



REGIONAL OFFICE NO. _____

Application for Grant of Eligibility Pursuant to P.D. No. 907
(Honor Graduate Eligibility)

INSTRUCTIONS : Fill in the required information. Put “N/A” for items not applicable to you. Submit this Form, together with the documentary requirements, to the CSC Regional Office (RO)/Field Office (FO) concerned. This Form may be accomplished either handwritten, typewritten, or computer printed, provided that the signature of the applicant should be handwritten. Digital/scanned signature is strictly not allowed.

ID PHOTO

- Philippine passport size

- showing 80% face capture

- in bare face & showing left and right ears

- with handwritten (not computer generated) name tag, showing signature over printed full name

(see Item II (2) at the back of this form for complete specifications)

1. APPLICANT'S NAME: REGUALOS

2. MOTHER'S MAIDEN NAME: _____

3. COMPLETE PERMANENT ADDRESS : _____ ZIP CODE _____

4. SEX (Male/Female) : _____ 5. DATE OF BIRTH : _____ 6. PLACE OF BIRTH : _____

7. CIVIL STATUS : ☐ Single ☐ Married ☐ Widowed ☐ Annulled ☐ Legally Separated ☐ Others, specify _____

8. CITIZENSHIP : ☐ Filipino ☐ Filipino with dual citizenship, specify _____ 9. TEL. NO. _____

10. MOBILE PHONE NO.: _____ 11. E-MAIL ADDRESS: _____

12. EDUCATION (Baccalaureate/Bachelor's Degree only)

Mode of Educational Delivery	Complete Title of Course & Major	Date of Graduation/ Completion (mmddyyyy)	Honor Received	Name & Address of School Last Attended	Inclusive Years (from - to)
<input type="checkbox"/> Conventional Educ / Schooling					
<input type="checkbox"/> Open Distance Learning					

I declare that I **personally** accomplished this Form, and that the information given are true, correct and complete statements pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I understand that any misrepresentation made in this document shall cause the disapproval of my application and/or outright revocation of the eligibility granted without prejudice to the filing of administrative/criminal case/s against me.

Done this _____ day of _____ 20_____.

Signature over full printed name of the applicant

INDORSEMENT (application received in the CSC FO for indorsement to CSC RO, or from CSC RO to other CSC RO, to be filled up ONLY as applicable):

ENDORSING the application of _____ to CSC RO No. _____ as received by CSC RO No. ____ / CSC FO - _____ on _____, for approval and processing of the grant of Honor Graduate Eligibility.

Signature over full printed name of CSC Field/Regional Director/Date

ACTION TAKEN (for Processor only): ☒ **Approved** for the grant of HGE

Date of Effectivity (mm/dd/yyyy): _____ Certificate of Eligibility No. _____

Serial No. _____ Remarks _____

☐ **Disapproved** due to _____

I (Evaluation Fee)

O.R No.: _____

Date: _____

Amount: _____

Collecting Officer

I (Processing Fee)

O.R No.: _____

Date: _____

Amount: _____

Collecting Officer

Signature over full printed name of Evaluation Officer/Date

Signature over full printed name of Approving Officer/Date



Application No. HGE-_____ - _____

ACKNOWLEDGMENT OF APPLICATION

Received the application of _____

for the grant of Honor Graduate Eligibility at CSC RO/FO _____

Remarks: _____

Signature over full printed name of Receiving Officer/Designation

Date/Time

ID PHOTO

- Philippine passport size

- showing 80% face capture

- in bare face & showing left and right ears

- with handwritten (not computer generated) name tag, showing signature over printed full name

(see Item II (2) at the back of this form for complete specifications)

For CSC processor/s only

I. QUALIFICATIONS FOR THE GRANT OF HONOR GRADUATE ELIGIBILITY (HGE)

A. Checklist of Qualifications (Put (✓) mark on qualifications met; otherwise put (x) mark)

☐ 1. Graduated from his/her bachelor's degree from school year:

☐ 1972-1973 and thereafter (for Conventional Education/Schooling)

☐ 2015-2016 and thereafter (for Open Distance Learning or ODL)

☐ 2. Latin honors received:

☐ Summa cum Laude☐ Magna cum Laude☐ Cum Laude

☐ 3. Baccalaureate/Bachelor's degree is:

☐ Recognized by Commission on Higher Education (CHED) (for graduates of private universities/colleges/institutions); or☐ Included in charter, or duly approved by Board of Trustees/Regents (for graduates of state/local universities and colleges)

☐ 4. For honor graduates through ODL, open university/college/institution has at least Level III Accreditation in the programs offered in the conventional classroom or traditional mode which employs operational procedures and strategies of an open learning institution

☐ 5. Name of applicant is included in the corresponding Master List issued by the university/college/institution concerned

B. Evaluation on Qualifications for the Grant of Eligibility

☐ Qualified (all qualifications set are met). Application for approval.

☐ Not qualified. Application for disapproval. Specify qualification/s not met

II. DOCUMENTARY REQUIREMENTS FOR SUBMISSION BY APPLICANTS [EXCEPT ITEM NOS. 9 & 10] (To be accomplished only for qualified applications; Put (✓) mark on requirements met; or put (x) for lacking items and/or "N/A" for items not applicable)

☐ 1. Properly accomplished CS Form 101-HGE, Revised 28 July 2023 (all fields properly filled out, with "n/a" indicated in all fields not applicable to the applicant);

☐ 2. Three (3) pieces of identical ID pictures with the following specifications:

☐ Philippine passport size (4.5 cm x 3.5 cm or 1.8 in x 1.4 in)

☐ Colored with white background☐ Printed in good quality photo paper

☐ Taken within three (3) months prior to filing of application

☐ Taken in full-face view directly facing the camera

☐ Showing left and right ears

☐ With neutral facial expressions and both eyes open

☐ In bare face (with no eyeglasses, colored contact lens or any accessories that may cover the facial features (facial features not computer enhanced)

☐ In standard close-up shot (from shoulder level up with head and face occupying at least 80% of the picture and with the name tags positioned at approximately 1 inch or 2.54 cm below the chin)

☐ With HANDWRITTEN (not computer-generated) name tag legibly showing SIGNATURE OVER PRINTED FULL NAME in the format: First Name, Middle Initial, Last Name, and Extension Name, if any (e.g. PETER S. CRUZ JR.)

☐ 3. Original and photocopy of any of the following valid (not expired upon filing of application) ID Card containing applicant's name, clear picture, date of birth, signature, and with the name and signature of authorized issuing officer. Any other ID card NOT included in the list shall NOT be accepted. Check the ID card/s submitted by the applicant.

☐ Alien Certificate of Registration Card

☐ HDMF Transaction I.D.

☐ PWD I.D.

☐ Barangay I.D.

☐ NBI Clearance

☐ School I.D.

☐ BIR/Taxpayer's I.D..

☐ Passport Postal I.D.

☐ Seaman's Book

☐ Company/Office I.D.

☐ Philhealth I.D.

☐ Senior Citizen's I.D.

☐ CSC Eligibility Card

☐ PhilID

☐ Solo Parent I.D.

☐ Driver's License/Temporary Driver's License/Student Driver's Permit

☐ Police Clearance/Police Clearance Certificate

☐ SSS I.D

☐ GSIS I.D

☐ PRC License

☐ Voter's I.D./Voter's Certification

☐ 4. Original and photocopy of Birth Certificate of the applicant issued/authenticated by the then National Statistics Office (NSO) now Philippine Statistics Authority (PSA). In case the NSO or PSA Birth Certificate is not legible, or the NSO or PSA has duly issued a negative certification of birth (NSO or PSA CRS Form No. 1) printed in NSO or PSA security form, the applicant shall, in addition, submit the original and photocopy of his/her Birth Certificate issued/authenticated by the Local Civil Registrar;

☐ 5. For married female applicants, original and photocopy of Marriage Certificate issued/authenticated by the NSO or PSA. In case the NSO or PSA Marriage Certificate is not legible, or the NSO or PSA has duly issued a negative certification of marriage printed in NSO or PSA security form, the applicant shall, in addition, submit the original and photocopy of her Marriage Certificate issued/authenticated by the Local Civil Registrar;

☐ 6. Certification of No Pending Case/Non-Conviction of Any Offense (Use CSC SPEL Form 1, April 2012, downloadable at www.csc.gov.ph);

☐ 7. Original and photocopy of Transcript of Records (TOR) of the applicant;

☐ 8. Certification from the university/college/institution that the applicant graduated summa cum laude, magna cum laude, or cum laude duly signed by the current university/college/institution registrar or authorized official, bearing the university/college/institution seal, and printed on university/college/institution official letterhead. (This Certification is separate from and on top of the TOR);

☐ 9. List of Honor Graduates certified and submitted by the School Registrar to the CSC (agency to agency concern; to be submitted by the university/college/institution to the CSC RO);

☐ 10. For ODL honor graduates, copy of Certification from the CHED showing that the university/college/institution should have at least Level III accreditation or CHED equivalent in the programs offered in the conventional classroom or traditional mode of learning, duly signed by authorized CHED official, affixed with CHED official dry-seal, and printed on CHED official letterhead, (agency to agency concern; to be certified and submitted by the university/college/institution to CSC RO);

☐ 11. If filing of application is through a representative:

☐ Authorization letter executed by the applicant; and

☐ Original and photocopy of one (1) valid ID card of the representative.

CERTIFICATION (To be accomplished only for qualified applications with complete documents):

We certify that we have reviewed the qualifications and all the documentary requirements submitted by for the grant of the Honor Graduate Eligibility, and found the same to be complete and in order.

Signature over printed full name of Evaluator

PositionDate

Signature over printed full name of Approving Officer

PositionDate

CSC Regional Office No. may be reached at the following contact information:

Telephone No. :

Cellular Phone No. :

Fax No. :

E-mail address :

Contact Person :

CSC Field Office may be reached at the following contact information:

Telephone No. :

Cellular Phone No. :

Fax No. :

E-mail address :

Contact Person :

CUSTODIAN ACCOUNTABILITY FORM FOR IT EQUIPMENT

CONTROL NO.: RSC - 2025 - 2152

ASSET CUSTODIAN INFORMATION

NAME	Jessie Albert Regualos	DATE PREPARED	10/07/2025
POSITION	IT Specialist - Store Support (CDO)	BUSINESS UNIT	RSC
DEPARTMENT	IT and Retail Services (IT Store Support)		

IT EQUIPMENT DETAILS

IT EQUIPMENT	EXTERNAL HDD	PO NO.	130264212
CER OR CFP/CER NO.	ASSET CODE	TOTAL VALUE	PHP 4,500.00
ITEM SPECIFICATIONS	Seagate One Touch 2TB Ext HDD sn: NAE3W1G4		

REMARKS *Transfer of accountability from Fernan Velasco (for Dominique Damgo)*

ASSET CUSTODIAN'S RESPONSIBILITY

- Comply with the IT equipment's proper handling policy inside and outside work premises.
- Only allowed peripherals (pointer or input devices like keyboard, mouse, camera) to be used by employee is upon the cost of the user provided it won't cause damage or impact to the performance of the device. ANY peripheral to be connected or used need to be approved by IT.
- Tampering, changing, or modifying the device without the approval of Central IT is prohibited.
- IT equipment is only used for work-related activities.
- Prevent connecting with untrusted and malicious network and report as soon as possible.
- Always enable Screen Saver and Boot Password, whenever applicable.
- For security purposes, user account and password must not be shared and used by anyone else (unless, if shared unit).
- Requested IT equipment is your responsibility. It must never be given to someone else to use on your behalf (unless, if shared unit).
- Must ensure that the IT equipment is always in good condition, free from damage, computer viruses, etc.
- If the IT equipment is lost, stolen, damaged, the Asset Custodian is solely responsible to pay for the NetBook Value of it.

ISSUED BY/ DATE

(BU IT TSITAM / ITD-Budget & Asset Team)

SIGNATURE OVER PRINTED NAME

DECLARATION STATEMENT

By signing, I certify that I have received above requested IT equipment in good condition and that all information provided herein is true and correct. I shall be solely accountable for any loss or damage resulting from my negligence.

Jessie Albert Regualos

SIGNATURE OVER PRINTED NAME

Copy Distribution: COPY 1/2: ISD - BUDGET AND ASSET TEAM

COPY 2/2: ASSET CUSTODIAN

RRHI-ISD-048-REV.000

CUSTODIAN ACCOUNTABILITY FORM FOR IT EQUIPMENT

CONTROL NO.: RSC - 2025 - 2152

ASSET CUSTODIAN INFORMATION

NAME	Jessie Albert Regualos	DATE PREPARED	10/07/2025
POSITION	IT Specialist - Store Support (CDO)	BUSINESS UNIT	RSC
DEPARTMENT	IT and Retail Services (IT Store Support)		

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CER OR CFP/CER NO.	ASSET CODE	TOTAL VALUE	PHP 4,500.00
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- (unless, if shared unit).
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SIGNATURE OVER PRINTED NAME

Copy Distribution: COPY 1/2: ISD - BUDGET AND ASSET TEAM

COPY 2/2: ASSET CUSTODIAN

RRHI-ISD-048-REV.000

REMINDERS:

1. Your PhilHealth Identification Number (PIN) is your unique and permanent number.
2. Always use your PIN in all transactions with PhilHealth.
3. For Updating/Amendment check the appropriate box and provide details to be accomplished and submit corresponding supporting documents.
4. Please read instructions at the back before filling-out this form.

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PHILHEALTH IDENTIFICATION NUMBER (PIN)

PURPOSE:

☒ **REGISTRATION**
☐ **UPDATING/AMENDMENT**

Preferred KonSulTa Provider

CAGAYAN DE ORO MEDICAL CENTER, INC.

I. PERSONAL DETAILS

	LAST NAME	FIRST NAME	NAME EXTENSION (Jr./Sr./III)	MIDDLE NAME	NO MIDDLE NAME (Check if applicable only)	MONONYM
MEMBER	REGUALOS	JESSIE ALBERT		JAJALLA	<input type="checkbox"/>	<input type="checkbox"/>
MOTHER'S MAIDEN NAME	JAJALLA	EMILY		BAGTONG	<input type="checkbox"/>	<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>	<input type="checkbox"/>

DATE OF BIRTH <div style="display: flex; justify-content: space-between;"> <div>mm dd</div> <div>yy yy</div> </div>	PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)	PHILSYS ID NUMBER (Optional) <div style="display: flex; justify-content: space-between;"> <div>mm dd yy</div> <div>mm dd yy</div> </div>
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Annulled <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated	CITIZENSHIP <input type="checkbox"/> FILIPINO <input type="checkbox"/> DUAL CITIZEN <input type="checkbox"/> FOREIGN NATIONAL
TAX PAYER IDENTIFICATION NUMBER (TIN) (Optional) <div style="display: flex; justify-content: space-between;"> <div>mm dd yy</div> <div>mm dd yy</div> </div>		

II. ADDRESS and CONTACT DETAILS

PERMANENT HOME ADDRESS Unit/Room No./Floor Building Name Lot/Block/Phase/House Number Street Name					Home Phone Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Subdivision	Barangay	Municipality/City	Province/State/Country (If abroad)	ZIP Code	(COUNTRY CODE + AREA CODE + TELEPHONE NUMBER) Mobile Number (Required) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
MAILING ADDRESS <input type="checkbox"/> SAME AS ABOVE Unit/Room No./Floor Building Name Lot/Block/Phase/House Number Street Name					Business (Direct Line) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Subdivision	Barangay	Municipality/City	Province/State/Country (If abroad)	ZIP Code	E-mail Address (Required for OFW) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

III. DECLARATION OF DEPENDENTS

(Use additional form if necessary)

LAST NAME	FIRST NAME	NAME EXTENSION (Jr./Sr./III)	MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH (mm-dd-yyyy)	CITIZENSHIP	NO MIDDLE NAME (Check if applicable only)	MONONYM	Check # with Permanent Disability
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. MEMBER TYPE

DIRECT CONTRIBUTOR <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Employed Private <input type="checkbox"/> Employed Government <input type="checkbox"/> Professional Practitioner <input type="checkbox"/> Self-Earning Individual <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Group Enrollment Scheme </div> <div> <input type="checkbox"/> Kasambahay <input type="checkbox"/> Migrant Worker <input type="checkbox"/> Land-Based <input type="checkbox"/> Sea-Based <input type="checkbox"/> Lifetime Member <input type="checkbox"/> Filipinos with Dual Citizenship / Living Abroad <input type="checkbox"/> Foreign National PRA SRRV No. _____ ACR I-Card No. _____ </div> <div> <input type="checkbox"/> Family Driver <input type="checkbox"/> </div> </div>	INDIRECT CONTRIBUTOR <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Listahanan <input type="checkbox"/> 4Ps/MCCT <input type="checkbox"/> Senior Citizen <input type="checkbox"/> PAMANA <input type="checkbox"/> KIA/KIPO <input type="checkbox"/> Bangsamoro/Normalization </div> <div> <input type="checkbox"/> LGU-sponsored <input type="checkbox"/> NGA-sponsored <input type="checkbox"/> Private-sponsored <input type="checkbox"/> Person with Disability PWD ID No. _____ </div> </div>	
For PhilHealth Use only: <input type="checkbox"/> Point of Service (POS) Financially Incapable <input type="checkbox"/> Financially Incapable		
PROFESSION: (Except Employed, Lifetime Members and Sea-based Migrant Worker)	MONTHLY INCOME:	PROOF OF INCOME:

V. UPDATING/AMENDMENT

Please check:	FROM	TO
<input type="checkbox"/> Change/Correction of Name <small>(Last Name, First Name, Name Extension (Jr./Sr./III) Middle Name)</small>		
<input type="checkbox"/> Correction of Date of Birth		
<input type="checkbox"/> Correction of Sex		
<input type="checkbox"/> Change of Civil Status		
<input type="checkbox"/> Updating of Personal Information/Address/ Telephone Number/Mobile Number/e-mail Address		

Under penalty of law, I hereby attest that the information provided, including the documents I have attached to this form, are true and accurate to the best of my knowledge. I agree and authorize PhilHealth for the subsequent validation, verification and for other data sharing purposes only under the following circumstances:

- As necessary for the proper execution of processes related to the legitimate and declared purpose;
- The use or disclosure is reasonably necessary, required or authorized by or under the law; and,
- Adequate security measures are employed to protect my information.



Please affix right
thumbmark if unable to write

Member's Signature over Printed Name

Date

FOR PHILHEALTH USE ONLY

RECEIVED BY:

Full Name:

PRO/LHIO/Branch:

Date & Time:

INSTRUCTIONS

- All information should be written in UPPER CASE/CAPITAL LETTERS. If the information is not applicable, write "N/A."
- All fields are mandatory unless indicated as optional. By affixing your signature, you certify the truthfulness and accuracy of all information provided.
- A properly accomplished PMRF shall be accompanied by a valid proof of identity for first time registrants, and supporting documents to establish relationship between member and dependent/s for updating or request for amendment.
- On the PURPOSE, check the appropriate box if for **Registration** or for **Updating/Amendment** of information.
- Indicate preferred KonSulTa provider near the place of work or residence.
- For PERSONAL DETAILS, all name entries should follow the format given below. Check the appropriate box if registrant has no middle name and/or with single name (mononym).

LAST NAME

SANTOS

FIRST NAME

JUAN ANDRES

NAME EXTENSION (Jr./Sr./III)

III

MIDDLE NAME

DELA CRUZ

- Indicate registrant's/member's name as it appears in the birth certificate.
- The full mother's maiden name of registrant/member must be indicated as it appears in the birth certificate.
- Indicate the full name of spouse if registrant/member is married.
- Indicate the complete permanent and mailing addresses and contact numbers.
- For updating/amendment, check the appropriate box to be updated/amended and indicate the correct data.
- For MEMBER TYPE, check the appropriate box which best describes your current membership status.
- For Direct Contributors, except employed, sea-based migrant workers and lifetime members, indicate the profession, monthly income and proof of income to be submitted.
- For Self-earning individuals, Kasambahays and Family Drivers, indicate the actual monthly income in the space provided.
- In declaring dependents, provide the full name of the living spouse, children below 21 years old, and parents who are 60 years old and above totally dependent to the member.
- Dependents with disability shall be registered as principal members in accordance with Republic Act 11228 on mandatory PhilHealth coverage for all persons with disability (PWD).
- The registrant must affix his/her signature over printed name (or right thumbmark if unable to write) and indicate the date when the PMRF was signed.



CERTIFICATE OF REGISTRATION

USTP CDO CAMPUS

Registration No: **479224**

Academic Year/Term : **2nd Semester AY 2024-2025**

STUDENT GENERAL INFORMATION

Student No: **2021301469** College: **COLLEGE OF ENGINEERING & ARCHITECTURE**
Name: **TOMO, mckenzy jester g** Program: **B.S. in Civil Engineering**
Gender: **M** Nationality: **Filipino** Major: **N/A** Curriculum: **CEA-BSCE-2018-2019 (Revised)**
Age: **22** Contact #: Year Level: **4th Year - Baccalaureate** Scholarship/Discount:
Address:

CODE	SUBJECT TITLE	U N I T			SECTION	SCHEDULE/ROOM	FACULTY
		Lec	Lab	Credit			
CE326	Hydrology	2	0	2	CEA_CE_3I	W 8:00 AM - 9:00 AM/05-103 T 10:00 AM - 11:00 AM	Quinnard Jytts Jayme Quinnard Jytts Jayme
CE 411	Principles of Steel Design	2	1	3	CEA_CE_3I	S 8:00 AM - 10:00 AM/05-108 T 6:00 PM - 9:00 PM	JAYBOY A. DUMAN-AG JAYBOY A. DUMAN-AG
Total Unit(s)		4	1	5			

ASSESSED FEES

Tuition Fee	2,125.00
Library Comp.Fee	400.00
Audio Visual Room Fee	150.00
Athletics Fee	200.00
Misc. Trust Fund of Studs.	45.00
Library Fee	500.00
Socio-Cultural Fee	200.00
ICT Development Fee	600.00
Medical/Dental Fee	300.00
Facilities Development Fee	750.00
Laboratory Fee	250.00
Registration Fee	250.00

TOTAL ASSESSED	5,770.00
DISCOUNT	0.00
NET ASSESSED	5,770.00
TOTAL PAYMENT	0.00

SCHEDULE OF PAYMENTS

Prelim	Midterm	Prefinal	Final

NOTE: The assessment stated above is not deemed final as additional fees which have not yet been determined as of date may still be charged hereafter.

STUDENT PLEDGE

Note:

Tuition and Other School Fees of Qualified College Students starting SY 2018-2019 shall be billed to and paid by CHED-UNIFAST per R.A. 10931/DBM.

In consideration of my admission to University of Science and Technology of Southern Philippines and of the privilege: students in this institution. I hereby abide by and comply with the rules and regulations laid down by competent authorities in University of Science and Tecnology of Southern Philippines and College in which I am enrolled

Student's Signature

APPROVED BY:

JONALIN T. LAGRADA, MPSM

Registrar III - CDO Campus

Document is electronically signed. No need for physical signature.

OR No. : _____ Amount: _____

Payment/Validation Date : 1/14/25 6:59 PM

Date Printed : July 28, 2025



2021301469

KEEP THIS CERTIFICATE. YOU WILL BE REQUIRED TO PRESENT THIS IN ALL YOUR DEALINGS WITH THE COLLEGES.



CERTIFICATE OF REGISTRATION

USTP CDO CAMPUS

Registration No: **479363**

Academic Year/Term : **2nd Semester AY 2024-2025**

STUDENT GENERAL INFORMATION

Student No: **2021305279** College: **COLLEGE OF ENGINEERING & ARCHITECTURE**
Name: **GAYLOA, Arlyn** Program: **B.S. in Civil Engineering**
Gender: **F** Nationality: **Filipino** Major: **N/A** Curriculum: **CEA-BSCE-2018-2019 (Revised)**
Age: **21** Contact #: **888500661** Year Level: **4th Year - Baccalaureate** Scholarship/Discount:
Address:

CODE	SUBJECT TITLE	U N I T			SECTION	SCHEDULE/ROOM	FACULTY
		Lec	Lab	Credit			
CE 411	Principles of Steel Design	2	1	3	CEA_CE_3G	M 1:00 PM - 2:30 PM/05-108 Th 1:00 PM - 2:30 PM/05-103 W 1:00 PM - 3:00 PM	JOSELITO PADAYHAG JOSELITO PADAYHAG JOSELITO PADAYHAG
CE 416	Principles of Reinforced/Prestressed Concrete	3	1	4	CEA_CE_3G	F 3:00 PM - 5:00 PM/42-301 T 8:00 AM - 12:00 PM	MARK HEINTJE CUANAN MARK HEINTJE CUANAN

Total Unit(s) **5 2 7**

ASSESSED FEES

Tuition Fee	2,975.00
Library Comp.Fee	400.00
Audio Visual Room Fee	150.00
Athletics Fee	200.00
Misc. Trust Fund of Studs.	45.00
Library Fee	500.00
Socio-Cultural Fee	200.00
ICT Development Fee	600.00
Medical/Dental Fee	300.00
Facilities Development Fee	750.00
Laboratory Fee	500.00
Registration Fee	250.00

TOTAL ASSESSED	6,870.00
DISCOUNT	0.00
NET ASSESSED	6,870.00
TOTAL PAYMENT	0.00

SCHEDULE OF PAYMENTS

Prelim	Midterm	Prefinal	Final

NOTE: The assessment stated above is not deemed final as additional fees which have not yet been determined as of date may still be charged hereafter.

STUDENT PLEDGE

Note:

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In consideration of my admission to University of Science and Technology of Southern Philippines and of the privilege: students in this institution. I hereby abide by and comply with the rules and regulations laid down by competent authorities in University of Science and Technology of Southern Philippines and College in which I am enrolled

Student's Signature

APPROVED BY:

JONALIN T. LAGRADA, MPSM

Registrar III - CDO Campus

Document is electronically signed. No need for physical signature.

OR No. : _____ Amount: _____

Payment/Validation Date : **1/14/25 10:39 PM**

Date Printed : **July 25, 2025**



2021305279

KEEP THIS CERTIFICATE. YOU WILL BE REQUIRED TO PRESENT THIS IN ALL YOUR DEALINGS WITH THE COLLEGES.



2x2
ID PICTURE

TULONG DUNONG PROGRAM (TDP-SUC) APPLICATION FORM

Instructions. Read General and Documentary Requirements. Fill in all the required information. Do not leave an item blank Item is not applicable, indicate "NA".

PERSONAL INFORMATION				
Name	(Last Name)	(First Name)	(Middle Name)	Maiden Name (for Married Women)
	Permanent Address			Zip Code
Date of Birth (mm/dd/yyyy)				
Place of Birth	Street & Barangay	Town/City/Municipality	Province	
	Name of School Attended			
Sex	___ Male	School ID Number		
	___ Female	School Address		
Citizenship		School Sector	() Public () Private	
Mobile Number		Year Level	Course	Tribal Membership (if applicable)
E-mail Address		Type of Disability (if applicable)		
FAMILY BACKGROUND				
	Father: () Living () Deceased		Mother: () Living () Deceased	
Name				
Address				
Occupation				
Total Parents Gross income			No. of Siblings in the family	
Are you enjoying other educational financial assistance? ___ Yes or ___ No				
If yes, please specify 1. _____				
2. _____				
QUALIFICATION REQUIREMENTS per Section 4 of the Memorandum Circular No. ___ s. 2023 An applicant for this grant must be a Filipino citizen, provided, that the applicant is enrolled in any first undergraduate degree included in the CHED Registry of Programs and Institutions, provided, further, that the applicant has not been a recipient of TDP grant, Tertiary Education Subsidy (TES), or any nationally-funded government Student Financial Assistance Program (STuFAP), except Free Higher Education (FHE), in previous academic years. DOCUMENTARY REQUIREMENTS per Section 6 of the Memorandum Circular No. ___ s. 2023. 6.1. (Academic Requirement) TDP-SUCs applicants shall submit to the Scholarship Office the Certificate of Registration/Enrolment (COR/COE) for the First Semester of AY 2023-2024 as proof of enrollment. 6.2 (Income Requirement) TDP-SUCs applicants shall submit a Certificate of Indigency as proof of income, duly issued by the Punong Barangay where the applicant resides.		TERMS AND CONDITIONS Data Privacy a. In connection with my application for the Tulong-Dunong Program for SUC (TDP-SUC), I authorize partner State Universities and Colleges (SUCs) and its representatives, and outsourced service providers, if any, to collect, process update or disclose personal information about me/us in accordance with the Data Privacy Act of 2012, its Implementing Rules and Regulations (IRR), and to verify, my personal information from any person or entity that may deem necessary under applicable laws, rules, and regulations. b. I agree to hold partner SUCs and the persons or entities from whom it may obtain, or with whom it may disclose or verify my personal information free and harmless from any liability arising from the use of any information. c. I confirm that I am aware that under the Data Privacy Act, I have (a) the right to withdraw the consent hereby given or to object to the processing of my personal information provided there is no other legal ground or overriding legitimate interest to the processing thereof; (b) right to reasonable fees, (c) right to rectification, and (d) right to erasure or blocking of my personal information subject, however, to the conditions for the legitimate exercise of the said rights under the Data Privacy Act and its IRR, and subject further to the right of partner SUCs to terminate the program availed by me should I withdraw my consent or request the removal of my personal information.		
I hereby certify that foregoing statements are true and correct.				
Signature over Printed Name of Applicant		Date Accomplished		
Note: Fully accomplished form to be submitted to the SUC authorized personnel				
DO NOT FILL-OUT THIS PORTION FOR SUC AUTHORIZED PERSONNEL USE ONLY				
Documents Attached Certificate of Registration/Enrolment (COR/COEs) _____ Certificate of Indigency _____				
Evaluated /Processed by:				
SUC Authorized Personnel				



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NO.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

REGISTRATION TRACKING NO.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

INSTRUCTIONS

- Accomplish this form in one (1) copy only. The form should be printed back-to-back on a single sheet of paper.
- Present one (1) valid ID acceptable to the Fund and proof of income except for not yet employed individuals or first time jobseekers.
- Type or print all entries in BLOCK or CAPITAL LETTERS.
- All fields marked with asterisk (*) are mandatory.
- On the "OCCUPATIONAL STATUS" portion, if not employed or purpose is pre-employment, select "UNEMPLOYED/NOT YET EMPLOYED". For first time jobseekers, select also the "CHECK THIS BOX IF FIRST TIME JOBSEEKERS".
- The "NAME EXTENSION" shall refer to JR., II, III and the like.
- Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
- On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
- On the "HEIRS" portion, the provision on the Laws on Succession, under the New Civil Code, shall be observed.
- If registered as founding, the following shall be observed:
 - The name of Finder shall be indicated under the "MOTHER" or "FATHER" portion, as applicable.
 - In case the "DATE OF BIRTH" is not available, the information under "Date When Found" shall be indicated.
 - If the "PLACE OF BIRTH" is not available, the information under "Place Where Found" shall be indicated.
- For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCIF, HQP-PFF-049), and submit to any Pag-IBIG Branch nearest you.

*OCCUPATIONAL STATUS

☐ EMPLOYED☐ UNEMPLOYED/NOT YET EMPLOYED☐ CHECK THIS BOX IF FIRST TIME JOBSEEKERS

*MEMBERSHIP CATEGORY

MANDATORY

- ☐ EMPLOYED
- ☐ PRIVATE
- ☐ GOVERNMENT
- ☐ PRIVATE HOUSEHOLD
- ☐ OVERSEAS FILIPINO WORKER (OFW)

- ☐ SELF-EMPLOYED
- ☐ PROFESSIONAL/BUSINESS OWNER
- ☐ JOB ORDER PERSONNEL
- ☐ OTHER EARNING GROUP (OEGs)
- Please specify: _____
- ☐ OTHERS, please specify: _____

VOLUNTARY

- ☐ EMPLOYED
- ☐ EMPLOYEE OF FOREIGN GOVERNMENT
- ☐ BARANGAY OFFICIAL/EMPLOYEE
- ☐ OTHERS, please specify: _____

- ☐ INDIVIDUAL PAYOR
- ☐ MEMBER OF COOPERATIVE
- ☐ MEMBER OF TRADE UNION
- ☐ NON-WORKING SPOUSE
- ☐ MEMBER OF RELIGIOUS GROUP
- ☐ OVERSEAS FILIPINO IMMIGRANT
- ☐ PENSIONER/INVESTOR/LESSOR

PERSONAL DETAILS

NAME

LAST NAME

FIRST NAME

NAME EXTENSION
(e.g., Jr., II)

MIDDLE NAME

NO MIDDLE NAME
(Check if applicable only)*MEMBER ☐FATHER ☐*MOTHER'S MAIDEN NAME
(AS IT APPEARS ON THE BIRTH
CERTIFICATE) ☐*SPOUSE
(For women, indicate Maiden Name) ☐MEMBER'S NAME (AS IT APPEARS ON
THE BIRTH CERTIFICATE) ☐

*DATE OF BIRTH

m	m	d	d	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y

*MARITAL STATUS

- ☐ Single/Unmarried ☐ Widow/er ☐ Annulled
- ☐ Married ☐ Legally Separated

TAXPAYER IDENTIFICATION NUMBER (TIN)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*PLACE OF BIRTH (City/Municipality/Province/Country)
(Please indicate country if born outside the Philippines)

*CITIZENSHIP

SSS/GSIS NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EMPLOYEE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For AFP/PNP Employee, Serial/Badge No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For DepEd Employee, Division Code-Station Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- *SEX
- ☐ Male
- ☐ Female

HEIGHT

WEIGHT

(cm)

(kg)

PROMINENT DISTINGUISHING FACIAL FEATURES
(Ex. Moles, Scars, etc.)COMMON REFERENCE NUMBER (CRN)
(If Available)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FREQUENCY OF MEMBERSHIP SAVINGS (MS)
PAYMENT (If payment of MS is not thru payroll deduction)

- ☐ Monthly ☐ Quarterly

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS

Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. Street Name

Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code

*PRESENT HOME ADDRESS

Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. Street Name

Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code

*PREFERRED MAILING ADDRESS

- ☐ Present Home Address ☐ Permanent Home Address ☐ Employer/Business Address

(Indicate country code if abroad)
Country + Area Code Telephone Number

Home : _____

Cell Phone : _____

Email Address : _____

Viber : _____

Facebook Messenger : _____

WhatsApp : _____

Telegram : _____

WeChat : _____

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

*OCCUPATION	EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time/ <input type="checkbox"/> Casual <input type="checkbox"/> Project-based 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	MONTHLY COMPENSATION Basic + Allowances/Others = Total Mo. Income	
*EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No.		
Street Name Subdivision Barangay	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
Municipality/City Province/State/Country (if abroad) ZIP Code	DATE EMPLOYED (Month, Year)	

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG 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 Rules of Succession under the New Civil Code, as amended) (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

CERTIFICATION

I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorized Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct 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, suspend, 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).

☐ I allow Pag-IBIG Fund to send me any updates, promotions, marketing, or programs offered by the Fund through my registered cell phone number, email address and/or messaging applications.

SIGNATURE OF INFORMANT_____
DATE**FOR Pag-IBIG FUND USE ONLY**

PROCESSED BY _____ Signature over Printed Name	_____ Designation/Position	_____ Branch/Unit	DATE
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DISCLAIMER

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.

GUIDE IN ACCOMPLISHING MEMBER'S DATA FORM (MDF)

HOP-PFF-03
(V12, 11/2024)

MEMBER'S DATA FORM (MDF)						FOR PRC-PIO Form BSE ONLY	
1. INSTRUCTIONS						2. REGISTRATION TRACKING NO.	
3. OCCUPATIONAL STATUS						4. EMPLOYED	
5. I AM EMPLOYED BUT NOT YET EMPLOYED						6. CHECK THIS BOX IF FIRST TIME JOSEKERS	
MEMBERSHIP CATEGORY							
MANDATORY		VOLUNTARY					
<input type="checkbox"/> EMPLOYED <input type="checkbox"/> PRIVATE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> PRIVATE HOUSEHOLD <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)		<input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER <input type="checkbox"/> JOB ORDER PERSONNEL <input type="checkbox"/> OTHER EARNING GROUP (JOGS) <input type="checkbox"/> OTHERS, please specify: _____					
<input type="checkbox"/> EMPLOYED <input type="checkbox"/> EMPLOYEE OF FOREIGN GOVERNMENT <input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE <input type="checkbox"/> OTHERS, please specify: _____		<input type="checkbox"/> INDIVIDUAL PAYOR <input type="checkbox"/> MEMBER OF COOPERATIVE <input type="checkbox"/> MEMBER OF TRADE UNION <input type="checkbox"/> NONWORKING SPOUSE <input type="checkbox"/> MEMBER OF RELIGIOUS GROUP <input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT <input type="checkbox"/> PENSIONER/INVESTOR/LEADSORE					
PERSONAL DETAILS							
NAME		LAST NAME		FIRST NAME		MIDDLE NAME	
*MEMBER		8		EXT. J. II		NO MIDDLE NAME (check appropriate box)	
FATHER		7		<input type="checkbox"/>		<input type="checkbox"/>	
*WOMAN'S MAIDEN NAME AS IT APPEARS ON THE BIRTH CERTIFICATE		8		<input type="checkbox"/>		<input type="checkbox"/>	
*SPOUSE (For women, indicate maiden name)		9		<input type="checkbox"/>		<input type="checkbox"/>	
MEMBER'S NAME AS IT APPEARS ON THE BIRTH CERTIFICATE		10		<input type="checkbox"/>		<input type="checkbox"/>	
*DATE OF BIRTH		11		*MARITAL STATUS		TAXPAYER IDENTIFICATION NO. (TIN)	
<input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated		12		17		<input type="checkbox"/> Annulled <input type="checkbox"/> Widely Separated	
*PLACE OF BIRTH (City/Municipality) (Please indicate country if born outside PH)		13		*CITIZENSHIP		18	
<input type="checkbox"/> Foreign <input type="checkbox"/> Dual <input type="checkbox"/> Other		14		15		19	
*COMMON REFERENCE NUMBER (CRR) (if Available)		16		*FREQUENCY OF MEMBERSHIP SAVINGS PAYMENT (if payment of M3 is not thru)		20	
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		21		22		23	
ADDRESS AND CONTACT DETAILS							
*PERMANENT HOME ADDRESS Unfronm No., Floor				24			
Subdivision				Barangay			
Municipality/City				Province/State/Country (if abroad)			
ZIP Code				Street Name			
Home				27			
Cell Phone				Entry code (if already has Code Telephone Number)			
Email Address				Facebook/Messenger/WhatsApp			
Telegram				WeChat			
*PRESENT HOME ADDRESS Unfronm No., Floor				25			
Subdivision				Barangay			
Municipality/City				Province/State/Country (if abroad)			
ZIP Code				Street Name			
Home				Entry code (if already has Code Telephone Number)			
Cell Phone				Facebook/Messenger/WhatsApp			
Telegram				WeChat			
*REFERRED MAILING ADDRESS Present Home Address				28			
Home Address				Employer/Business Address			

PRESENT EMPLOYMENT DETAILS (If not, please provide an IT employee, and separate sheet and follow format below)													
OCCUPATION <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">28</div>		EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">29</div> <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Project-based <input type="checkbox"/> Temporary				TYPE OF WORK (For Off-work) (Ifs, specify country of work) <input type="checkbox"/> Land-based <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">32</div> <input type="checkbox"/> Sea-based							
EMPLOYER/BUSINESS NAME <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">30</div>		MONTHLY COMPENSATION Basic _____ <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">33</div> Allowances/Others _____ Total Mo. Income _____				OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">34</div>							
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor _____ Bldg. No. <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">31</div> Lot No., Block No., Phase No., House No. _____		DATE EMPLOYED (If necessary) <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">35</div>				Street Name _____ Subdivision _____ Barangay _____							
Municipality/City _____ <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">36</div>		Province/State/Country (if abroad) _____ ZIP Code _____				PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG MEMBERSHIP (See ANDOR 5067 if necessary)							
EMPLOYER/BUSINESS NAME _____		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____				FROM _____ TO _____ M M Y Y Y Y M M Y Y Y Y							
EMPLOYER/BUSINESS ADDRESS _____		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____				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 _____				FROM _____ TO _____ M M Y Y Y Y M M Y Y Y Y							
EMPLOYER/BUSINESS ADDRESS _____		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____				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 _____				FROM _____ TO _____ M M Y Y Y Y M M Y Y Y Y							
EMPLOYER/BUSINESS ADDRESS _____		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____				FROM _____ TO _____ M M Y Y Y Y M M Y Y Y Y							
REMARKS (In case of death, Principal's death shall be undertaken by the member's heirs in accordance with the Rules of the Commission under the New Civil Code, as amended) (Use another sheet) <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">37</div>													
LAST NAME _____		FIRST NAME _____		NAME EXTENSION _____		MIDDLE NAME _____		NO MIDDLE NAME (check only if applicable) <input type="checkbox"/>		RELATIONSHIP _____		DATE OF BIRTH _____ M M Y Y Y Y M M Y Y Y Y	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		M M Y Y Y Y M M Y Y Y Y		M M Y Y Y Y M M Y Y Y Y	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		M M Y Y Y Y M M Y Y Y Y		M M Y Y Y Y M M Y Y Y Y	
CERTIFICATION													
I hereby certify that the information given, and all statements made herein are true and correct. (Underline) I hereby authorized Pag-IBIG Fund to solicit record, organize, update/modify, compile, use, consolidate, check, review or destroy 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, suspend, 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).													
I allow Pag-IBIG Fund to send me any updates, notifications, marketing, or programs offered by the Fund through my registered cell phone number, email address and/or messaging applications.													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SIGNATURE OF INFORMANT _____ </div> <div style="width: 45%;"> DATE _____ </div> </div>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> PROCESSED BY _____ <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">39</div> </div> <div style="width: 40%; text-align: center;"> FOR Pag-IBIG FUND USE ONLY </div> <div style="width: 30%;"> DATE _____ </div> </div>													
(Specify name over Printed Name) _____				Designation/Position _____				Branch/Unit _____					

- **Mandatory Coverage**

a. *Employed*

Private - any person in service of a private employer and who receives compensation for such services rendered, may or may not be registered yet with the Social Security System (SSS); will also include the following:

- Employees of foreign-based employers with an administrative agreement with the Fund

Government - any person in service of any of the government offices that are coverable by the GSIS; will also include the following:

- *Uniformed personnel of the Armed Forces of the Philippines, Philippine National Police, Bureau of Fire Protection, Bureau of Jail Management and Penology*
- *Members of the Judiciary and Constitutional Commissions*

Private Household - any individual rendering domestic services exclusively to a household; may include the following:

- Housemaid/Housekeeper
- Nanny
- Gardener
- Cook
- Driver
- Butler
- Guard
- Governess
- Launderer

b. **Overseas Filipino Worker (OFW)** - any person working for a foreign-based employer, whether deployed or for deployment abroad, or a combination of local and overseas deployment, whether based on land or at sea.

c. **Self-employed (SE)** - any person not over sixty (60) years old, who is practicing his/her profession, or engaged in any trade, business or occupation, with monthly average income/ earnings of at least P1,000 and is not under an employer-employee relationship.

Professional/Business Owner - refers to individual that earns income through conducting profitable operations from a trade or business that he operates directly.

Job Order Personnel - refers to hired workers for a piece of work or intermittent job of short duration not exceeding six (6) months and is paid on a daily or hourly basis and has no employer-employee relationship.

Other Earning Group (OEGs) - this refers to small scale units engaged in the production of goods and services with the primary objective of generating employment and income to the person concerned in order to earn a living.

- Public Utility Transport Driver
- Market Vendor
- Farmer
- Fisher Folk
- Others (Other similar self-employed individuals)

▪ Voluntary Coverage

a. Employed

Employee of Foreign Government - refers to employee of foreign government (embassies/ consulates) or international organizations without an administrative agreement with the Fund.

Barangay Official/Employee - refers to any person in authority in their jurisdictions, or who may be designated by law or ordinance and charged with the maintenance of public order, protection and security of life and property, or the maintenance of a desirable and balanced environment, or who comes to the aid of persons in authority.

b. Individual Payor

Member of Cooperative - a member of an autonomous and duly registered association of persons, with a common bond of interest, who have voluntarily joined together to achieve their social, economic, and cultural needs and aspirations by making equitable contributions to the capital required, patronizing their products and services and accepting a fair share of the risks and benefits of the undertaking in accordance with the universally accepted cooperative principles; or

Member of Trade Union - a member of an organization whose membership consists of workers and union leaders, united to protect and promote their common interest.

Non-Working Spouse - refers to a spouse who devotes full time to managing the household and family affairs.

Member of Religious Group - refers to individual, head or leader of any organization in the exercise of religious belief.

Overseas Filipino Immigrant - refers to a person of Filipino origin who lives out of the Philippines as citizen or as permanent resident of a different country.

Pensioner - any person receiving old-age or permanent total disability pension or any person who has received the lump sum excluding one receiving survivorship pension benefits; or

Investor - the owner of investor securities or investor share where investor securities or shares mean shares of stock issued by a Real Estate Investment Trust (REIT) or derivatives thereof; or

Lessor - shall include the owner or administrator or agent of the owner of the residential unit.

- 6 **Member's Name** - this portion shall be accomplished in the following order:
- Last Name - refers to the family name or surname.
 - First Name - refers to the given name.
 - Name Extension - refers to Jr., II, III and the like.
 - Middle Name - refers to registrant's mother's maiden last name or for married women, refers to father's last name.
 - No Middle Name - this portion shall be checked if informant is not using a middle name, such as the Chinese.
- 7 **Father's Name**
- 8 **Mother's Name Maiden Name (As It Appears on the Birth Certificate)**
- 9 **Spouse' Name**
- Please refer to item no. 6 in accomplishing Last Name, First Name, Name Extension, and Middle Name
- 10 **Member's Name (As It Appears on the Birth Certificate)** - indicate Member's name based on Birth Certificate.
- 11 **Date of Birth** - indicate date of birth in the following format: mm/dd/yyyy
Example: If born on January 14, 1980, please write 01 14 1980.
- 12 **Place of Birth** - indicate the City/Municipality/Province/Country where the registrant was born. Specify only the country if born outside the Philippines.
- 13 **Sex** - check the appropriate box.
- 14 **Height** - indicate height in centimeters (cm).
Conversion: 1 foot = 30.48 cm
1 inch = 2.54 cm
Example: 5'3" = 160.02 cm
- 15 **Weight** - indicate weight in kilograms (kg).
Conversion: 1 pound (lb) = 0.4536 kilogram
Example: 120 lbs = 54.43 kg
- 16 **Common Reference Number (CRN)** - indicate if available.
- 17 **Marital Status** - check the appropriate box.
- 18 **Citizenship** - indicate your nationality.
- 19 **Prominent Distinguishing Facial Features** - indicate your distinguishing features that can be found on the face such as "mole under the right eye" or "mole or birth mark on the left cheek/forehead".
- 20 **Frequency of Membership Savings (MS) Payment** - check appropriate box if payment of MS is not thru payroll deduction.
- 21 **Taxpayer Identification Number (TIN)** - indicate your 9-12 digit TIN issued by the Bureau of Internal Revenue (BIR).
- 22 **SSS/GSIS Number** - for private employees, indicate your 10-digit Social Security Number, and for government employees, indicate your 11-digit Business Partner Number.
- 23 **Employee Number** - refers to your company ID number.
- For AFP/PNP Employee, indicate Serial/Badge No.
 - For DepEd Employee, aside from Employee Number, indicate Division Code-Station Code
- 24 **Permanent Home Address** - indicate the address of your permanent residence.
- 25 **Present Home Address** - indicate the address where you currently reside, and the state/country only if present address is outside the Philippines.
- 26 **Preferred Mailing Address** - check the appropriate box to indicate your chosen address to receive mail.
- 27 **Contact Details** - indicate the home/cell phone number, email address and/or account username, as applicable. For home telephone number, indicate the country and area code only if outside Metro Manila or based abroad.
- 28 **Occupation** - indicate your job, profession, or type of work to earn a living.
- For Other Working Group (OWG)/Informal Sector, select from the following:
- Public Utility Transport Driver
 - Market Vendor
 - Farmer
 - Fisher Folk
 - Others (Other workers in the informal sector)
- 29 **Employment Status** - check the appropriate box.
- 30 **Employer/Business Name** - indicate complete Employer/Business Name appearing in the registration certificate or employment contract (applicable for Formally Employed, OFW and Self-employed Professional/Business Owner).
- 31 **Employer/Business Address** - indicate complete Employer/Business Address appearing in the registration certificate or employment contract (applicable for Formally Employed, OFW and Self-employed Professional/Business Owner).
- 32 **Type of Work** - check the appropriate box (applicable for OFW only).
- 33 **Monthly Income** - indicate your income or earning per month.

- 34 **Office Assignment** - check the appropriate box to indicate whether assigned to Head Office or a particular Branch.
- 35 **Date Employed** - indicate inclusive date of employment under current employer.
- 36 **Previous Employment From Date of Pag-IBIG Membership** - indicate details of your previous employment.
- 37 **Heirs** - indicate your legal heir/s in accordance with the Laws of Succession, as provided in the New Civil Code of the Philippines, as amended.
- 38 **Certification** - affix your signature and indicate the date when the MDF was accomplished.
- 39 **Acknowledgement** - to be accomplished by Pag-IBIG Fund.