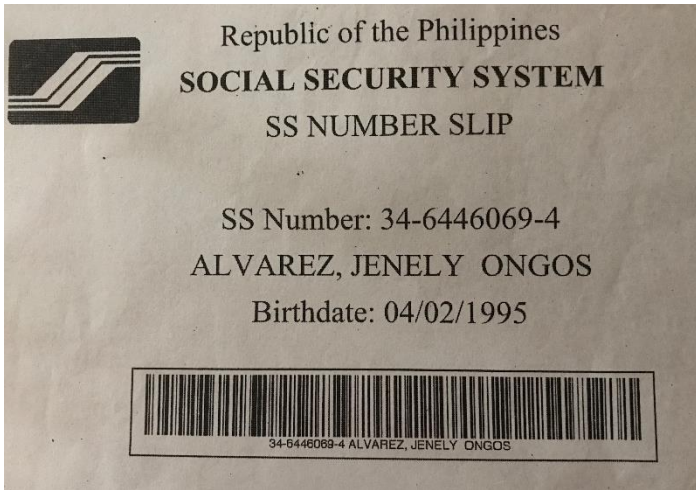


Jenely O. Alvarez
(Pre-Employment Requirements)

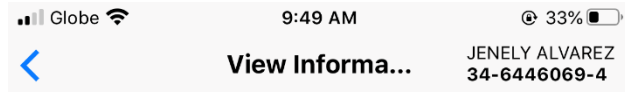
SSS



My Information



My Contributions



Primary Information

CRN:

SS Number:
34-6446069-4

Full Name:
JENELY ONGOS ALVAREZ

Date of Birth:
APRIL 02, 1995

Date of Coverage:
JANUARY 2017

Coverage Status:
EMPLOYED

SS Number Status:
ACTIVE

UMID Savings Account Number:



My Loans



My Benefits



Generate PRN/SOA



Maternity Notification



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121189036123
REGISTRATION TRACKING NUMBER	916363110388

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE			
PERSONAL DETAILS					
	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	ALVAREZ	JENELY		ONGOS	<input type="checkbox"/>
FATHER	ALVAREZ	ALEJANDRO		LUNGAYAN	<input type="checkbox"/>
MOTHER (Maiden Name)	ONGOS	JOSEPHINE		SILVA	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ALVAREZ	JENELY		ONGOS	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
04/02/1995	Single/Unmarried		SSS NUMBER		
PLACE OF BIRTH	CITIZENSHIP		GSIS NUMBER		
CEBU CITY, CEBU	FILIPINO		EMPLOYEE NUMBER		
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		For AFP/PNP Employee, Serial/Badge No. For DepEd Employee, Division Code-Station Code
FEMALE	0.00	0.00			
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT			

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS					COUNTRY + AREA CODE + TELEPHONE NUMBER
Unit/Room No., Floor			Building Name		HOME
Lot No.	Block No.	Phase No.	House No.	Street Name	CELLPHONE
				SITIO KABARANG	+63 (0966) 4902054
Subdivision			Barangay		BUSINESS (DIRECT LINE)
			SAPANGDAKU		BUSINESS (TRUNK LINE)
Municipality/City			Province/State/Country		E-MAIL ADDRESS
CEBU CITY			CEBU, PHILIPPINES		jenelyalvarez@gmail.com
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot no.	Block no.
				Phase No.	
House No.		Street Name		Barangay	
		SITIO KABARANG		SAPANGDAKU	
Municipality/City		Province/State/Country		Zip Code	
CEBU CITY		CEBU, PHILIPPINES		6000	
PREFERRED MAILING ADDRESS			PERMANENT HOME ADDRESS		

PHILHEALTH



PhilHealth
Your Partner in Health

12-051528393-0
PhilHealth Number

ALVAREZ, JENELY ONGOS
Name

[Handwritten Signature]
Signature

[Portrait Photo]

TIN



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

ALVAREZ, JENELY ONGOS

TIN: **481-042-103-000**

DON GERVACIO QUIJADA ST.
GUADALUPE, CEBU CITY

BIRTH DATE: 04/02/1995
ISSUE DATE: 02/10/2016

[Handwritten Signature]
SIGNATURE

[Portrait Photo]