



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121251942772
REGISTRATION TRACKING NUMBER	919162794732

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE			
	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	RUBIO	CHRISTINE JOY		MORADOS	<input type="checkbox"/>
FATHER	RUBIO	JUVINAL		VILAR	<input type="checkbox"/>
MOTHER (Maiden Name)	MORADOS	CRISTINA			<input checked="" type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	RUBIO	CHRISTINE JOY		MORADOS	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
09/20/2000	SINGLE		SSS NUMBER		
PLACE OF BIRTH	CITIZENSHIP		GSIS NUMBER		
GINATILAN, CEBU, PHILIPPINES	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
				+63 (0915) 1636992	
Subdivision		Barangay		BUSINESS (DIRECT LINE)	
MANDAUE CITY		GUIZO		BUSINESS (TRUNK LINE)	
Municipality/City		Province/State/Country		E-MAIL ADDRESS	
MANDAUE CITY		CEBU, PHILIPPINES			
ZIP Code					
6014					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot no. Block no. Phase No.	
House No.		Street Name		Subdivision Barangay	
				GUIZO	
Municipality/City		Province/State/Country		Zip Code	
MANDAUE CITY		CEBU, PHILIPPINES		6014	
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			

MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : 120516030785
 Member Category : FORMAL ECONOMY NHTS Coverage :
 Sub-Category : PRIVATE Effectivity Period :

RUBIO, CHRISTINE JOY MORADOS

GUIZO, MANDAUE CITY, CEBU 6014

Foreign Address : N/A Sex : Female
 Date of Birth : 09/20/2000
 Place of Birth : GINATILAN, CEBU
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : 0915 636992 Tax Identification Number :

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : 230276000477
 Name of Employer/Organized Group : TPPH-FHCS INC (AEGIS PEOPLE SUPPORT INC)
 Business Address : 5TH FLOOR PEOPLE SUPPORT CENTER AYALA AVE COR SEN GIL PUYAT AVE, SAN LORENZO, MAKATI CITY, FOURTH DIST
 Telephone Number : 028858000
 Tax Identification Number : 205394448

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** 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 maidagdag 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.

6/11/2019 1:44:47 PM 30696318 30696318 / / 6/11/2019



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

06-4306856-4

SS NUMBER

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) RUBIO	(FIRST NAME) CHRISTINE JOY	(MIDDLE NAME) MORADAS	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 09/21/2010
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 CATHOLIC	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) GUATLAN CEBU		
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG NAME) GUZG		(HOUSE/LOT & BLK. NO.) MANDAVE	(STREET NAME) CEBU	(SUBDIVISION)
(BARANGAY/DISTRICT/LOCALITY) GUZG	(CITY/MUNICIPALITY) MANDAVE	(PROVINCE) CEBU	(COUNTRY)	ZIP CODE 6014
MOBILE/CELLPHONE NUMBER 09151631492	E-MAIL ADDRESS Thatname200@gmail.com		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)	
FATHER (LAST NAME) RUBIO	(FIRST NAME) JOVENAL	(MIDDLE NAME) VILLAR	(SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) MORADAS	(FIRST NAME) CONCEPCION	(MIDDLE NAME) Christina	(SUFFIX) VILLAR	

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

SPOUSE (LAST NAME) RUBIO	(FIRST NAME) CHRISTINE JOY	(MIDDLE NAME) MORADAS	(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)				RELATIONSHIP
1. (LAST NAME) RUBIO	(FIRST NAME) JOVENAL	(MIDDLE NAME) VILLAR	(SUFFIX)	FATHER
2. (LAST NAME) MORADAS	(FIRST NAME) CONCEPCION	(MIDDLE NAME) VILLAR	(SUFFIX)	MOTHER
				DATE OF BIRTH (MMDDYYYY) 01/01/1967
				01/21/1976

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 Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	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
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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.

CHRISTINE JOY RUBIO
PRINTED NAME

[Signature]
SIGNATURE

06/11/19
DATE



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) SIGNATURE OVER PRINTED NAME DATE & TIME	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE) SSS MANDAVE Received & Encoded Completed Refiled Doreen D. Godinez DATE & TIME JUN 11 2019
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE) SIGNATURE OVER PRINTED NAME DATE & TIME	
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		