HQP-PFF-039
(V10, 04/2023)

| | |
|----------------------------|--------------|
| FOR Pag-IBIG Fund USE ONLY | |
| REGISTRATION NO. | 121331591250 |
| REGISTRATION TRACKING NO. | 923314800026 |

| | | | | | |
|---|------------------|--|--|---|---|
| OCCUPATIONAL STATUS | | UNEMPLOYED/NOT YET EMPLOYED | | | |
| MEMBERSHIP CATEGORY | | Please specify | | | |
| PERSONAL DETAILS | | | | | |
| NAME | LAST NAME | FIRST NAME | NAME EXTENSION | MIDDLE NAME | NO MIDDLE NAME |
| MEMBER | PAGALING | KIRK MICHAEL | | PASCO | <input type="checkbox"/> |
| FATHER | PAGALING | MICHAELO | | OMAHIOY | <input type="checkbox"/> |
| MOTHER (Maiden Name) | PAGALING | DORIS VIOLETA | | PASCO | <input type="checkbox"/> |
| SPOUSE (if Married) | | | | | <input type="checkbox"/> |
| MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE | PAGALING | KIRK MICHAEL | | PASCO | <input type="checkbox"/> |
| DATE OF BIRTH | MARITAL STATUS | | TAXPAYER IDENTIFICATION NUMBER (TIN) | | |
| 09/27/2001 | Single/Unmarried | | | | |
| PLACE OF BIRTH | | CITIZENSHIP | SSS NUMBER | | |
| CEBU CITY, CEBU | | FILIPINO | | | |
| SEX | HEIGHT (cm) | WEIGHT (kg) | PROMINENT DISTINGUISHING FACIAL FEATURES | | EMPLOYEE NUMBER |
| MALE | 160.00 | 80.00 | HAVING BEARD | | For AFP/PNP Employee - Serial/Badge No. |
| COMMON REFERENCE NUMBER (CRN) | | FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT | | 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 |
| | | | | SITIO MANGGA | +63 (0651) 9133384 |
| Subdivision | | Barangay | | Business (Direct Line) | |
| SITIO MANGGA | | PUNTA PRINCESA | | | |
| Municipality/City | | Province/State/Country | | Business (Trunk Line) | |
| CEBU CITY | | CEBU, PHILIPPINES | | | |
| ZIP Code | | | | Email Address | |
| 6000 | | | | kirkmichael@gmail.com | |
| PRESENT HOME ADDRESS | | | | | |
| Unit/Room No. / Floor | | Building Name | | Phase No. | |
| | | | | | |
| House No. | | Street Name | | Barangay | |
| | | SITIO MANGGA | | PUNTA PRINCESA | |
| 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.



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

8/F, Golden Peak Tower, Gorordo Ave., cor. Escario St., Cebu City 6000
(032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871
www.philhealth.gov.ph



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN): **120261809805** PhilSys Number :
 Member Category : DIRECT CONTRIBUTOR - SELF NHTS Coverage : N/A
 EARNING INDIVIDUAL - INDIVIDUAL Validity Period : N/A

PAGALING, KIRK MICHAEL PASCO
PUNTA PRINCESA, CEBU CITY, CEBU - 6000

Foreign Address : N/A

Sex : MALE
 Date of Birth : 06/27/2001
 Place of Birth : CEBU CITY, CEBU
 Civil Status : SINGLE
 Tax Identification Number :

Contact No. (Foreign) : N/A
 (Local) : /09519133384

EMPLOYMENT INFORMATION

Philhealth Number (PEN/POGN) : N/A
 Name of Employer/Organized Group : N/A
 Business Address : N/A
 Telephone Number : N/A
 Tax Identification Number : N/A
 Employment Status: N/A
 Date : N/A

DEPENDENT INFORMATION

| PIN | Surname | Given Name | Middle Name | Sex | Relation | Date of Birth |
|-----|---------|------------|-------------|-----|----------|---------------|
|-----|---------|------------|-------------|-----|----------|---------------|

*** NO DECLARED DEPENDENT/S ***

MARJORIE A. CABRIETO
 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 ospital. **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. Printed At : CEBU CITY - CEBU



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

MO0399IW202311081612 Date/Time Generated: 08 November 2023 09:58:41 PM

| | | | | | |
|---|--|---|--------------------------------------|---|------------------------------|
| SS NUMBER 06-4695915-9 | | | | | |
| NAME | | | | | |
| (LAST NAME) PAGALING | (FIRST NAME) KIRK MICHAEL | (MIDDLE NAME) PASCO | (SUFFIX) | | |
| FACTS OF BIRTH | | | | | |
| DATE OF BIRTH (MMDDYYYY) 06272001 | PLACE OF BIRTH (CITY/MUNICIPALITY) CEBU CITY (CAPITAL) | (PROVINCE/STATE) CEBU | (COUNTRY) PHILIPPINES | SEX MALE | |
| FATHER'S NAME (LAST NAME) PAGALING (FIRST NAME) MICHAELO (MIDDLE NAME) OMAHYO (SUFFIX) | | | | | |
| MOTHER'S MAIDEN NAME (LAST NAME) PAGALING (FIRST NAME) DORIS VIOLETA (MIDDLE NAME) PASCO (SUFFIX) | | | | | |
| DEMOGRAPHIC DATA | | | | | |
| HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME OF HOUSE/LOT NO. & BLK NO.) | | | (STREET NAME) SITIO MANGGA | (SUBDIVISION) SITIO MANGGA | |
| (BARANGAY/DISTRICT/LOCALITY) PUNTA PRINCESA | (CITY/MUNICIPALITY) CEBU CITY (CAPITAL) | (PROVINCE) CEBU | POSTAL CODE 6000 | COUNTRY CODE 0063 | |
| CIVIL STATUS SINGLE | HEIGHT (IN CENTIMETERS) 160 | WEIGHT (IN KILOGRAMS) 60 | DISTINGUISHING FEATURE(S) | NATIONALITY FILIPINO | RELIGION CHRISTIAN |
| OTHER CARD APPLICANT DATA | | | | | |
| TELEPHONE NUMBER (AREA CODE + TEL NO.) | MOBILE NUMBER (0951) 913-3384 | EMAIL ADDRESS leahcimkirk@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 |
| 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./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 Pass-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| PURPOSE OF APPLICATION | | | | | |
| PURPOSE FOR EMPLOYMENT / PRIOR REGISTRANT | | 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. 2. I hereby consent to: • the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/creating 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. 3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank. 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. | | | | | |

Digital TIN ID Print Downloaded on: August 12, 2024 06:47:56 pm
File Name: DigitalTINId-KIRK MICHAEL PASCO PAGALING -1723459716.pdf

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).

