

* CHECK TIN WEB



**BUREAU OF INTERNAL REVENUE
REVENUE DISTRICT NO. 081
CEBU CITY NORTH
CLIENT SUPPORT SECTION
TIN VERIFICATION SLIP**

TIN: 388 - 107 - 425

LAST NAME: TORREGOSA

FIRST NAME: JERUH SALEM

MIDDLE NAME: COMENDADOR

DATE OF BIRTH: NOV. 22. 1999

RDO: 0471 (FNEG)

TAXPAYER
CLASSIFICATION: _____

 MAR 02 2021

BIR Authorized Signature

NOTE: PLEASE READ/ PALIHUG BASAHA
Please present BIRTH CERTIFICATE or ID or any
Document showing NAME and BIRTHDATE



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

8/F, Golden Peak Tower, Gorordo Ave., cor. Escario St., Cebu City 6000

Healthline (032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871 www.philhealth.gov.ph

23 February 2021

Member Name : **TORREGOSA , JERUH SALEM COMENDADOR**
Member Address : **3510 VILLA ZACATE BASAK PARDO, CEBU CITY, CEBU 6000**

Member Category : **INFORMAL ECONOMY INFORMAL SECTOR**

We are glad that you are now registered with the National Health Insurance Program (NHIP), a program being administered by the Philippine Health Insurance Corporation (PhilHealth).

Your lifetime PhilHealth Identification Number (PIN) is : **1202-5941-0563**

In order for you or any member of your family be entitled to the benefits of the NHIP especially during hospitalization, you or with your employer, or local government or sponsor should have paid the required number of monthly contributions to the Program.

It is important that you always use your PIN in paying your contributions and when you or any member of your family avail of NHIP benefits during hospitalization.

We would like to give you and your family continued protection on health.

Respectfully,

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

This is a system generated document, signature is not required



(Copy for CCRG)

Municipal Form No. 102 (Revised January 1993) (To be accomplished in quadruplicate)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province CEBU		Reglstry No. 99 28747	
City/Municipality CEBU CI-Y			
1. NAME JERU^(First) SALEM ^(Middle) COMENDADOR ^(Last) +ORREGUSA		2. SEX X 1 Male 2 Female	
3. DATE OF BIRTH 22 NOVEMBER 1999		4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) VILLAGONZALO II CEBU CI-Y CEBU	
5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.		5b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify	
c. BIRTH ORDER (Live births and fetal deaths including this delivery) (first, second, third, etc.)		d. WEIGHT AT BIRTH 3856 grams	
6. MAIDEN NAME (First) (Middle) (Last) MARILE COMENDADOR		7. CITIZENSHIP FILIPINO	
8. RELIGION CATHOLIC		9a. Total number of children born alive: 01	
9b. No. of children still living including this birth: 01		9c. No. of children born alive but are now dead: 0	
10. OCCUPATION HOUSEKEEPER		11. Age at the time of this birth 19 years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) MABOLO CEBU CI-Y CEBU		13. NAME RAINER^(First) ABERGONZALO ^(Middle) +ORREGUSA ^(Last)	
14. CITIZENSHIP FILIPINO		15. RELIGION CATHOLIC	
16. OCCUPATION SALES MERCHANTISER		17. Age at the time of this birth 23 years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) JULY 17, 1998 - PALACE OF JUSTICE, CANTYOL, CEBU CI-Y			
19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Midwife) 5 Others (Specify)			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at 9:00PM o'clock am/pm on the date stated above.			
Signature BERNARDO C. GOPIO		Address CEBU CI-Y	
Name in Print BARNED HILO		Date NOVEMBER 22, 1999	
Title or Position		Date	
20. INFORMANT Signature MARILE COMENDADOR +ORREGUSA Address MABOLO, CEBU CI-Y			
Name in Print MOTHER		Date NOVEMBER 22, 1999	
Relationship to the child		Date	
21. PREPARED BY Signature BERNARDO C. GOPIO		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR	
Name in Print BARNED HILO		Signature AGNES C. DENAPA	
Title TRAINED HILO		Name in Print AGNES C. DENAPA	
Date NOVEMBER 22, 1999		Title or Position CLERK-I	
		Date NOV 24 1999	

REMARKS/ANNOTATION

For CCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 9928747

48

49 50 771199

56 22178

61

62 64 013856

68 69 1 1

70 72 74 01 01 00

76 78 220 119

81 77178

85 87 1 1

89 91 720 23

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17-12-1998

22178

11-24-1999

04521-D5-400JSA-00961-BI002

BEST POSSIBLE IMAGE



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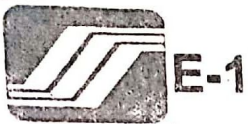
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BReN
02217-A99XN1A-7

Documentary
Stamp Tax Paid

Carmelita N. Erica
CARMELITA N. ERICTA
Administratrix and Civil Registrar General
National Statistics Office





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

NO SUPPORTING DOCUMENT(S) SUBMITTED

SS NUMBER
06-4189901-0

COV-01214 (09-2015)

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

NAME (LAST NAME) TORREGOSA		(FIRST NAME) JERUH SALEM		(MIDDLE NAME) COMENDADOR	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 11 22 1999
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	CIVIL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others				TAX IDENTIFICATION NUMBER (IF ANY)	
NATIONALITY FILIPINO	RELIGION ROMAN CATHOLIC	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) CEBU CITY PHILIPPINES				
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) MABOLO		(HOUSE/LOT & BLK. NO.)	(STREET NAME) SORIANO STREET BACKPERS	(SUBDIVISION)	(COUNTRY)	ZIP CODE 6000
MOBILE/CELLPHONE NUMBER 09081343585		E-MAIL ADDRESS SATIN RIVERA @ GMAIL.COM		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)		
FATHER (LAST NAME) TORREGOSA	(FIRST NAME) RAINER	(MIDDLE NAME) AJERGONZADO	(SUFFIX)	MOTHER'S MAIDEN NAME (LAST NAME) COMENDADOR		
		(FIRST NAME) MARILE	(MIDDLE NAME) BRIQUEZ	(SUFFIX)		

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

SPOUSE (LAST NAME) TORREGOSA	(FIRST NAME) JERUH	(MIDDLE NAME) SALEM	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
CHILD/REN (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
1.					
2.					
3.					
4.					
5.					
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased) (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1.					
2.					

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

SELF-EMPLOYED (SE) Profession/Business Year Prof./Business Started Monthly Earnings P	OVERSEAS FILIPINO WORKER (OFW) Foreign Address Monthly Earnings P	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (P) I agree with my spouse's membership with SSS. SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE
Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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.



JERUH SALEM C. TORREGOSA
 PRINTED NAME
 SIGNATURE
 DATE **09-20-18**

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS) P	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/ REIGN OFFICE) Signature Over Printed Name 2-18
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	SIGNATURE OVER PRINTED NAME	DATE & TIME 20 SEP 2018
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)	SIGNATURE OVER PRINTED NAME
			DATE & TIME