



**BILL TO :**

**[000160] IPLOY STAFFING SOLUTIONS**  
 16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City  
 (Capital), Cebu  
 09177097074 / 09171575430

Priority No.	0041
SO No.	481795
S.O Date	12/02/2024
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

<b>PATIENT ID</b> : 112881	<b>GENDER</b> : Female
<b>PATIENT NAME</b> : DEMECILLO, FARRAH SHAINA, GALA	<b>BIRTHDATE</b> : 04/03/1998
<b>PATIENT ADDRESS</b> : SAN ROQUE 3, Lamac, Consolacion, Cebu	<b>AGE</b> : 26
<b>MOBILE NO.</b> : 0932 250 0603	<b>CIVIL STATUS</b> : Single
<b>EMAIL ADDRESS</b> : demecillofarrah@gmail.com	<b>SC/PWD ID</b> :
<b>REQUESTING PHYSICIAN</b> :	<b>HMO CARD NO.</b> :
<b>COMPANY/REFERRED BY</b> : IPLOY STAFFING SOLUTIONS	<b>PATIENT STATUS</b> : FOR EMPLOYMENT
<b>RESULT DELIVERY</b> : DELIVERY	

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME *PE, CHEST PA, CBC, UA, SE W, 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 DUE	800.00

**STANDARD PRICES DONE**  
**DATE: DEC 02 2024**

<b>PREPARED BY:</b> Juwelyn N. Ursal	<b>ACKNOWLEDGED BY:</b> Signature Over Printed Name	<b>VALIDATED</b> Signature Over Printed Name
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(Copy for OCRG)



Municipal Form No. 102  
(Revised January 1998)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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

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

Province Misamis Oriental Registry No. 98-1574  
City/Municipality Gingoog City

1. NAME (First) FARRAN SHATHA (Middle) GALA (Last) DEMOSILLO

2. SEX 1 Male  2 Female  3. DATE OF BIRTH (day) 3 (month) April (year) 1998

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay) Brgy. 19- Cabayo-an, Gingoog City, Misamis Oriental

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.) First d. WEIGHT AT BIRTH 3686 grams

6. MAIDEN NAME (First) YOLANDA (Middle) AIRAN (Last) GALA

7. CITIZENSHIP Filipino 8. RELIGION R. Catholic

9a. Total number of children born alive: 01 b. No. of children still living including this birth: 01 c. No. of children born alive but are now dead: 00

10. OCCUPATION Elem Teacher 11. Age at the time of this birth: 34 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
Brgy. 19- Cabayo-an, Gingoog City, Mis. Or.

13. NAME (First) ALEX (Middle) QUIRAN (Last) DEMOSILLO

14. CITIZENSHIP Filipino 15. RELIGION R. Catholic

16. OCCUPATION Company Worker 17. Age at the time of this birth: 41 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
June 10, 1998- NTC BR. I Mandaus 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 8:00 AM o'clock am/pm on the date stated above.

Signature Yolanda Demosillo Address Brgy. 19- Cabayo-an, Gingoog City  
Name in Print Yolanda Demosillo  
Title or Position Mother Date May 25, 1998

20. INFORMANT  
Signature Yolanda Demosillo Address Brgy. 19- Cabayo-an, Gingoog City  
Name in Print Yolanda Demosillo  
Relationship to the child Mother

21. PREPARED BY  
Signature Erwin K. Colariz RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Name in Print Erwin K. Colariz CLERK  
Title or Position Clerk-I  
Date May 25, 1998  
Signature Louise V. Ramos  
Name in Print Louise V. Ramos  
Title or Position City Civil Registrar  
Date 6/10/98

For OCRG USE ONLY:  
Population Reference No. \_\_\_\_\_  
TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR  
41 9801874  
42 2  
43 2 030498  
44 43083  
45 1  
46 1 7  
47 01 01 01  
48 135 34  
49 43083  
50 1 1 1090  
51 276 1  
52 001098  
53  2201



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

**AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY**

We/I, ALEX C. DEMOITTELO and YOLANDA ABRAN DEMOITTELO  
parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the  
information contained hereth are true and correct to the best of our/my knowledge and belief.

[Signature] (Signature of Father) [Signature] (Signature of Mother)

Community Tax No. \_\_\_\_\_ Date Issued \_\_\_\_\_ Place Issued \_\_\_\_\_  
Community Tax No. \_\_\_\_\_ Date Issued \_\_\_\_\_ Place Issued \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this 25th day of May, 1998  
at \_\_\_\_\_, Philippines.

[Signature] (Signature of Administrative Officer)  
ORLANDO S. JOBED (Name in Print)  
Registry Officer III (Title/Designation)  
Gingoog City (Address)

Not applicable for births before 27 February 1931

**AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH**

(When the parents themselves if 18 years old or more or father/mother/guardian may accomplish this affidavit.)

I, Yolanda Demoitte of legal age, single/married  
and with residence and postal address at Brgy 19, Caba-an, Gingoog City  
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 Parrah Shaina Demoitte
2. That I/he/she was born on April 5, 1998 at Brgy 19, Caba-an, Gingoog City
3. That I/he/she was attended at birth by Hilot who resides at \_\_\_\_\_
4. That I/he/she is a citizen of Philippines
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 Negligence of the hilot
7. That a copy of my/his/her birth certificate is needed for the purpose of Registration
8.  (For the applicant only) That I am married to \_\_\_\_\_  
 (For the father/mother/guardian) That I am the Mother of the said person.

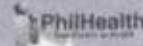
\_\_\_\_\_  
(Signature of Affiant)  
Community Tax No. \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Place Issued \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this 25th day of May, 1998  
at Gingoog City, Philippines.

[Signature] (Signature of Administrative Officer)  
ORLANDO S. JOBED (Name in Print)  
CITY CIVIL REGISTRAR (Title/Designation)  
GINGOOG CITY (Address)



REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation



12-026119054-6

DEMECILLO, FARRAH SHAINA GALA

April 03, 1998 - FEMALE

LAMAC, CONSOLACION, CEBU - 6001



### 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.

**EMMANUEL R. LEDESMA, JR.**  
President and Chief Executive Officer



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121315308005
REGISTRATION TRACKING NO.	923044054460

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE <span style="float: right;">Please specify</span>			
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	DEMECILLO	FARRAH SHAINA		GALA	<input type="checkbox"/>
FATHER	DEMECILLO	ALEX		QUIZON	<input type="checkbox"/>
MOTHER (Maiden Name)	GALA	YOLANDA		ADRAN	<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	DEMECILLO	FARRAH SHAINA		GALA	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
04/03/1998		Single/Unmarried			
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
GINGOOG CITY, MISAMIS ORIENTAL			FILIPINO		GSIS NUMBER
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER
FEMALE	165.00	70.00			For AFP/PNP Employee, Serial/Badge No.
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		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
					+63 (0915) 3504128
Subdivision			Barangay		Business (Direct Line)
			LAMAC		
Municipality/City			Province/State/Country		Business (Trunk Line)
CONSOLACION			CEBU, PHILIPPINES		
ZIP Code			Email Address		
6001			ej.demecillo@gmail.com		
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Phase No.	
House No.		Street Name		Subdivision	
				Barangay	
				LAMAC	
Municipality/City		Province/State/Country		ZIP Code	
CONSOLACION		CEBU, PHILIPPINES		6001	
PREFERRED MAILING ADDRESS			EMPLOYER/BUSINESS ADDRESS		



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

MO0123IW202301261710 Date/Time Generated: 26 January 2023 09:14:33 PM

SS NUMBER <b>06-4535821-4</b>			
<b>NAME</b>			
(LAST NAME) <b>DEMECILLO</b>	(FIRST NAME) <b>FARRAH SHAINA</b>	(MIDDLE NAME) <b>GALA</b>	(SUFFIX)
<b>FACTS OF BIRTH</b>			
DATE OF BIRTH (MMDDYYYY) <b>04031998</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>GINGOOG CITY</b>	(PROVINCE/STATE) <b>MISAMIS ORIENTAL</b>	(COUNTRY) <b>PHILIPPINES</b>
			SEX <b>FEMALE</b>
FATHER'S NAME (LAST NAME) <b>DEMECILLO</b>	(FIRST NAME) <b>ALEX</b>	(MIDDLE NAME) <b>CUIZON</b>	(SUFFIX)
MOTHER'S MAIDEN NAME (LAST NAME) <b>GALA</b>	(FIRST NAME) <b>YOLANDA</b>	(MIDDLE NAME) <b>ADRAN</b>	(SUFFIX)
<b>DEMOGRAPHIC DATA</b>			
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)		(STREET NAME)	(SUBDIVISION)
(BARANGAY/DISTRICT/LOCALITY) <b>LAMAC</b>	(CITY/MUNICIPALITY) <b>CONSOLACION</b>	(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6001</b>
		COUNTRY CODE <b>0063</b>	
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) <b>165</b>	WEIGHT (IN KILOGRAMS) <b>70</b>	DISTINGUISHING FEATURE/S
		NATIONALITY <b>FILIPINO</b>	RELIGION <b>ROMAN CATHOLIC</b>
<b>OTHER CARD APPLICANT DATA</b>			
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER <b>(0915) 350-4128</b>	EMAIL ADDRESS <b>ej.demecillo@gmail.com</b>	
<b>DEPENDENT(S)/BENEFICIARY/IES</b>			
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			
<b>OTHER BENEFICIARY/IES (if without spouse &amp; child and parents are both deceased)</b>			
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
			RELATIONSHIP
			DATE OF BIRTH (MMDDYYYY)
1			
2			
<b>FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE</b>			
<b>SELF-EMPLOYED (SE)</b>	<b>OVERSEAS FILIPINO WORKER (OFW)</b>		<b>NON-WORKING SPOUSE (NWS)</b>
Profession/Business	Foreign Address		SS No./Common Reference No. of Working Spouse
Year Prof./Business Started			
Monthly Earnings	Monthly Earnings	Are you applying for membership in the Flex-Fund Program?	Monthly Income of Working Spouse (P)
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>PURPOSE OF APPLICATION</b>			
PURPOSE <b>FOR EMPLOYMENT / PRIOR REGISTRANT</b>	PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY
<b>UMID CARD APPLICATION WITH ATM OPTION</b>			
<input checked="" type="checkbox"/> UMID CARD AS ATM CARD	(BANK NAME) <b>UNION BANK OF THE PHILIPPINES</b>	(BANK BRANCH) <b>UNIONBANK</b>	
<b>CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION</b>			

- I certify that the information provided are true and correct.
- I hereby consent to:
  - 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.
- I trust that all these data shall be kept confidential by SSS and its service providers and my bank.

**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).

<b>DOCUMENTARY REQUIREMENTS GUIDE</b>	
<p><b>IDENTIFICATION REQUIREMENTS (Present the original)</b></p> <p><b>A. Primary ID card/document [any one (1) of the following]:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Unified Multi-Purpose ID Card</li> <li><input type="checkbox"/> 2. Social Security Card</li> <li><input type="checkbox"/> 3. Alien Certificate of Registration</li> <li><input type="checkbox"/> 4. Driver's License</li> <li><input type="checkbox"/> 5. Firearm Registration</li> <li><input type="checkbox"/> 6. License to Own and Possess Firearms</li> <li><input type="checkbox"/> 7. National Bureau of Investigation (NBI) Clearance</li> <li><input type="checkbox"/> 8. Passport</li> <li><input type="checkbox"/> 9. Permit to Carry Firearms Outside of Residence</li> <li><input type="checkbox"/> 10. Postal Identity Card</li> <li><input type="checkbox"/> 11. Seafarer's Identification &amp; Record Book (Seaman's Book)</li> <li><input type="checkbox"/> 12. Voter's ID Card</li> </ul> <p><b>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.</b></p> <p><input type="checkbox"/> _____</p>	<p><b>IDENTIFICATION REQUIREMENTS (Present the original)</b></p> <p><b>A. For card replacement due to amendment of data/authenticating finger</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Previously issued SS digitized ID or UMID card of the card applicant</li> <li><input type="checkbox"/> Proof of payment</li> </ul> <p><b>B. For card replacement due to lost SS digitized ID or UMID Card</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Duly notarized Affidavit of Loss</li> <li><input type="checkbox"/> Proof of payment</li> </ul> <p><b>C. For card replacement due to non-receipt of UMID Card</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Duly notarized Affidavit of Non-Receipt of Card</li> <li><input type="checkbox"/> Notice/Email from Identity Management Department (IMD) that the courier lost/was not able to deliver the UMID Card</li> <li><input type="checkbox"/> Proof of payment</li> </ul> <p><b>C. For card replacement due to damaged UMID Card, UMID Card as ATM Card and other reason/s</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of payment</li> </ul>

12. Observe proper attire when applying for a UMID card.

<b>DOs</b>	<b>DONTs</b>
<ul style="list-style-type: none"> <li>• Collared shirt/blouse is encouraged</li> <li>• Face and neck should be free from bandage or accessories</li> </ul>	<ul style="list-style-type: none"> <li>• Wearing of the following:                             <ul style="list-style-type: none"> <li>a. For Male - undershirt/"sando" and/or earrings</li> <li>b. For Female - dangling or overstated earrings</li> <li>c. Eyeglasses and/or colored contact lenses</li> <li>d. Metal piercing in any part of the face</li> <li>e. Head gear</li> <li>f. Sunglasses</li> </ul> </li> </ul>