



*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](http://www.philhealth.gov.ph)

15 March 2022

Member Name : **AUMAN , NEIL ADRIAN PELICANO**  
Member Address : **0665 CAMAGONG LAHUG (POB.), 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 : **1225-0622-0023**

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*



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**

**SS NUMBER SLIP**

35-1684658-0

AUMAN, NEIL ADRIAN PELICANO

09/05/2000



35-1684658-0 AUMAN, NEIL ADRIAN PELICANO



(Only for CGRG)

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.)

REMARKS/ANNOTATION

Province CEBU  
City/Municipality CEBU CITY Registry No. 0260-25272

1. NAME (First) NEIL ADRIAN (Middle) PELICANO (Last) ADRIAN

2. SEX  1 Male  2 Female 3. DATE OF BIRTH (day) (month) (year) 5 SEPTEMBER 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) CEBU PUER. CENTER & MAT. HOUSE, INC., CEBU CITY, CEBU

5a. TYPE OF BIRTH  1 Single  2 Twin  3 Triplet, etc. b. 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.) FIRST d. WEIGHT AT BIRTH 2,900 grams

6. MAIDEN NAME (First) ZOSIMA (Middle) PARAQUELLES (Last) PELICANO

7. CITIZENSHIP PILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 32 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) 1000, LAFUAPU CITY, CEBU

13. NAME (First) MARIO (Middle) GABA (Last) AUMAN

14. CITIZENSHIP PILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION MAINTENANCE 17. Age at the time of this birth: 25 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) OCTOBER 25, 1999 BADIAN, CEBU

19a. ATTENDANT  1 Physician  2 Nurse  3 Midwife  4 Midwife (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 10:33 A.M. o'clock am/pm on the date stated above.

Signature [Signature] Address CEBU PUER. CENTER & MAT. HOUSE, INC., CEBU CITY  
Name in Print ARLENE JUNGCO, M.D. Date SEPT. 5, 2000  
Title or Position PHYSICIAN

20. INFORMANT Signature [Signature] Address 1000, LAFUAPU CITY  
Name in Print ZOSIMA AUMAN Date SEPT. 5, 2000  
Relationship to the child MOTHER

21. PREPARED BY Signature [Signature]  
Name in Print MARIANELLA BERNANDEZ  
Title or Position CLERK  
Date SEPT. 5, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature [Signature]  
Name in Print AGNES DENAFL  
Title or Position CLERK  
Date 7/7/2000

For CGRG USE ONLY  
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41

48

49 50

58

61

62 64

66 68

70 72 74

76 78

81

86 87

88 91

93

96

000122

04860-G5-400VGF-00891-BI025

BEST POSSIBLE IMAGE



T400048604000089104222013025

CI400860999

BReN  
02217-B00S50F-6

Documentary  
Stamp Tax Paid

[Signature]  
CARMELITA N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office



## MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121295284488
REGISTRATION TRACKING NUMBER	922066681398

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE			
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	AUMAN	NEIL ADRIAN		PELICANO	<input type="checkbox"/>
FATHER	AUMAN	MARIO		CABA	<input type="checkbox"/>
MOTHER (Maiden Name)	PELICANO	ZOSIMA		PARACUELLES	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	AUMAN	NEIL ADRIAN		PELICANO	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
09/05/2000		Single/Unmarried		3516846580	
PLACE OF BIRTH			CITIZENSHIP		
CEBU CITY, CEBU			FILIPINO		
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER
MALE	155.00	65.00			For AFP/PNP Employee, Serial/Badge No
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		For DepEd Employee, Division Code-Station Code

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	Cell Phone
					+63 (0956) 2701935
Subdivision		Barangay			Business (Direct Line)
CEBU CITY		MALHIAO			Business (Trunk Line)
Municipality/City		Province/State/Country			Email Address
CEBU CITY		CEBU, PHILIPPINES			auman.neiladrian123@gmail.com
ZIP Code					
6000					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot no.	Block no.
					0665
House No.		Street Name		Subdivision	Barangay
		CAMAGONG			LAHUG
Municipality/City		Province/State/Country			ZIP Code
CEBU CITY		CEBU, PHILIPPINES			6000
PREFERRED MAILING ADDRESS					
PRESENT HOME ADDRESS					

MAR 09 2022

eligibility requirements and comply with the Fund's various loan programs. A Pag-BIG member must satisfy the requirements and approval.

**DISCLAIMER**

RECEIVED BY: ANN MARIE F. CHAN

DATE: \_\_\_\_\_

POSITION: \_\_\_\_\_

Signature: \_\_\_\_\_

Designation/Position: \_\_\_\_\_

Branch/Unit: \_\_\_\_\_

DATE: \_\_\_\_\_

**FOR Pag-BIG FUND USE ONLY**

SIGNATURE OF INFORMANT: \_\_\_\_\_

DATE: \_\_\_\_\_

**CERTIFICATION**

I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-BIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or correct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, supplement or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME RELATIONSHIP	DATE OF BIRTH
ALUMAN	KYLIE MAR		PELICANO	[ ]	04/23/2003
ALUMAN	JASSEN KEITH		PELICANO	[ ]	04/07/2007

**PREVIOUS EMPLOYMENT FROM DATE OF Pag-BIG Fund MEMBERSHIP**

EMPLOYER/BUSINESS NAME: \_\_\_\_\_

EMPLOYER/BUSINESS ADDRESS: \_\_\_\_\_

OFFICE ASSIGNMENT: \_\_\_\_\_

HEAD OFFICE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

03/2022 PRESENT

**PRESENT EMPLOYMENT DETAILS**

OCCUPATION: \_\_\_\_\_

CUSTOMER SERVICE REPRESENTATIVES

EMPLOYMENT STATUS: CONTRACTUAL

TYPE OF WORK: \_\_\_\_\_

EMPLOYER/BUSINESS NAME: \_\_\_\_\_

EMPLOYER/BUSINESS ADDRESS: \_\_\_\_\_

Building Name: \_\_\_\_\_

House No: \_\_\_\_\_

Street Name: 1 VILLA ST

Barangay: APAS

Province: CEBU

City: CEBU CITY

State/Country (as per): PHILIPPINES

ZIP Code: 6000

DATE EMPLOYED: MAR 2022

MONTHLY INCOME

Basic	14,000.00
Allowances/Others	3,400.00
Total Mo. Income	17,400.00

OFFICE ASSIGNMENT: HEAD OFFICE

COUNTRY OF ASSIGNMENT: \_\_\_\_\_





Republika ng Pilipinas  
Republic of the Philippines  
**KAGAWARAN NG EDUKASYON**

Department of Education  
REHIYON 7  
REGION 7

SANGAY NG CEBU  
DIVISION OFFICE

PUROK NG BADIAN  
District of Badian

**BADIAN NATIONAL HIGH SCHOOL**

Paaralan  
School

Pinatutunayan nito na si  
*This certifies that*

**NEIL ADRIAN P. AUMAN**

Learner Reference Number (LRN): 404298150461

ay kasiya-siyang nakatupad sa mga kinakailangan sa pagtatapos ng Senior High School  
*has satisfactorily completed the requirements for graduation in Senior High School*

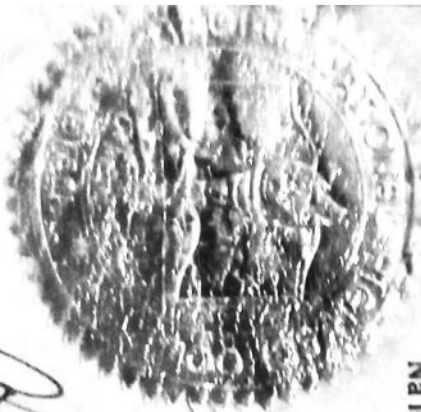
**ACADEMIC TRACK**

**ACCOUNTANCY, BUSINESS AND MANAGEMENT STRAND**

Na itinakda para sa Mataas na Paaralan ng Kagawaran ng Edukasyon, kaya pinagkalooban siya nitong  
*prescribed for Secondary Schools of the Department of Education and is therefore awarded this*

**KATIBAYAN  
DIPLOMA**

Nilagdaan sa Badian, Cebu, Pilipinas nitong ika-5 ng Abril 2019.  
*Signed in Badian, Cebu, Philippines on the 5<sup>th</sup> day of April 2019.*



**ROMEO V. MEJIA**

Punongguro  
Principal



**RHEA MAR ANGTUD, Ed.D., CESO VI**  
Pansangay na Tagapamanahala ng mga Paaralan  
Schools Division Superintendent

Republic of the Philippines  
 Department of Justice  
 National Bureau of Investigation



This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for NBI Clearance and the results is as follows:

VALID UNTIL  
 March 02, 2023

NBI ID NO  
**A550INEN00-JM1239457**  
 FAMILY NAME  
**AUMAN**

FIRST NAME  
**NEIL ADRIAN**  
 HUSBAND'S SURNAME

MIDDLE NAME  
**RELICANO**  
 ADDRESS  
**BLOCK 8 PUROK BLACK SB CABA HUG ST CENTRO MANDAUE CITY CEBU**

DATE OF BIRTH  
 September 05, 2000

CITIZENSHIP  
**FILIPINO**

PURPOSE  
**MULTI-PURPOSE CLEARANCE**

REMARKS  
**NO RECORD ON FILE**

PERSONAL COPY  
 CIVIL STATUS  
**SINGLE**  
 PLACE OF BIRTH  
**CEBU CITY**

GENDER  
**MALE**



SIGNATURE



Date Printed: Wednesday, March 2, 2022 03:30 PM  
 Agency JM  
 CASID macapanasjr  
 DATID macapanasjr

OR No. FRTL72A1S1  
 d/r Date 06/02/2022 3:15:28 PM  
 DST PAID  
 RECIP INTD  
 PRID macapanasjr

*Eric B. Distor*  
**ERIC B. DISTOR**  
 NBI Director - OIC



A550INEN00-JM1239457

NATIONAL BUREAU OF INVESTIGATION NATIONAL BUREAU OF INVESTIGATION NATIONAL BUREAU OF INVESTIGATION