



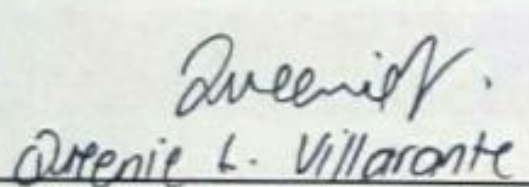


PRESENT EMPLOYMENT DETAILS <small>(If with more than one (1) employer, use separate sheet and follow format below)</small>					
*OCCUPATION <b>CUSTOMER SERVICE REPRESENTATIVES</b>		EMPLOYMENT STATUS <input checked="" type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time/Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Project-based		TYPE OF WORK <small>(For OFW only)</small> <small>(Pls. specify country of assignment)</small> <input type="checkbox"/> Land-based _____ <input type="checkbox"/> Sea-based _____	
*EMPLOYER/BUSINESS NAME <small>(For Formally Employed, OFW and Self-employed Professional/Business Owner)</small> <b>TELETECH</b>				MONTHLY INCOME Basic <b>12,000.00</b> + Allowances/Others <b>1,000.00</b> = Total Mo. Income <b>13,000.00</b>	
*EMPLOYER/BUSINESS ADDRESS <small>(For Formally Employed, OFW and Self-employed Professional/Business Owner)</small> Unit/Room No., Floor _____ Building Name <b>FLB CORPORATE CENTER</b> Lot No., Block No., Phase No. House No. _____				OFFICE ASSIGNMENT <b>CEBU</b> <input type="checkbox"/> Head Office <input checked="" type="checkbox"/> Branch _____	
Street Name <b>ARCHBISHOP REYES AVENUE</b>		Subdivision <b>CEBU BUSINESS PARK</b>		Barangay _____	
Municipality/City <b>CEBU CITY</b>		Province <b>CEBU</b>		State/Country (If abroad) _____ ZIP Code <b>6000</b>	
				DATE EMPLOYED (Month, Year) <b>February 2019</b>	


PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP <small>(Use another sheet if necessary)</small>					
EMPLOYER/BUSINESS NAME <b>TELETECH</b>				OFFICE ASSIGNMENT <b>CEBU</b> <input type="checkbox"/> Head Office <input checked="" type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS <b>CEBU CITY</b>				FROM _____ TO _____ 0 2 2 0 1 9    _____ <small>m m y y y y m m y y y y</small>	
EMPLOYER/BUSINESS NAME				OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS				FROM _____ TO _____ _____ <small>m m y y y y m m y y y y</small>	
EMPLOYER/BUSINESS NAME				OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS				FROM _____ TO _____ _____ <small>m m y y y y m m y y y y</small>	

HEIRS <small>(In case of death, Fund benefits shall be divided among the member's heirs in accordance with the New Civil Code as amended by the New Family Code) (Use another sheet if necessary)</small>						
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME <small>(Check only if applicable)</small>	RELATIONSHIP	DATE OF BIRTH
<b>ESGANA</b>	<b>REIGN KEONE</b>		<b>VILLARANTE</b>	<input type="checkbox"/>	<b>SON</b>	1 2 2 2 2 0 1 5 <small>m m d d y y y y</small>
				<input type="checkbox"/>		_____ <small>m m d d y y y y</small>
				<input type="checkbox"/>		_____ <small>m m d d y y y y</small>
				<input type="checkbox"/>		_____ <small>m m d d y y y y</small>

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

  
 \_\_\_\_\_  
 SIGNATURE OF MEMBER

02/11/2019  
 \_\_\_\_\_  
 DATE

FOR Pag-IBIG FUND USE ONLY			
RECEIVED BY	DATE		
 _____ Signature over Printed Name	FEB 21 2019	_____ Designation/Position	_____ Branch/Unit

**DISCLAIMER**

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various loan programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.





COV-01214 (09-2015)

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

SS NUMBER
06-4245584-8

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

Form section A containing personal data: NAME (VILLARANTE QUEENIE LADREIRA), DATE OF BIRTH (0191181191917), SEX (Female), CIVIL STATUS (Single), NATIONALITY (FILIPINO), RELIGION (ROMAN CATHOLIC), PLACE OF BIRTH (TONDO, MANILA), HOME ADDRESS (5-D VISITACION), BARANGAY (SAMBAG II), CITY (CEBU CITY), PROVINCE (CEBU), COUNTRY (PHILIPPINES), ZIP CODE (6000), MOBILE/CELLPHONE NUMBER (0905 279 6436), E-MAIL ADDRESS (reignkeone22@gmail.com), TELEPHONE NUMBER ((032) 253-5561), FATHER (VILLARANTE EDWIL DOLLOSO), MOTHER'S MAIDEN NAME (LADREIRA LORENA INFERIDO).

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

Form section B containing dependent/beneficiary information: SPOUSE (None), CHILDREN (1. ELEGANA REIGN KEONE VILLARANTE, 2. None, 3. None, 4. None, 5. None), OTHER BENEFICIARY/IES (None).

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

Form section C containing employment details: SELF-EMPLOYED (SE) (None), OVERSEAS FILIPINO WORKER (OFW) (None), NON-WORKING SPOUSE (NWS) (None), Monthly Income of Working Spouse (P) (None), I agree with my spouse's membership with SSS.

D. CERTIFICATION

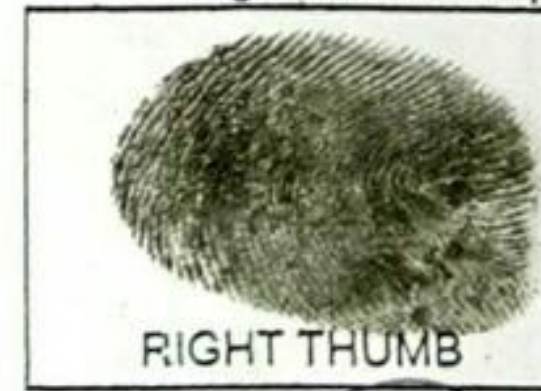
I certify that the information provided in this form are true and correct. (If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

QUEENIE L. VILLARANTE
PRINTED NAME

Queenie V.
SIGNATURE

2-19-19
DATE



PART II - TO BE FILLED OUT BY SSS

Form section II containing SSS processing information: BUSINESS CODE (None), WORKING SPOUSE'S MSC (None), RECEIVED BY (None), RECEIVED & PROCESSED BY (MADENNEVE Q. GIDO), MONTHLY SS CONTRIBUTION (None), APPROVED MSC (None), SIGNATURE OVER PRINTED NAME (None), DATE & TIME (None), START OF PAYMENT (None), FLEXI-FUND APPLICATION (None), REVIEWED BY (None), SIGNATURE OVER PRINTED NAME (None), DATE & TIME (None).

RECEIVED & PROCESSED BY
MADENNEVE Q. GIDO
SB/ACTING OMSR
163 FEB 2019



