



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 L. FERRER, M.D., MSc.
Acting President and Chief Executive Officer

CONFORME	Present Employer/Authorized Agent Signature Over Printed Name	Date Signed	Amount Paid
57	OLENUN NING G. BONGO		
DTIC No. of Certificate	Employee Signature Over Printed Name	Date of Issue	