SS NUMBER	SOCIALS	ECURITY SYSTEM		
00 00 00	THE PERSON NAMED IN THE PERSON NAMED IN COLUMN 2	VAL RECORD		
09-3200756	7-6 PEROUI	Use Black Ink Only)		
		g (Rev. 08/9		
SURNAME (AFLYIDO)	GIVEN NAME (PANGAL)	AN) MIDDLE NAME (GITNANG PANGALAN)		
ADDRESS (NO. & STREET; CITY/TO	WN & PROVINCE) (TIRAHAN: BILANG	S AT KALYE, LUNGSOD/BAYAN AT LALAWIGAN) POSTAL COL		
		THE TE, EDIOGODINATAN AT EALAWIGAN		
SEX (KASARIAN)	DATE OF BIRTH (KAPANGANAKAN)	CNIL STATUS (KATAYUANG SIBIL)		
MALE FEMALE	m m d d'v	y I i i i i i i i i i i i i i i i i i i		
LI (LALAKI) LI (BABAE)		SINGLE (WALANG ASAWA) MARRIED WIDGWI (BALO) (BALO)		
BEN	EFICIARIES	(MAKIKINABANG)		
SPOUSE(ASAWA)				
(AbAWA)		FATHER (AMA)		
CHILDREN		MOTHER (INA)		
(MGA ANAK)	DATE OF BIRTH (KAPANGANAKAN)	Merric (INA)		
	m m d d y y			
COCIAL OFOUR		OTHER BENEFICIARIES (IF WITHOUT SPOUSE, CHILD OR PARE (IBANG MAKIKINABANG: KUNG WALANG ASAWA, ANAK O MAGULAN		
1 SOCIAL SECUR	UY SYSTEM			
	THAN	NAME RELATIONSHIP (PANGALAN) (RELASYON)		
3_ MAY 2 4	2010 4			
- III HE WAS CO	2010 71 81 81 11			
4 1111 0 202		2		
5 MAC - Korona	dal Branch	3		
5 MAC - Korona		3 I hereby certify that the above		
5 MAC - Korona	dal Branch	I hereby certify that the above (Ako ay nagpapatunay na ang aking mga isinaa		
5 MAC - Korona	dal Branch	3 I hereby certify that the abov		
5 MAC - Korona	dal Branch	I hereby certify that the above (Ako ay nagpapatunay na ang aking mga isinatinformation are true and correct.		
5 MAC - Korona	dal Branch	I hereby certify that the abov (Ako ay nagpapatunay na ang aking mga isinaa information are true and correct.		



REPUBLIC OF THE PHILIPPINES DEPARTMENT OF FINANCE BUREAU OF INTERNAL REVENUE

DAVASOL ALVIN MANZANARES TIN: 407-778-057-000 OCTAVIO VILLAGE CANNERY POLOMOLOK, SOUTH COTABATO

BIRTH DATE: 05-10-1989 ISSUE DATE: 05-06-2011

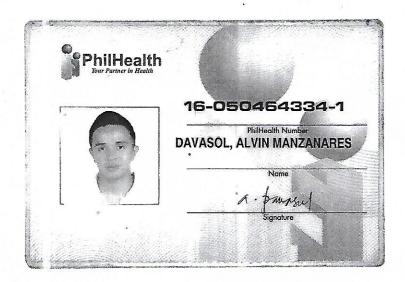


SIGNATURE



- *COSTOASA*

 This card bears your pernanent Taxpayer Identification Number (TIN). Always indicate your TIN on all returns / documents filed with the BIR.
- Report immediately to your Revenue District Officer, the loss of this card and change of name of address.
- * Any person who secures and/or uses more than one TIN shall be criminally liable and shall be punishable by fine and imprisonment



IMPORTANT

- The number on this card is your permanent PhilHealth Number
 Use the name and PhilHealth Number as indicated in this card in all your transactions with PhilHealth.
- 3. In case of loss of this card, please notify PhilHealth and apply for a replacement. Do not apply for a new number.

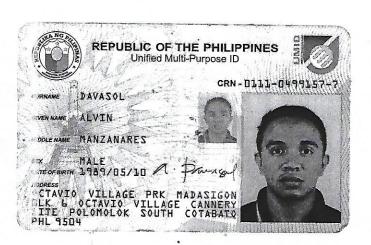
DR. REY B. AQUINO President and CEO



MEMBER'S DATA FORM (MDF)

	FOR HDMF USE ONLY	
Pa	BIG MID No.	
8	121047556960	

REGISTRATION TRAC	KING NO: 9	12213120132						
Occupational Status	EMPLOYED							
	EMPLOYED - PR	DIVATE :						
Membership Category:	EMPLOTED - PI	TIVATE -						
	LASTI	NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME		
MEMBER DAVASOL		SOL	ALVIN		MANZANARES			
FATHER DAVA		SOL	JUDITO	4 39701	ZURITA			
MOTHER (Maiden Name) MANZIN		IARES	LUCIA		MONDEJAR			
SPOUSE (if Married)		110-2000						
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	DAVA	SOL	ALVIN		MANZANARES			
DATE OF BIRTH 05/10/1989 PLACE OF BIRTH POLOMOLOK, SOU		MARITAL STAȚU	SINGLE CITIZENSHIP FILIPINO	TIN SSS NUMBER GSIS NUMBER	0932007566			
SEX HEIGHT(cm) MALE 0.00	WEIGHT(kg)	I The second control of the second	INGUISHING FACIAL FEATURES	EMPLOYEE NUMBER				
COMMON REFERENCE NUM	MBER (CRN)	FREQUENCY OF I	MEMBERSHIP SAVINGS (MS) ADDRESS AND CONTACT DET	For AFP/PNP Employee, S For DECS Employee, Divi		Wingy-and Committee		
PERMANENT HOME ADDRE	SS		ABBRESS AND CONTACT DET	CONTACT	NUMBER			
Unit/Room No.,Floor Building		Building		(Indicate country code if abroad		-		
Lot No. Block No.	Phase No. House No. Street COUNTRY + AREA CODE + TELEPHONE NUMBER			ELEPHONE NUMBER				
Subdivision		Barangay		Home	Home			
OCTAVIO VILL CANNERY SITE				Cell Phone				
Municipality/City		Province/State/Country	у	Business(Direct Line)				
POLOMOLOK SOUTH COTABATO, PHILIPPINES		O,PHILIPPINES	Business(Trunk Line)					
ZIP Code				Email Address				
9504								
PRESENT HOME ADDRESS								
Unit/Room No.,Floor	Building	Lot n	o. Block no.	Phase No.				
House No.	Street		livision	Barangay				
\$4		OC1 Province/State/Countr	TAVIO VILL	CANNERY SITE				
Municipality/City				Zip Code				
POLOMOLOK		SOUTH COTABAT	O,PHILIPPINES		9504	***		
Prefered Mailing Address	Present Address	S						







MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : 160504643341

Member Category

: FORMAL ECONOMY

NHTS Coverage

Sub-Category

: PRIVATE

Effectivity Period

DAVASOL, ALVIN MANZANARES

10B GRAYHOUND, KINASANG-AN PARDO, CEBU CITY, CEBU 6000

Foreign Address

: N/A

Sex

: Male

Date of Birth

: 05/10/1989

Place of Birth

: POLOMOLOK, SOUTH COTABATO

Contact No. (Foreign)

: N/A

Civil Status

: SINGLE

: 09989583284

Tax Identification Number: 407778057

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN)

(Local)

001000063762

Name of Employer/Organized Group

FORTRESS ADVISORS LIMITED - PHILIPPINE BRANCH OFFICE

Business Address

UNIT 16A 16TH FLOOR AVENIR BUILDING ARCHBISHOP REYES AVENUE, LAHUG (POB.), CEBU CITY,

CEBU

Telephone Number

53102239

Tax Identification Number

010426676

DEPENDENT INFORMATION

	CONTRACTOR OF THE PROPERTY OF					
PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth

*** NO DECLARED DEPENDENT/S ***

*** NOTHING FOLLOWS ***

LOURDES F. DIOCSON

Regional Vice President PRO - VII Cebu City

Paalala: Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ospital. (Reminder: Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)