



Head Office Details

Taxpayer Identification Number (TIN): 634661309

Registered Name: JAZZY JAM BERIDA AYES

Branch Code: 00000

RDO Code: RDO088 - TACLOBAN CITY



MEMBER'S DATA FORM (MDF)

HQP-PFF-039
(V09, 06/2022)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121324085448
REGISTRATION TRACKING NUMBER	923201501721

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	AYES	JAZZY JAM		BERIDA	<input type="checkbox"/>
FATHER					<input type="checkbox"/>
MOTHER (Maiden Name)	AYES	KIM		BERIDA	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	AYES	JAZZY JAM		BERIDA	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
10/29/2003		Single/Unmarried			
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
QUEZON CITY METRO MANILA (NCR)			FILIPINO		GSIS NUMBER
SEX	HEIGHT(cm)	WEIGHT(kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	0.00	0.00			
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS					COUNTRY • AREA CODE • TELEPHONE NUMBER
Unit/Room No., Floor	Building Name		Home		
FLOOR 1	JAPON APARTMENT				
Lot No.	Block No.	Phase No.	House No.	Street Name	Cell Phone
				LOYONSAWANG	+63 (0993) 3725193
Subdivision	Barangay		Business (Direct Line)		
	LOYONSAWANG				
Municipality/City	Province/State/Country		Business (Toll-free Line)		
ABUYOG	LEYTE PHILIPPINES				
ZIP Code	Email Address				
8510	jazzy.ayes@gmail.com				
PRESENT HOME ADDRESS					
Unit/Room No., Floor	Building Name	Lot No.	Block No.	Phase No.	
FLOOR 1	JAPON APARTMENT				
House No.	Street Name	Subdivision	Barangay		
	LOYONSAWANG		LOYONSAWANG		
Municipality/City	Province/State/Country		ZIP Code		
ABUYOG	LEYTE PHILIPPINES		6510		
PREFERRED MAILING ADDRESS		PRESENT HOME ADDRESS			



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

MO0284IW202307180395 Date/Time Generated: 19 July 2023 02:28:05 PM

SS NUMBER 06-4624934-8					
NAME					
(LAST NAME) AYES	(FIRST NAME) JAZZY JAM	(MIDDLE NAME) BERIDA	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 10292003	PLACE OF BIRTH (CITY/MUNICIPALITY) QUEZON CITY	(PROVINCE/STATE) METRO MANILA	(COUNTRY) PHILIPPINES	SEX FEMALE	
FATHER'S NAME (LAST NAME) AYES		(FIRST NAME) KIM	(MIDDLE NAME) BERIDA	(SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) AYES		(FIRST NAME) KIM	(MIDDLE NAME) BERIDA	(SUFFIX)	
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) BALINSASAYAO			(STREET NAME) ABUYOG	(SUBDIVISION) LEYTE	
(BARANGAY/DISTRICT/LOCALITY) BALINSASAYAO	(CITY/MUNICIPALITY) ABUYOG	(PROVINCE) LEYTE	POSTAL CODE 6510	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 164.59	WEIGHT (IN KILOGRAMS) 47	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER (0993) 372-5193	EMAIL ADDRESS jazzy.ayes@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					
2					
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 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>					

INSTRUCTIONS

- Fill out this form in one (1) copy.
- 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.
- Place a checkmark on the applicable box.
- Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- 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.
- 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
- 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".
- 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.
- 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.
- For card replacement due to unclaimed UMID cards beyond five (5) years**, a replacement fee and biometric data re-capture is required.
- 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

- 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

REMINDERS

- 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.
- For regular UMID Card, the default mode of issuance is pick-up at the SSS branch office where card application was made.
- 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.
- 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.
- 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.
- Unsuccessfully delivered UMID Cards (RTS) will be sent to the SSS branch office where biometric data capture was made.



MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) **130256301688**
 Member Category **INFORMAL ECONOMY** NHTS Coverage
 Sub-Category **INFORMAL SECTOR** Effectivity Period

AYES, JAZZY JAM BERIDA

ZONE 2, BAUNASAYAO, ABUYOG, LEYTE 6510

Foreign Address	N/A	Sex	Female
		Date of Birth	10/29/2003
		Place of Birth	QUEZON CITY
Contact No. (Foreign)	N/A	Civil Status	SINGLE
(Local)	09933725193	Tax Identification Number	

EMPLOYER/ORGANIZED GROUP 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

DEPENDENT INFORMATION

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

*** NOTHING FOLLOWS ***

RONALD S. JABAY
 REGIONAL VICE PRESIDENT
 PRO - VIII Tacloban City

Panalo! Basahin ang nilalaman ng MDR. Kung may kulang o mali, ihalik agad upang mairagdag o mairawit. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinsabang ng benepisyo, magbigay ng kopya sa ospital. (Remember: read and content of the MDR. Should there be any data discrepancy, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anyone. Provide photocopy to hospital in case of enrollment and enrollment of benefits.)

This is a system generated report. Signature is not required.

ayala central
bloc

teleperformance

purok 6 sitio san
miguel basketball
court

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For births before 3 August 1988/on or after 3 August, 1988.

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We I, Dennis C. Cano and Rina Leon B. Agas parents/parent of _____ mentioned in this Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/my knowledge and belief.

[Signature]
DENNIS C. CANO
(Signature of Father)

[Signature]
RINA LEON B. AGAS
(Signature of Mother)

Community Tax No. 19230158
Date Issued Oct 10, 2002
Place Issued Alabang City

Community Tax No. 10907021
Date Issued Oct 30, 2003
Place Issued Alabang City

SUBSCRIBED AND SWORN to before me this 24th day of Nov, 2003 at _____, Philippines.

[Signature]
SERIES DE
(Signature of Administering Officer)
(Name in Print)

MANUEL F. DE JESUS
(Title/Designation)
PTX-388860 41 J-C-3-03-0
(Address)

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

I, _____, of legal age, single/married and with residence and postal address at _____ after having been duly sworn to in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of my birth/of the birth of _____
2. That I/he/she was born on _____ at _____
3. That I/he/she was attended at birth by _____ who resides at _____
4. That I/he/she is a citizen of _____
5. That my/his/her parents were married on _____ at _____ not married but was acknowledge by my/his/her father whose name is _____
6. That the reason for the delay in registering my/his/her birth was due to _____
7. That a copy of my/his/her birth certificate is needed for the purpose of _____
8. (For the applicant only) That I am married to _____ (For the father/mother/guardian) That I am the _____ of the said person.

(Signature of Affiant)
Community Tax No. _____
Date Issued _____
Place Issued _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, Philippines.

(Signature of Administering Officer)
(Name in Print)

(Title/Designation)
(Address)