



TRANSACTION FORM

Please provide all required information below.

Account Name (Surname, Given Name, Middle Name):
ARBUES, SHENNY ACTONDO

Present Address:
ASTANA SUBD. CALAWISAN Contact No. 0995 610 3719

TRANSACTION DETAILS

Bills Payment Others

Billers: PHILHEALTH Date: 1-23-18

Amount Due: 2,400 Due Date:

SOA/Invoice No.: Statement Date:

Account Number: 12-051257065-3

FOR GOVERNMENT TRANSACTIONS ONLY

ID Number: 12-051257065-3

Payment Type: Contribution Short Term Loan Real Estate

Payor Type: SE VM OFW Others

Loan Acct. No.: Loan Type:

Applicable Month(s): From JAN To DEC Year: 2018

Contribution/Month: 200 Total Amount: 2,400

PAYMENT DETAILS

Cash Check Cash & Check Credit Card

Cash Php Check No.

Check Php Bank

Total Php Branch

Credit Card No.: Expiry Date:

DECLARATION: The information provided above and documents hereby submitted have been made in good faith, verified correct to the best of my knowledge, pursuant to any Laws and Regulations applicable. I fully understand that CIS BAYAD CENTER, INC. is authorized to accept and process payments and documents submitted through its branches.

Signature Over Printed Name
SHENNY A. ARBUES

Machine Validation

This will serve as your receipt when machine validated

PhilHealth>TAA02C01231800233 01/23/18 12:16PM
PIN#120512570653 Applicable Months: Jan 2018 - Dec 2018
CSH: 2,400.00 CNK: 0.00 SVC FEE: P8.00 * TPA02C/002C
I-230A02C121625 ARBUES, SHENNY A.
THANK YOU FOR PAYING AT BAYAD CENTER.
Customer Care:(0920)966-3000 / (0917)836-3000