



Republic of the Philippines
**SOCIAL SECURITY SYSTEM
 PERSONAL RECORD
 FOR ISSUANCE OF SS NUMBER**

SS NUMBER
34-8924214-3

COV-01214 (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 AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

NAME (LAST NAME) **GALLUR** (FIRST NAME) **JOHN FELIX** (MIDDLE NAME) **RIACUELA** (SUFFIX) _____ (DATE OF BIRTH (MM/DD/YYYY)) **21/01/1974**
 SEX Male Female (CIVIL STATUS) Single Married Widowed Legally Separated Others _____ (TAX IDENTIFICATION NUMBER (P-ART)) _____
 NATIONALITY **FILIPINO** (RELIGION) **CATHOLIC** (PLACE OF BIRTH (CITY/MUNICIPALITY/PROVINCE)) **PLAZA LUNA, ARAPO, TAYBASAN** (CITY/COUNTRY, if born outside the Philippines)
 HOME ADDRESS (PULPIT NO. & BLDG. NAME) **ZONE 3** (STREET NAME) **CANEZALS ST** (BLVD/AVENUE) _____
 (SALVAGE/DISTRICT/CITY) **TALAY CITY** (PROVINCE) **CEBU** (EDUCATION) **PHD** (ZIP CODE) **6040**
 MOBILE/CELLPHONE NUMBER **0955217800** (EMAIL ADDRESS) **CALLISTO@GMAIL.COM** (TELEPHONE NUMBER (COUNTRY CODE)-AREA CODE-TEL. NO.) **9301195**

FATHER (LAST NAME) **CALLISTO** (FIRST NAME) **FELIX** (MIDDLE NAME) **RIACUELA** (SUFFIX) _____
 MOTHER'S MAIDEN NAME **REYES** (LAST NAME) **FELIX** (FIRST NAME) **RIACUELA** (MIDDLE NAME) _____ (SUFFIX) _____

B. DEPENDENT(S)/BENEFICIARY(S) Check this box if using additional sheet

SPOUSE (LAST NAME) _____ (FIRST NAME) _____ (MIDDLE NAME) _____ (SUFFIX) _____ (DATE OF BIRTH (MM/DD/YYYY)) _____

CHILDREN

1	2	3	4	5
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	(DATE OF BIRTH (MM/DD/YYYY))

OTHER BENEFICIARY(S) (if without spouse & child and parents are both deceased)
 1. (LAST NAME) _____ (FIRST NAME) _____ (MIDDLE NAME) _____ (SUFFIX) _____ (RELATIONSHIP) _____ (DATE OF BIRTH (MM/DD/YYYY)) _____
 2. (LAST NAME) _____ (FIRST NAME) _____ (MIDDLE NAME) _____ (SUFFIX) _____ (RELATIONSHIP) _____ (DATE OF BIRTH (MM/DD/YYYY)) _____

C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE

SELF-EMPLOYED (SE) (PROFESSION/BUSINESS) _____ (YEAR PROF./BUSINESS STARTED) _____ (MONTHLY EARNINGS) ₱ _____
 OVERSEAS FILIPINO WORKER (OFW) (FOREIGN ADDRESS) _____ (MONTHLY EARNINGS) ₱ _____ (ARE YOU APPLYING FOR MEMBERSHIP IN THE FLEX FUND PROGRAM?) YES NO
 NON-WORKING SPOUSE (NWS) (SS No. (Common Reference No. of Working Spouse)) _____ (MONTHLY INCOME OF WORKING SPOUSE (₱)) _____ (I agree with my spouse's membership with SSS.) YES NO
 SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE _____

D. CERTIFICATION

I certify that the information provided in this form are true and correct.
 (If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

JOHN FELIX GALLUR M. (PRINTED NAME) _____ (SIGNATURE) _____ (DATE) **Oct. 29, 2019**
 RIGHT THUMB _____ RIGHT INDEX _____

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS)	RECEIVED BY (REPRESENTATIVE OFFICER/PARTNER AGENT)	RECEIVED & PROCESSED BY (MSL BRANCH/SERVICE OFFICE/FOREIGN OFFICE)
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____	SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____
START OF PAYMENT (FOR SE/OFW)	FLEX-FUND APPLICATION (FOR OFW)	REVIEWED BY (MSL BRANCH/SERVICE OFFICE)	SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		

PhilHealth
Philippines Health Insurance Corporation

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation

12-025789898-4

GALLUR, JOHN FELIX MARCELA

JULY 26, 1996 - MALE
783 DUMLOG TALISAY, CEBU - 6045



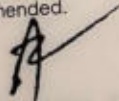
PhilHealth

1 2 0 2 5 7 8 9 8 9 8 4

INFORMAL ECONOMY

CERTIFICATION

The person whose name and signature appear on this card is a beneficiary of the National Health Insurance Program. He/She, including his/her qualified dependents, are entitled to the benefits and privileges of the Program by virtue of Republic Act No. 7875, as amended.



ROY B. FERRER, M.D., MSc.
Acting President and Chief Executive Officer (CEO)

Pag-IBIG MEMBERSHIP ID (MID) NUMBER INQUIRY

Your Pag-IBIG Membership ID No. is

121346027239

Close

ABOUT US

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[CEO's Corner](#)

[Officers of the Fund](#)

[Corporate Governance](#)

8:42

✈️ 📶 87



orus.bir.gov.ph



Logout

laws.

I/We declare that the taxpayer, on whose behalf the application is made, has no other existing

John Felix Gallur has been successfully registered with RDO083 - TALISAY, CEBU

Your TIN is:

655101074

ARO24J0830717786

Date: 2024-07-25

Ok

Back

Submit Application



Home



Profile



About ORUS

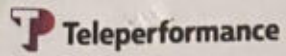


FAQs



7





[teleperformance.com](https://www.teleperformance.com)

[linkedin.com/company/teleperformance](https://www.linkedin.com/company/teleperformance)

twitter.com/teleperformance

July 26, 2024

Certificate of Employment

This is to certify that **Gallur, John Felix Marcela** was an employee of Teleperformance Philippines from **February 12, 2024 to August 21, 2024**. Designated as **Customer Service Representative**.

This certificate is being issued upon the request of **Gallur, John Felix Marcela**

A handwritten signature in black ink, appearing to read 'Rachel Majito-Cacabelos'.

Rachel Majito-Cacabelos
Vice President, Human Resources and
Communication & Marketing

This certificate is system-generated with an electronic signature and a unique internal tracking number 569-9BX-DMV9. For employment verification, you may reach us via email at HCRM-HRTPPEmploymentVerification@teleperformanceusa.com.



St. Paul College Foundation, Inc.

To All Person To Whom These Presents May Come,

Greetings

This is to certify that:

JOHN FELIX M. GALLUR

Learner Reference Number (L.R.N.): 507031600931

whose eligibility for graduation has been endorsed by the Academic Council, the President and Chairman of the Board, by the authority of the Board of Directors has satisfactorily completed the requirements for graduation in Senior High School

ACADEMIC TRACK

HUMANITIES and SOCIAL SCIENCES, HUMSS STRAND

Prescribed for Secondary Schools of the Department of Education- Republic of the Philippines
and is hereby awarded this

DIPLOMA

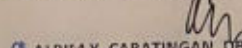
with all the rights, honors, and privileges as well as the obligations and responsibilities thereunto appertaining.
In testimony whereof are affixed to this diploma the seal of the Institution and the signatures
of the Registrar, the Vice President for Academic Affairs and Research and the President.

Given at Cebu City, Philippines this **1st** day of **April** in the year of our Lord, two thousand and twenty.

Given Under Authority of: DepEd
S.O. (A) No. 0938 s. 2020, dated November 26, 2020




LINA F. LIBRES, Ed. D.
REGISTRAR


ALBIM Y. CABATINGAN, DBA, DPAC, Ph. D
VICE-PRESIDENT FOR ACADEMIC AFFAIRS


RANDOLPH M. LIBRES, MAEM, MEd
PRESIDENT





UNIVERSITY OF CEBU at PARDO and TALISAY
(formerly St. Paul College Foundation, Inc.)
Bulacao, Cebu City



GRADUATION VERIFICATION

September 3, 2024

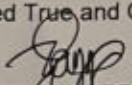
To Whom It May Concern:

Greetings of peace!

This is to notify that **Mr. John Felix M. Gallur** graduated Bachelor of Secondary Education Major in English at the University of Cebu at Pardo and Talisay last June 2024.

This certification is issued pending the release of his Transcript of Records from the University. This is for graduation verification purposes only.

Verified True and Correct:


JAYPEE R. LOPRES, LPT, DEV.ED.D.
CTE Dean, UCPT

NATIONAL BUREAU OF INVESTIGATION NATIONAL BUREAU OF INVESTIGATION

Republic of the Philippines
Department of Justice
National Bureau of Investigation

39360450

This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for NBI Clearance and the results is as follows:

NBI ID NO
G460GJ0X89-ML12931268

FAMILY NAME
GALLUR

MIDDLE NAME
MARCELA

ADDRESS
ZONE 3 CANEZARES ST BRGY DUMLOG TALISAY CITY CEBU

DATE OF BIRTH
July 26, 1998

CITIZENSHIP
FILIPINO

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

VALID UNTIL
June 25, 2025

FIRST NAME
JOHN FELIX

HUSBAND'S SURNAME

PLACE OF BIRTH
ARAYAT PAMPANGA

CIVIL STATUS
SINGLE



signature

GENDER
MALE

PERSONAL COPY



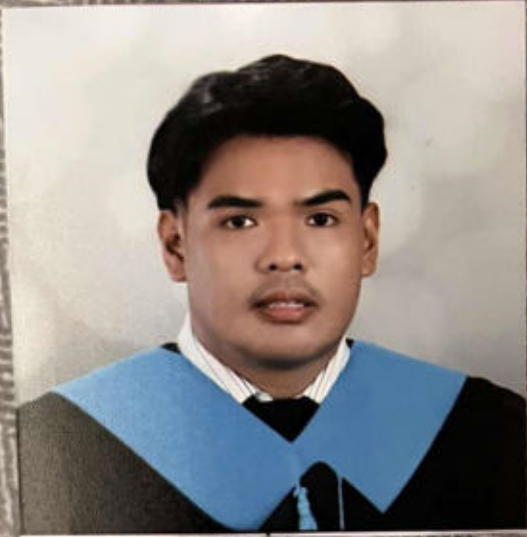
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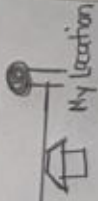
ATTY. MEDARDO G. DE LEMOS
Director

Date Printed: Tuesday, 25 June 2024 02:17
Agency: ML 53 (DATE) solvram
CASID: solvram (DATE) solvram
D.J. No. MP30288W3 (REC'D)
D.H. (Date) 25/06/2024 2:02:20 pm (END)
DST PAID (PRINT) BarrientosR

NATIONAL BUREAU OF INVESTIGATION NATIONAL BUREAU OF INVESTIGATION







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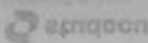
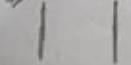


SRP

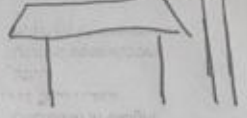
REPERA TA SMOZERA

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CSMC HOSPITAL

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