

SS NUMBER
09-32 00756-6

SOCIAL SECURITY SYSTEM
PERSONAL RECORD
(Please Use Black Ink Only)
(Gumamit ng Itim na Tinta Lamang)



E-1
(Rev. 08/94)

SURNAME (AP-LYIDO) GIVEN NAME (PANGALAN) MIDDLE NAME (GITNANG PANGALAN)

ADDRESS (NO. & STREET; CITY/TOWN & PROVINCE) (TIRAHAN: BILANG AT KALYE, LUNGSOD/BAYAN AT LALAWIGAN) POSTAL CODE

SEX (KASARIAN) DATE OF BIRTH (KAPANGANAKAN) CIVIL STATUS (KATAYUANG SIBIL)
 MALE (LALAKI) FEMALE (BABAE) m m d d y y SINGLE (WALANG ASAWA) MARRIED (MAY ASAWA) WIDGWED (BALO)

BENEFICIARIES (MAKIKINABANG)

SPOUSE (ASAWA) FATHER (AMA)

CHILDREN (MGA ANAK) DATE OF BIRTH (KAPANGANAKAN) MOTHER (INA)

	DATE OF BIRTH (KAPANGANAKAN)				
	m	m	d	d	y
1	S	S	S	S	S
2	R	E	A	T	T
3	M	A	Y	2	4
4	R	E	S	S	S
5	M	A	C	-	Koronadal Branch

OTHER BENEFICIARIES (IF WITHOUT SPOUSE, CHILD OR PARENT)
(IBANG MAKIKINABANG: KUNG WALANG ASAWA, ANAK O MAGULANG)

NAME (PANGALAN)	RELATIONSHIP (RELASYON)
1	
2	
3	

THUMBMARK
LEFT (KALIWA) RIGHT (KANAN)

I hereby certify that the above
(Ako ay nagpapatunay na ang aking mga isinaad
information are true and correct.
ay totoo at tama.)
Signature (Lagda)

CONSOLIDATED PAPER PRODUCTS, INC. TEL. 397-9201 FAX 397-8826

PLEASE READ REMINDERS AT THE BACK (BASAHIN ANG PAALALA SA LIKOD)



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



A. Manzanar

SIGNATURE

005406848

- This card bears your permanent 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 or address.
- Any person who secures and / or uses more than one TIN shall be criminally liable and shall be punishable by fine and imprisonment



16-050464334-1

PhilHealth Number

DAVASOL, ALVIN MANZANARES

Name

Signature

IMPORTANT

1. The number on this card is your permanent PhilHealth Number
2. 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
Pag-IBIG MID No. 121047556960

REGISTRATION TRACKING NO: 912213120132

Occupational Status EMPLOYED					
Membership Category: EMPLOYED - PRIVATE					
	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	DAVASOL	ALVIN		MANZANARES	<input type="checkbox"/>
FATHER	DAVASOL	JUDITO		ZURITA	<input type="checkbox"/>
MOTHER (Maiden Name)	MANZINARES	LUCIA		MONDEJAR	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	DAVASOL	ALVIN		MANZANARES	<input type="checkbox"/>
DATE OF BIRTH 05/10/1989		MARITAL STATUS SINGLE		TIN	
PLACE OF BIRTH POLOMOLOK, SOUTH COTABATO, PHILIPPINES			CITIZENSHIP FILIPINO		SSS NUMBER 0932007566
SEX MALE	HEIGHT(cm) 0.00	WEIGHT(kg) 0.00	PROMINENT DISTINGUISHING FACIAL FEATURES		GSIS NUMBER
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER
					For AFP/PNP Employee, Serial/Badge No.
					For DECS Employee, Division Code-Station Code

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS					CONTACT NUMBER
Unit/Room No.,Floor		Building			(Indicate country code if abroad) COUNTRY + AREA CODE + TELEPHONE NUMBER
Lot No.	Block No.	Phase No.	House No.	Street	
Subdivision OCTAVIO VILL		Barangay CANNERY SITE			Home
Municipality/City POLOMOLOK		Province/State/Country SOUTH COTABATO, PHILIPPINES			Cell Phone
ZIP Code 9504					Business(Direct Line)
					Business(Trunk Line)
					Email Address

PRESENT HOME ADDRESS					
Unit/Room No.,Floor		Building	Lot no.	Block no.	Phase No.
House No.	Street		Subdivision OCTAVIO VILL		Barangay CANNERY SITE
Municipality/City POLOMOLOK		Province/State/Country SOUTH COTABATO, PHILIPPINES			Zip Code 9504
Preferred Mailing Address		Present Address			


 **REPUBLIC OF THE PHILIPPINES**
Unified Multi-Purpose ID 


CRN-0111-0499157-7





SURNAME: DAVASOL
GIVEN NAME: ALVIN
MIDDLE NAME: MANZANARES

SEX: MALE
DATE OF BIRTH: 1989/05/10 *A. Davasol*

ADDRESS:
OCTAVIO VILLAGE PRK MADASIGON
BLK 6 OCTAVIO VILLAGE CANNERY
SITE POLOMOLOK SOUTH COTABATO
PHL 9504



C177-25-134  C



In case of loss, please return to the nearest SSS Branch



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

8/F, Golden Peak Tower, Gorordo Ave., cor. Escario St., Cebu City 6000
(032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871
www.philhealth.gov.ph

MDR

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

(Local) : 09989583284

Tax Identification Number : 407778057

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : 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

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 mairagdag 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.)

This is a system generated report. Signature is not required.

01/28/2020 2:32:56 PM 20492305 20474405 / 20492305 / 05/16/2011 01/28/2020