



MEMBER'S DATA FORM (MDF)

MDF-PFF-008
(05, 11/2010)

SSS PAYEE PAYS VES DATA
PAYEE ID NUMBER 121295999118
REGISTRATION TRACKING NUMBER 922078470091

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED	
MEMBERSHIP CATEGORY			
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	MIDDLE NAME
MEMBER	ZASPA	WILFRED FANADOR	TUBEO
FATHER	ZASPA	WILFREDO	VILLAROSA
MOTHER (Optional)	TUBEO	FE	DELLOSA
SPOUSE (Optional)			
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE		WILFRED FANADOR	TUBEO
DATE OF BIRTH	MARITAL STATUS	TAXPAYER IDENTIFICATION NUMBER (TIN)	748909232
07/05/2001	Single/Unmarried	SSS NUMBER	0000000000
PLACE OF BIRTH	CITIZENSHIP	GEIS NUMBER	
MUNTINLUPA, METRO MANILA (NCR)	FILIPINO	EMPLOYEE NUMBER	
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES
MALE	175.00	88.00	LONG HAIR
COMMON REFERENCE NUMBER (CRM)	FREQUENCY OF MEMBERSHIP RENEWAL (R/R/PAY/REG)		
	No. For AFP/PAF Employee, Serial/Badge No. For Zapped Employee, Division Code-Station Code		

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS					COUNTRY + AREA CODE + TELEPHONE NUMBER
Unit/Floor No., Floor		Building Name			Home
					+63 (043) 4940957
Lot No.	Plot No.	Phase No.	House No.	Street Name	Cell Phone
				PURON APLAYA	+63 (0965) 9324658
Subdiv/Block		Zoning			Business (Direct Line)
RVT SUBDIVISION		SAN MANUEL			Business (Trunk Line)
Division/City		Province/State/Country			Email Address
PUERTO PRINCESA CITY		PALAWAN, PHILIPPINES			redjudy@gmail.com
Zip Code					
5703					
PRESENT HOME ADDRESS					
Unit/Floor No., Floor		Building Name		Lot No.	Plot No.
				Phase No.	
House No.		Street Name		Subdiv/Block	Zoning
		PURON APLAYA		RVT SUBDIVISION	SAN MANUEL
Division/City		Province/State/Country		Zip Code	
PUERTO PRINCESA CITY		PALAWAN, PHILIPPINES		5703	
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **182013213500** PhilSys Number :
 Member Category : **INDIRECT CONTRIBUTOR -**
 Sub-Category : **LISTAHANAN** NHTS Coverage : **EXISTING**
 Validity Period : **1/1/2022 - 12/31/2022**

ZASPA, WILFRED FAMADOR TUIBEO
 PUNTA, NASIPIT, AGUSAN DEL NORTE - 8602

Foreign Address : N/A Sex : **MALE**
 Date of Birth : **7/26/2001**
 Place of Birth :
 Contact No. (Foreign) : N/A Civil Status : **SINGLE**
 (Local) : /09151696446 Tax Identification Number :

EMPLOYMENT INFORMATION

PhilHealth Number (PEN/POGN) : **400060003707**
 Name of Employer/Organized Group : **DEPARTMENT OF HEALTH**
 Business Address : **BGY 331, SANTA CRUZ NCR, CITY OF MANILA, FIRST DISTRICT**
 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 ***						

ATTY. JERRY F. IBAY
 REGIONAL VICE PRESIDENT
 PRO IV-B Batangas City

Paalala : Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o maiwasto. Ingatan ang orihinal na opya 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 Palawan Service Office - Yunch Building, Puerto Princesa City, Palawan
 V2022 9 18 14 AM 20307901 30010413 1/23/2018 1 20560508 6/8/2020



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

MO0791IW202203236767 Date/Time Generated: 23 March 2022 01:23:54 PM

SS NUMBER 35-1812616-9					
NAME					
(LAST NAME) ZASPA	(FIRST NAME) WILFRED FAMADOR	(MIDDLE NAME) TUIBEO	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 07262001	PLACE OF BIRTH (CITY/MUNICIPALITY) CITY OF MUNTINLUPA	(PROVINCE/STATE) METRO MANILA	(COUNTRY) PHILIPPINES	SEX MALE	
FATHER'S NAME (LAST NAME) ZASPA	(FIRST NAME) WILFREDO	(MIDDLE NAME) VILLAROSA	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) TUIBEO	(FIRST NAME) FE	(MIDDLE NAME) DELLOSA	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) PUROK APLAYA		(STREET NAME) RVT SUBDIVISION	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) SAN MANUEL	(CITY/MUNICIPALITY) PUERTO PRINCESA CITY (CAPITAL)	(PROVINCE) PALAWAN	POSTAL CODE 5300	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 175	WEIGHT (IN KILOGRAMS) 88	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION ROMAN CATHOLIC
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL NO.) 048-4340857	MOBILE NUMBER (0966) 932-4588	EMAIL ADDRESS redcjvucy@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					
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 Income of Working Spouse (P) _____	
Monthly Earnings _____		Are you applying for membership in the Flexi-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 checked="" type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME) UNION BANK OF THE PHILIPPINES		(BANK BRANCH) SSS EAST AVENUE			
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: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 0;"> <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 </td> <td style="width: 50%; padding: 0;"> <ul style="list-style-type: none"> d. Metal piercing in any part of the face e. Head gear f. Sunglasses </td> </tr> </table> 	<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 	<ul style="list-style-type: none"> d. Metal piercing in any part of the face e. Head gear f. Sunglasses
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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.



Republika ng Pilipinas
Kagawaran ng Pananalap
Kawanihan ng Rentas Internas

Application for Registration

Form No. **1904**
January 2000 (ENCL)

For One-time Taxpayer and Person Registering under E.O. 98 (Securing a TIN to be able to transact with any government office)

16.06 1948 932
New TIN to be issued if applicable (To be filled up by BIR)

Fill in all appropriate white spaces. Mark all appropriate boxes with an "X"

1 Taxpayer Type One-Time Taxpayer E.O. 98
2 Classification Individual Non-Individual
3 Date of Registration (To be filled up by BIR) **MAR 25 2000**

Part I
4 TIN (For Taxpayer w/ existing TIN) **000**
5 RDO Code (To be filled up by BIR) **000**
6 Sex Male Female

7 Taxpayer's Name (Last Name, First Name, Middle Name, if individual/Registered Name, if non-individual)
Zappa, Wulfred Farnador, Tuibco

8 Civil Status
 Single/Widow/Widower/Legally Separated (No dependents)
 Head of the Family
 Single with qualified dependent
 Widow/Widower with qualified dependent
 Legally separated with qualified dependent
 Benefactor of a qualified senior citizen (RA No. 7432)
 Married
9 Spouse Information
9A Spouse Taxpayer Identification Number
9B Spouse Name

10 Date of Birth / Date of Organization **07 26 2001** (MM / DD / YYYY)
11 Telephone Number **054 0857**
12 Municipality Code (To be filled up by BIR)

13 Local Address (Please indicate complete address)
Purok Apoyan, Bkt. Villapangan Bgy. Van Manuel Prc
14 Zip Code **5300**

15 Foreign Address (Please indicate complete address)
16 Zip Code

17 Contact Person/Accredited Tax Agent (if different from taxpayer)
18 Telephone Number

19 One-Time Transactions (To be filled up by one-time taxpayer only)
 A Sale, Assignment and / or Disposal of Shares of Stocks
 B Sale, Assignment and / or Disposal of Real Property(ies) classified as Capital Asset
 C Sale, Assignment and / or Disposal of Real Property(ies) classified as Ordinary Asset
 D Donation of Properties
 E Transfer of Properties by Succession (Death)
 F Others (Specify)

20 Tax Types (Choose only the tax types that are applicable to you)

Tax Type	FORM TYPE (To be filled up by the BIR)	ATC (To be filled up by BIR)
<input type="checkbox"/> Withholding Tax		
<input type="checkbox"/> Capital Gains Tax - Real Property		
<input type="checkbox"/> Capital Gains Tax - Stocks		
<input type="checkbox"/> Documentary Stamp Tax		
<input type="checkbox"/> Donor's Tax		
<input type="checkbox"/> Estate Tax		
<input type="checkbox"/> Miscellaneous Tax (Specify)		
<input type="checkbox"/> Non-Taxable (under EO 98)		
<input type="checkbox"/> Others (Specify)		

21 Declaration
I declare, under the penalties of perjury, that this form has been made in good faith, verified by me and to the best of my knowledge and belief is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.
Wulfred Farnador Tuibco
TAXPAYER/AUTHORIZED AGENT (Signature over printed name)
TITLE/POSITION OF SIGNATORY
Stamp of Receiving Office and Date of Receipt
RODOLFO S. VILLAPAN
Revenue Officer I
Attachments completed
No. Yes No

- ATTACHMENTS: (Photocopy only)
- For Payor of Capital Gains Tax (Stock, Real Estate)
 - Birth Certificate or any document showing name, address and birth date of taxpayer applicant
 - Deed of Sale
 - For Payor of Transfer Tax
 - Donor's Tax
 - Birth Certificate or any document showing name, address and birth date of the taxpayer (donor)
 - Deed of Donation
 - Estate Tax
 - Death Certificate
 - For Payor of Final Tax on Withings
 - Certification from awaiting company/person
 - For Vendor Registrants
 - Birth Certificate or any document showing name, address and birth date of the applicant
 - Cash Invoice or Official Receipt or Deed of Sale
 - For Other Applicants
 - Birth Certificate or any document showing name, address and birth date of the applicant

POSSESSION OF MORE THAN ONE TAXPAYER IDENTIFICATION NUMBER (TIN) IS CRIMINALLY PUNISHABLE PURSUANT TO THE PROVISIONS OF THE NATIONAL INTERNAL REVENUE CODE OF 1997, AS AMENDED.



BUREAU OF INTERNAL REVENUE

2F BLC Green Bldg., Rizal Avenue
Puerto Princesa City

TIN VERIFICATION SLIP

MAR 25 2022

T.I.N: 606-948-932 RDO: 136 DATE

Name: Zaspa, Wilfred Famador Tuibeo

Requesting Party: _____

Purpose: _____

Verified By:

DOROTHY G. VILLAPANDO
Revenue Officer I