



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993) (To be accomplished in quadruplicate)

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

(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 2, 5a, 5b and 19a.) **1480**

Province Letran Registry No. 2000-844
City/Municipality San Fernando

CHILD

1. NAME (First) (Middle) (Last) Melvin Jay Was Corrao
2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year) 26 July 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
Green Hills San Fernando, Letran

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) 1st
d. WEIGHT AT BIRTH 2722 grams

MOTHER

6. MAIDEN NAME (First) (Middle) (Last) Melinda Alicia Was
7. CITIZENSHIP Filipino 8. RELIGION Roman Catholic

9a. Total number of children born alive: 1
b. No. of children still living including this birth: 1
c. No. of children born alive but are now dead: 0

10. OCCUPATION Housewife 11. Age at the time of this birth: 19 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Green Hills San Fernando Letran

FATHER

13. NAME (First) (Middle) (Last) Edwin Caballero Corrao
14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION Instruction worker 17. Age at the time of this birth: 26 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
May 25, 2000 Lutoyan, Toledo City

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Midot (Traditional Midwife) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
(I hereby certify that I attended the birth of the child who was born alive at 4:00 o'clock am/pm on the date stated above.)

Signature [Signature] Address Barangay San Fernando Letran
Name in Print BRENDA S. BALDARA Date Aug 1, 2000
Title or Position Midwife

20. INFORMANT
Signature [Signature] Address Green Hills San Fernando Letran
Name in Print MELINDA CAHARIN Date Aug 1, 2000
Relationship to the child mother

21. PREPARED BY
Signature [Signature]
Name in Print BRENDA S. BALDARA
Title or Position Midwife
Date Aug 1, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print THELMA G. HERMAN
Title or Position LCR
Date Aug 31, 2000

REMARKS/ANNOTATION

2341-1000L01-9

60000844

200700

22918

012722

010100

220 19

4811

909 26

000148

3

07690-6C-400JBF-00714-BI001



T4C0076904000071401202021001

P0700025510

BReN 02241-800NL01-8

Documentary Stamp Tax Paid

CSM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority





Prime Care Alpha Polyclinics & Diagnostic Center, Inc.
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 Tel # (032) 232-2273/266-3245
 www.primecarealpha.ph



BILL TO :

[000160] IPLOY STAFFING SOLUTIONS

16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City
 (Capital), Cebu
 09177097074 / 09171575430

Priority No.	8561
SO No.	87509
S.O Date	2019/12/26
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 106123
PATIENT NAME : CAMARIN, MELWIN JAY, UBAS
PATIENT ADDRESS : Basak San Nicolas, Cebu City (Capital), Cebu
MOBILE NO. : 0999 956 3510
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Male
BIRTHDATE : 07/20/2000
AGE : 24
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOYPEME <i>Armenion</i> , CHEST PA <i>AP</i> , CBC <i>AP</i> , UA <i>AP</i> , SE <i>U&M</i> DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)	1.00	800.00	800.00

SUMMARY OF CHARGES	
TOTAL SALES	: 800.00
VARIABLE SALES	: 0.00
V-A-T	: 0.00
SC/PWD DISCOUNT	: 0.00
AMOUNT	: 800.00

PREPARED BY:

Arissa Marie L. Armenion

ACKNOWLEDGED BY:

MJC
 Signature Over Printed Name

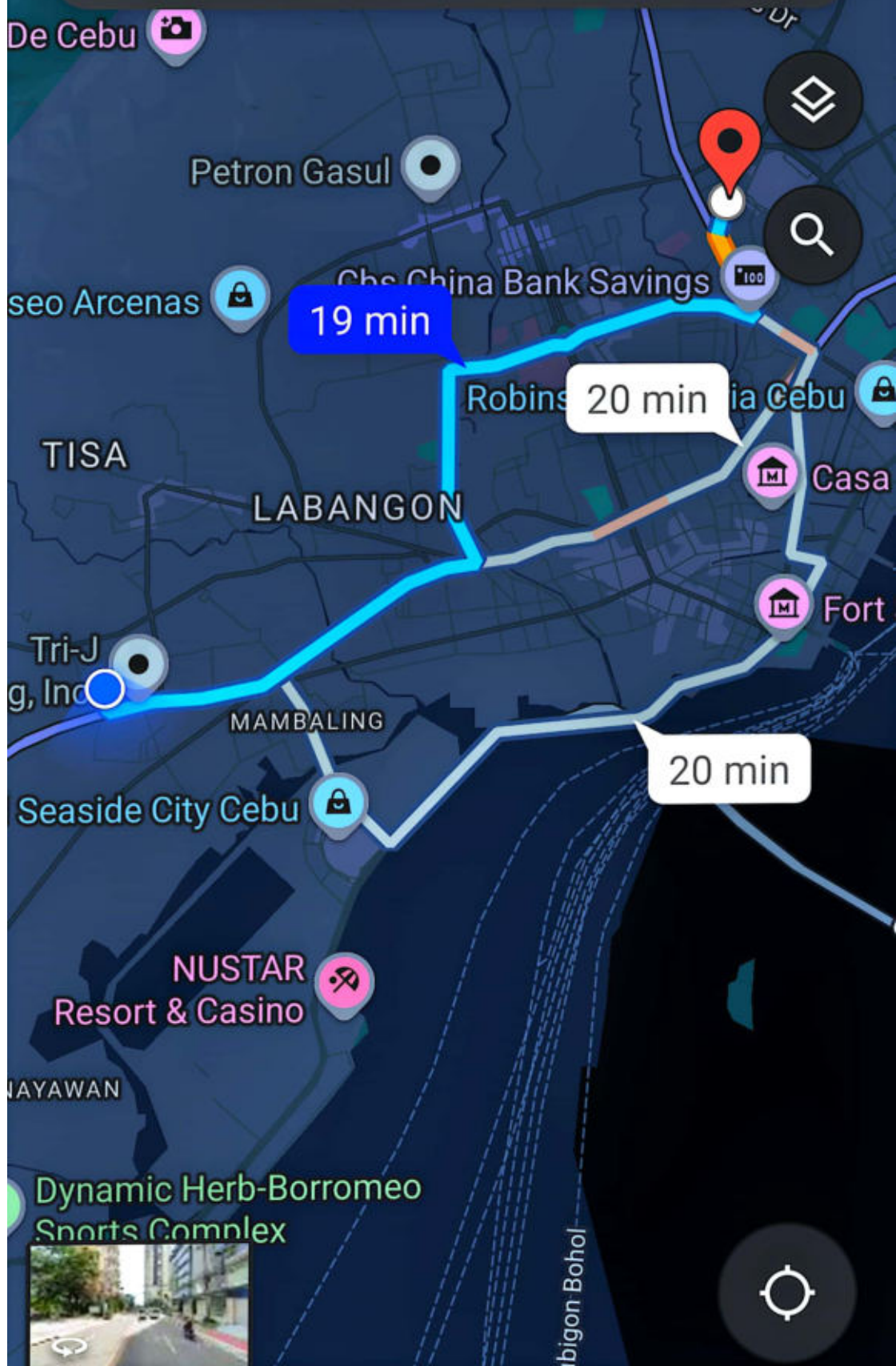
VALIDATED
 VERIFIED BY:

BY: *A*
 Signature Over Printed Name

I acknowledge that I was duly informed by Prime Care Alpha employee to pay the above mentioned tests. I have reviewed the prices listed on the (SO) and agree to the charges associated with the products and services.

**** THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM ****

- Sismar Residence, 7VR9+527,...
- iPloy,OPC, 16th floor, One Mo...





Republic of the Philippines
SOCIAL SECURITY SYSTEM
MEMBER DATA CHANGE REQUEST

COV-01215 (09-2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.

PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY MEMBER

A. PERSONAL DATA

SS NUMBER 0642342443	COMMON REFERENCE NUMBER (IF ANY)	DATE OF BIRTH (MM/DD/YYYY) 07/20/2000	TAX IDENTIFICATION NUMBER (IF ANY)
NAME (LAST NAME) CAMARIN	(FIRST NAME) MELWIN JAY	(MIDDLE NAME) UBAS	(SUFFIX)
ADDRESS (NUMBER/UNIT NO. & BLDG. NAME) 1033 F.		(STREET NAME) PUNAY ST.	
DIVISION BASAK SAN NICOLAS	(BARRIO/DISTRICT/LOCALITY) CEBU CITY	(CITY/MUNICIPALITY) CEBU	ZIP CODE 61010
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER 09999563516	E-MAIL ADDRESS melwincamarin@gmail.com	
FOREIGN ADDRESS (IF APPLICABLE)		COUNTRY	ZIP CODE

B. DATA CHANGE/CORRECTION/UPDATING

A. CHANGE OF MEMBERSHIP TYPE

FROM	TO	TO (Option for Prior Registrant Only)
<input type="checkbox"/> Employed <input type="checkbox"/> Voluntary <input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Non-Working Spouse (NWS) <input type="checkbox"/> Prior Registrant <small>(A person who registered with the SSS for the first time as a prospective employee.)</small>	<input type="checkbox"/> Self-Employed (Please fill-out the details below.) Profession/Business _____ Year Profession/Business Started _____ Monthly Earnings (P) _____	<input type="checkbox"/> Non-Working Spouse (Please fill-out the details below.) SS No./GRN of Working Spouse _____ Monthly Income of Working Spouse (P) _____ I AGREE WITH MY SPOUSE'S MEMBERSHIP WITH SSS SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE _____

B. CORRECTION OF NAME

<input type="checkbox"/> Last Name <input type="checkbox"/> First Name <input type="checkbox"/> Middle Name <small>(or change of middle initial to middle name)</small> <input type="checkbox"/> Prefix (e.g., "de", "dela", "delos", "del", "Ma" or "Maria") or Suffix (e.g., Jr., II or III) <input type="checkbox"/> Simple Error in Spelling of Name (e.g., "r" to "e" or "u" to "o" or vice versa, inclusion/ deletion of space and special characters) <input type="checkbox"/> Due to Re-marriage	FROM	TO
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C. CORRECTION OF DATE OF BIRTH

D. CORRECTION OF SEX

E. CHANGE OF CIVIL STATUS
(For Female members: Accomplish the FROM and TO portions, if also requesting for change of name)

<input type="checkbox"/> Single to Married <input type="checkbox"/> Married to Legally Separated <input type="checkbox"/> Married to Widowed <input type="checkbox"/> Reversion from Married to Single	FROM	TO
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F. UPDATING OF CONTACT INFORMATION

Address
 Telephone Number
 E-mail Address
 Mobile/Cellphone Number

G. UPDATING OF BANK INFORMATION

	<u>Bank Name</u>	<u>Bank Branch</u>	<u>Account Number</u>
<input type="checkbox"/> Benefits (Sickness/ Maternity/Partial Disability) <input type="checkbox"/> Loans <input type="checkbox"/> PESO Fund	_____	_____	_____

H. UPDATING OF MEMBER RECORD STATUS (From "Temporary" to "Permanent") - Please indicate submitted documents

I. UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box. If more than 3, use other page "Instructions" portion.)

NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MM/DD/YYYY)	
1. CAMARIN	MOLLIE AMARI	NAVARRE		DAUGHTER	06/12/2012	<input checked="" type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
2.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
3.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion



MEMBER'S DATA FORM (MDF)

HGP-PFF-039
(099, 06/2022)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121288713479
REGISTRATION TRACKING NUMBER	921275742824

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE			
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	CAMARIN	MELWIN JAY		UBAS	<input type="checkbox"/>
FATHER	CAMARIN	EDWIN		CABALLERO	<input type="checkbox"/>
MOTHER (Maiden Name)	UBAS	MELINDA		ALICABA	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	CAMARIN	MELWIN JAY		UBAS	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
07/20/2000		Single/Unmarried			
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
SAN FERNANDO, CEBU			FILIPINO		GSIS NUMBER
SEX	HEIGHT(cm)	WEIGHT(kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		
MALE	156.00	53.00			
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER	
				09562039927	
				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
			1033 F	PUNAY ST	+63 (0956) 2039927
Subdivision			Barangay		Business (Direct Line)
			BASAK SAN NICOLAS		Business (Trunk Line)
Municipality/City			Province/State/Country		Email Address
CEBU CITY			CEBU PHILIPPINES		melwincamarin93@gmail.com
ZIP Code					
5000					
PRESENT HOME ADDRESS					
Unit/Room No. Floor		Building Name		Phase No.	
House No	Street Name		Subdivision		Barangay
1033 F	PUNAY ST				BASAK SAN NICOLAS
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.



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : 122520369927 PhilSys Number :
 Member Category : DIRECT CONTRIBUTOR - EMPLOYED NHTS Coverage : N/A
 PRIVATE Validity Period : N/A

CAMARIN, MELWIN JAY UBAS
 1033 F PUNAY STREET BASAK SAN NICOLAS, CEBU CITY, CEBU - 6000

Foreign Address : N/A Sex : MALE
 Date of Birth : 7/20/2000
 Place of Birth : SAN FERNANDO, CEBU
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : /0999563510 Tax Identification Number :

EMPLOYER/ENTITY INFORMATION

Philhealth Number (PEN/POGN) : 012000043008
 Name of Employer/Organized Group : PREMIER MANAGEMENT AND JANITORIAL SOLUTIONS INC
 Business Address : 5 SENO PRIVATE ROAD SUBANGDAKU, MANDAUE CITY CEBU
 Telephone Number : N/A Employment Status : EMPLOYED
 Tax Identification Number : 009782966000 Date : 12/30/1899

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
122551773513	CAMARIN	HOLLIE AMARI	NAVARRO	Female	Daughter	6/12/2022

*** NOTHING FOLLOWS ***

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. (Reminder: 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
 08/10/2023 1:35:29 PM 20371303 30676417 1/24/2019 / 20371303 8/10/2023



Application for Registration

For Individuals Earning Purely Compensation Income
(Local and Alien Employee)

624-314-188-000000
New TIN to be issued, if applicable (To be filled out by BIR)

Fill in all applicable white spaces. Write "NA" for those not applicable. Mark all appropriate boxes with an "X"

Part I - Taxpayer/Employee Information

1 PhilSys Number (PSN) []	2 Taxpayer Type <input checked="" type="checkbox"/> Local <input type="checkbox"/> Resident Alien <input type="checkbox"/> Special Non-Resident Alien	3 BIR Registration Date (To be filled out by BIR) (MMDDYYYY) []
4 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN) [] - [] - [] - 000000	5 RDO Code (To be filled out by BIR) []	

6 Taxpayer's Name

Last Name: **CAMARIN** Middle Name: [] First Name: **MELWIN JAY** Suffix: []

7 Gender
 Male Female

8 Civil Status
 Single Married Widow/er Legally Separated

9 Date of Birth (MMDDYYYY)
07 20 2000

10 Place of Birth
SAN FERNANDO CEBU

11 Mother's Maiden Name (First Name, Middle Name, Last Name)
MELINDA ALICABA UBAS

12 Father's Name (First Name, Middle Name, Last Name)
EDWIN CABALLERO CAMARIN

13 Citizenship
FILIPINO

14 Other Citizenship
[]

15 Local Residence Address

Unit/Room/Floor/Building No. [] Building Name/Tower []

Lot/Block/Phase/House No. [] Street Name **JONES AVENUE STREET**

Subdivision/Village/Zona [] Barangay **CAMBAL 2**

Town/District [] Municipality/City **CEBU CITY**

Province **CEBU** ZIP Code **6000**

16 Foreign Address
[]

17 Municipality Code
(To be filled out by BIR) []

18 Tax Type **INCOME TAX**

19 Form Type **BIR Form No. 1700**

20 ATC **II 011**

21 Identification Details (e.g. passport, government issued ID, company ID, etc.)

Type	Number	Effective Date (MMDDYYYY)	Expiry Date (MMDDYYYY)
Issuer	Place/Country of Issue		

22 Preferred Contact Type
 Landline No. [] Mobile Number **09562039927**

Email Address (required)

23 Employment Status of Spouse
 Unemployed Employed Locally Employed Abroad Engaged in Business/Practice of Profession

24 Spouse Name

Last Name: [] Middle Name: [] First Name: [] Suffix: []

25 Spouse TIN
[] - [] - [] - **000000**

26 Spouse Employer's Name (Last Name, First Name, Middle Name, if Individual) (Registered Name, if Non-Individual)
[]

27 Spouse Employer's TIN
[] - [] - [] - []