



Republic of the Philippines

# PHILIPPINE HEALTH INSURANCE CORPORATION

Corporate Action Center Hotline - (02) 441-7442

www.philhealth.gov.ph



## MEMBER DATA RECORD

### MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **12-025785906-7** PhilSys Number :  
 Member Category : **FORMAL ECONOMY - PRIVATE -**  
 Sub-Category : **PERMANENT/REGULAR** NHTS Coverage : **N/A**  
 Validity Period : **N/A - N/A**

### LIM, DAVID PETERTON CARDONA

PUROK 8 CAMPUHAW (POB.), CEBU CITY CEBU

Foreign Address : **N/A** Sex : **MALE**  
 Date of Birth : **08/05/1999**  
 Place of Birth : **CEBU CITY, CEBU**  
 Contact No. (Foreign) : **N/A** Civil Status : **SINGLE**  
 (Local) : **09166467450** Tax Identification Number :

### ENTITY INFORMATION

PhilHealth Number (PEN/POGN) : **01-200000865-7**  
 Name of Employer/Organized Group : **QUALFON PHILIPPINES INCORPORATED**  
 Business Address : **1F 5-7F 9-12F 14-15F SKYRISE BLDG 3 ASIATOWN IT PARK, APAS, CEBU CITY CEBU**  
 Telephone Number : Employment Status : **EMPLOYED**  
 Tax Identification Number : **244963876000** Date : **03/12/2019**

### DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
*** NOTHING FOLLOWS ***						

**EDWIN M. ORIÑA, MD**  
 REGIONAL VICE PRESIDENT  
 PRO - VII Cebu City

Paalala: Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang 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 MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a Member Portal System generated report. Signature is not required.  
 Jan 27, 2021 09:46 AM

PRESENT EMPLOYMENT DETAILS (If with more than one (1) employer, use separate sheet and follow format below)

*OCCUPATION ADVERTISING SALES AGENTS		EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contractual <input type="checkbox"/> Project-based <input type="checkbox"/> Part-time/ Temporary		TYPE OF WORK (For OFW only) (Pls. specify country of assignment) <input type="checkbox"/> Land-based <input type="checkbox"/> Sea-based	
*EMPLOYER/BUSINESS NAME (For Formally Employed, OFW and Self-employed Professional/Business Owner) QUALFON PHILS INC				MONTHLY INCOME Basic _____ + _____ Allowances/Others _____ = _____ Total Mo. Income _____	
*EMPLOYER/BUSINESS ADDRESS (For Formally Employed, OFW and Self-employed Professional/Business Owner) Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. 1F5-7F9-12F 14-15F SKYRISE 3					
Street Name IT PARK		Subdivision	Barangay APAS	OFFICE ASSIGNMENT CEBU <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
Municipality/City CEBU CITY	Province CEBU	State/Country (If abroad)		ZIP Code 6000	
				DATE EMPLOYED (Month, Year) January 2019	

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP (Use another sheet if necessary)

EMPLOYER/BUSINESS NAME		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS		FROM TO m m y y y y m m y y y y	
EMPLOYER/BUSINESS NAME		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS		FROM TO m m y y y y m m y y y y	
EMPLOYER/BUSINESS NAME		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS		FROM TO m m y y y y m m y y y y	

HEIRS (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)

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable)	RELATIONSHIP	DATE OF BIRTH
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y

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

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

01/28/2019  
DATE

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY	DATE
Signature over Printed Name	
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.