



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **12-051634781-9** PhilSys Number :
 Member Category : **FORMAL ECONOMY - PRIVATE -**
 Sub-Category : **PERMANENT/REGULAR** NHTS Coverage : **N/A**
 Validity Period : **N/A - N/A**

PIÑO, JESSA MAE CORSIGA
LAYA PANAYTAYON, TUBIGON BOHOL

Foreign Address : **N/A** Sex : **FEMALE**
 Date of Birth : **12/25/1994**
 Place of Birth : **TUBIGON, BOHOL**
 Contact No. (Foreign) : **N/A** Civil Status : **SINGLE**
 (Local) : **+6394994621381** Tax Identification Number :

ENTITY INFORMATION

PhilHealth Number (PEN/POGN) : **01-202000298-3**
 Name of Employer/Organized Group : **IBEX GLOBAL SOLUTIONS (PHILIPPINES) INC**
 Business Address : **2F ALTA CITTA MALL, POBLACION II, TAGBILARAN CITY BOHOL**
 Telephone Number : **09271659564** Employment Status : **EMPLOYED**
 Tax Identification Number : **008028126005** Date : **11/23/2021**

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
*** NOTHING FOLLOWS ***						

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

(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION
Republic of the Philippines CERTIFICATE OF LIVE BIRTH (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 2, 5a, 6b and 19a.)				
Province <u>BOHOL</u> City/Municipality <u>TUBIGON</u>		Registry No. <u>94-998</u>		FOR OCRG USE ONLY Population Reference No. <u>1245-194ZR025</u> TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR <u>940994</u> <u>1</u> <u>2251294</u> <u>12450</u> <u>033266</u> <u>74</u> <u>030201</u> <u>32028</u> <u>12950</u> HLG 28 12450 12494 3450 <u>7</u>
1. NAME (First) <u>JESSA MAE</u> (Middle) <u>CORSIGA</u> (Last) <u>PINO</u>		2. SEX <u>1 Male</u> <u>X 2 Female</u>		
3. DATE OF BIRTH (day) (month) (year) <u>25</u> <u>DECEMBER</u> <u>1994</u>		4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>POOC OCCIDENTAL, TUBIGON, BOHOL</u>		
5a. TYPE OF BIRTH <u>1 Single</u> <u>2 Twin</u> <u>3 Triplet, etc.</u>		b. IF MULTIPLE BIRTH, CHILD WAS <u>1 First</u> <u>2 Second</u> <u>3 Others, Specify</u>		
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>1st</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3266</u> grams		
6. MAIDEN NAME (First) <u>LOLIDETH</u> (Middle) <u>BARGCAYA</u> (Last) <u>CORSIGA</u>		7. CITIZENSHIP <u>FILIPINO</u>		
8. RELIGION <u>IGLESIA NI CRISTO</u>		9a. Total number of children born alive: <u>5</u>		
9b. No. of children still living including this birth: <u>2</u>		9c. No. of children born alive but are now dead: <u>1</u>		
10. OCCUPATION <u>HOUSEKEEPER</u>		11. Age at the time of this birth: <u>28</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>POOC OCCIDENTAL, TUBIGON, BOHOL</u>		13. NAME (First) <u>RODOLFO</u> (Middle) <u>ADOLFO</u> (Last) <u>PINO</u>		
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>IGLESIA NI CRISTO</u>		
16. OCCUPATION <u>FURNITURE WORKER</u>		17. Age at the time of this birth: <u>28</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>JANUARY 1, 1990</u> <u>TUBIGON, BOHOL</u>				
19a. ATTENDANT <u>1 Physician</u> <u>2 Nurse</u> <u>X 3 Midwife</u> <u>4 Hilot (Traditional Midwife)</u> <u>5 Others (Specify)</u>		19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>3:50 AM</u> o'clock a.m/p.m. on the date stated above.		
Signature <u>[Signature]</u> Name in Print <u>BERNARDITA T. AYTA</u> Title or Position <u>MIDWIFE</u>		Address <u>POTOHAN, TUBIGON, BOHOL</u> Date <u>DECEMBER 25, 1994</u>		
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>LOLIDETH PINO</u> Relationship to the child <u>MOTHER</u>		Address <u>POOC OCCIDENTAL, TUBIGON, BOHOL</u> Date <u>DECEMBER 25, 1994</u>		
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>BERNARDITA T. AYTA</u> Title or Position <u>RHM</u> Date <u>DECEMBER 25, 1994</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>LELITA V. NIEGO</u> Title or Position <u>ASST. CIVIL REGISTRAR</u> Date <u>12/29/94</u>		

05645-GA-005PBC-00138-BI001

EST POSSIBLE IMAGE



005956450050013808162015001

BReN

01245-A94ZR01-6

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121290709088
REGISTRATION TRACKING NUMBER	921325145354

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	PINO	JESSA MAE		CORSIGA	<input type="checkbox"/>
FATHER	PINO	RODOLFO		ADOLFO	<input type="checkbox"/>
MOTHER (Maiden Name)	CORSIGA	LOLIDETH		BANGCAYA	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	PINO	JESSA MAE		CORSIGA	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
12/25/1994		Single/Unmarried		008861821	
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
TUBIGON, BOHOL			FILIPINO		3513018094
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	157.48	27.22			
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		
			For AFP/PNP Employee, Serial/Badge No. 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
			ILAYA	PANAYTAYON	+63 (0949) 9462109
Subdivision			Barangay		Business (Direct Line)
TUBIGON			BOHOL		
Municipality/City			Province/State/Country		Business (Trunk Line)
TUBIGON			BOHOL, PHILIPPINES		
ZIP Code			Email Address		
6329			jmpino422@gmail.com		
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Phase No.	
House No		Street Name		Subdivision	
ILAYA		PANAYTAYON		TUBIGON	
Municipality/City		Province/State/Country		Barangay	
TUBIGON		BOHOL, PHILIPPINES		BOHOL	
ZIP Code					
6329					
PREFERRED MAILING ADDRESS			PERMANENT HOME ADDRESS		



Mater Dei College

Tubigon, Bohol, Philippines

Tel./Fax: 508-8166

OFFICE OF THE REGISTRAR

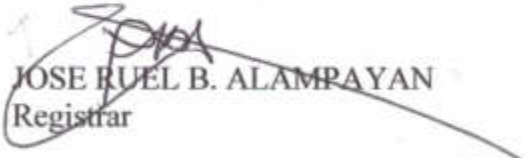
CERTIFICATION

To Whom It May Concern:

This is to certify that, **MS. JESSA MAE C. PINO** of **Panaytayon, Tubigon, Bohol** per records on file in this office was officially enrolled in this Private Higher Education Institution (PHEI) in the Information Technology Education Program offered under the laws of the Republic of the Philippines taking **Bachelor of Science in Information Technology (BSIT)** during the First Semester AY 2014-2015, Second Semester AY 2014-2015 and First Semester AY 2016-2017, respectively.

This certification is issued to the above-named student for whatever legitimate purpose it may serve.

Issued this 13th day of August, 2019 at Mater Dei College, Tubigon, Bohol, Philippines.


JOSE RUEL B. ALAMPAYAN
Registrar

School Seal



*Mater Dei College Advocates
Wisdom thru Scholarship
Charity thru Service
Prayer life thru living the Gospel*



Republic of the Philippines
SOCIAL SECURITY SYSTEM

SS NUMBER SLIP

✓ 35-1301809-4

PINO, JESSA MAE CORSIGA

12/25/1994



35-1301809-4 PINO, JESSA MAE CORSIGA



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

PINO, JESSA MAE CORSIGA

TIN: 748-983-002-000

PANAYTAYON TUBIGON BOHOL

BIRTH DATE: 12/25/1994

ISSUE DATE: 08/07/2019



Jessa Mae Corsiga Pino
SIGNATURE

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province BOHOL	Registry No. 2023-486
City/Municipality TUBIGON	

CHILD	1. NAME (First) AEDAN (Middle) PINO (Last) PAREDES			
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) 10 (Month) SEPTEMBER (Year) 2023		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) IMAP LYING-IN CLINIC INC. PINAYAGAN SUR (City/Municipality) TUBIGON (Province) BOHOL			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N/A	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) SECOND	6. WEIGHT AT BIRTH 3300 grams

MOTHER	7. MAIDEN NAME (First) JESSA MAE (Middle) CORSIGA (Last) PINO			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT IGLESIA NI CRISTO	
	10a. Total number of children born alive 02	10b. No. of children still living including this birth 02	10c. No. of children born alive but are now dead 00	11. OCCUPATION CALL CENTER AGENT
	12. AGE at the time of this birth (completed years) 28			
13. RESIDENCE (House No., St., Barangay) PANAYTAYON (City/Municipality) TUBIGON (Province) BOHOL (Country) PHILIPPINES				

FATHER	14. NAME (First) STANLEY (Middle) PELAUSA (Last) PAREDES		
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION ROOM ATTENDANT
	18. AGE at the time of this birth (completed years) 35		
19. RESIDENCE (House No., St., Barangay) PANAYTAYON (City/Municipality) TUBIGON (Province) BOHOL (Country) PHILIPPINES			

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year) NOT MARRIED	20b. PLACE (City / Municipality) (Province) (Country) NOT APPLICABLE
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21a. ATTENDANT

1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Birth Attendant) 5 Others (Specify) _____

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)

I hereby certify that I attended the birth of the child who was born alive at 04:24AM am/pm on the date of birth specified above.

Signature _____ Address _____

Name in Print **VENUS C. BALAGA** _____ PINAYAGAN SUR

Title or Position **RM** _____ Date **TUBIGON, BOHOL**

22. CERTIFICATION OF INFORMANT

I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature _____

Name in Print **JESSA MAE C. PINO**

Relationship to the Child **MOTHER**

Address **PANAYTAYON, TUBIGON, BOHOL**

Date **SEPTEMBER 11, 2023**

23. PREPARED BY **SEPTEMBER 11, 2023**

Signature _____

Name in Print **DARNELYN A. CARTONEROS**

Title or Position **CLINIC STAFF**

Date **SEPTEMBER 11, 2023**

24. RECEIVED BY

Signature _____

Name in Print **MIRASOL C. BINASBAS-REQUILLO**

Title or Position **ADMIN. AIDE I**

Date **SEPTEMBER 11, 2023**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature _____

Name in Print **MA. GRACE A. POLINGA-RESERVA**

Title or Position **MUNICIPAL CIVIL REGISTRAR**

Date **SEPTEMBER 11, 2023**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

CERTIFIED TRUE COPY FROM THE ORIGINAL

MA. GRACE P. RESERVA
MUN. CIVIL REGISTRAR



Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province **BOHOL**
City/Municipality **TUBIGON**

Registry No.
2016-815

CHILD	1. NAME (First) KYLE DEVMEIR (Middle) (Last) PINO	
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) 16 (Month) SEPTEMBER (Year) 2016
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) TUBIGON COMMUNITY HOSP., POTOHAN, (City/Municipality) TUBIGON (Province) BOHOL	
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) FIRST

MOTHER	7. MAIDEN NAME (First) JESSA MAE (Middle) CORSIGA (Last) PINO	
	8. CITIZENSHIP FILIPINO	9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
	10a. Total number of children born alive 01	10b. No. of children still living including this birth 01
	10c. No. of children born alive but are now dead 00	11. OCCUPATION NONE

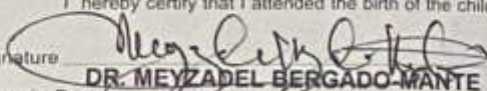
FATHER	13. RESIDENCE (House No., St., Barangay) PANAYTAYON (City/Municipality) TUBIGON (Province) BOHOL (Country) PHILIPPINES	
	14. NAME (First) (Middle) (Last) UNKNOWN	
	15. CITIZENSHIP N/A	16. RELIGION/RELIGIOUS SECT N/A
	17. OCCUPATION N/A	18. AGE at the time of this birth (completed years) N/A

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back)

20a. DATE (Month) (Day) (Year) NOT MARRIED	20b. PLACE (City / Municipality) (Province) (Country) N/A
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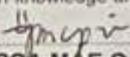
21a. ATTENDANT 1. Physician 2. Nurse 3. Midwife 4. Hilot (Traditional Birth Attendant) 5. Others (Specify) _____

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)
I hereby certify that I attended the birth of the child who was born alive at **9:55AM** am/pm on the date of birth specified above.

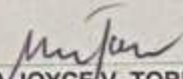
Signature 
Name in Print **DR. MEYZADEL BERGADO-MANTE**
Title or Position **MEDICAL OFFICER III**

Address **Potohan, Tubigon, Bohol**
Date **September 21, 2016**


22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature 
Name in Print **JESSA MAE C. PINO**
Relationship to the Child **Mother**
Address **Panaytayon, Tubigon, Bohol**
Date **September 21, 2016**

23. PREPARED BY

Signature 
Name in Print **MARA JOYCE V. TORREON**
Title or Position **Admin. Assitant II**
Date **September 21, 2016**

24. RECEIVED BY

Signature 
Name in Print **MIRASOL B. REQUILLO**
Title or Position **ADMIN AIDE I**
Date **SEP 29 2016**

25. REGISTERED BY THE CIVIL REGISTRAR

Signature 
Name in Print **MA. GRACE P. RESERVA**
Title or Position **Municipal Civil Registrar**
Date **SEP 29 2016**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

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