



Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID
(UMID) CARD APPLICATION (E-1/E-6)

MO0353IW202309141628 Date/Time Generated: 14 September 2023 01:24:09 PM

SS NUMBER 04-4646296-9					
NAME (LAST NAME) SEGA (FIRST NAME) LOVELY DOREN (MIDDLE NAME) TORMA (SUFFIX)					
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 07052001	PLACE OF BIRTH (CITY/MUNICIPALITY) SOCORRO	(PROVINCE/STATE) ORIENTAL MINDORO	(COUNTRY) PHILIPPINES	SEX FEMALE	
FATHER'S NAME (LAST NAME) SEGA (FIRST NAME) IRENEO (MIDDLE NAME) CAUNCERAN (SUFFIX) SR	MOTHER'S MAIDEN NAME (LAST NAME) TORMA (FIRST NAME) DOLORES (MIDDLE NAME) TORRES (SUFFIX)				
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) NINGNING ST. (STREET NAME) (SUBDIVISION)					
(BARANGAY/DISTRICT/LOCALITY) BAYUIN	(CITY/MUNICIPALITY) SOCORRO	(PROVINCE) ORIENTAL MINDORO	POSTAL CODE 5207	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 160	WEIGHT (IN KILOGRAMS) 55	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION JEHOVAH'S WITNESSES
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL NO.)		MOBILE NUMBER (0966) 690-6099	EMAIL ADDRESS segalovely1@gmail.com		
DEPENDENT(S)/BENEFICIARY/IES					
SPOUSE	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILDREN	(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					
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)	
Profession/Business		Foreign Address		SS No./Common Reference No. of Working Spouse	
Year Prof./Business Started					
Monthly Earnings		Monthly Earnings Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		Monthly Income of Working Spouse (P)	
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT / PRIOR REGISTRANT		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME) (BANK BRANCH)					
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION					
1. I certify that the information provided are true and correct. 2. I hereby consent to: • the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updating of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits; • sharing of these data with SSS service providers to carry out the purposes stated above; and • disposal of this application in the manner consistent with the Data Privacy Act. 3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank. 4. I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.					



Republic of the Philippines
SOCIAL SECURITY SYSTEM

SS NUMBER SLIP

04-4646296-9

SEGA, LOVELY DOREN TORMA

07/05/2001



04-4646296-9 SEGA, LOVELY DOREN TORMA

**MEMBER'S DATA FORM
(MDF)**

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121329122549
REGISTRATION TRACKING NUMBER	923268033635

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE			
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	SEGA	LOVELY DOREN		TORMA	<input type="checkbox"/>
FATHER	SEGA	IRENEO		CAUNCERAN	<input type="checkbox"/>
MOTHER (Maiden Name)	TORMA	DOLORES		TORRES	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	SEGA	LOVELY DOREN		TORMA	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
07/05/2001		Single/Unmarried			
PLACE OF BIRTH		CITIZENSHIP		SSS NUMBER	
TARLAC, TARLAC		FILIPINO		GSIS NUMBER	
SEX	HEIGHT(cm.)	WEIGHT(kg.)	EMPLOYEE NUMBER		
FEMALE	0.00	0.00	For AFP/PNP Employee, Serial/Badge No.		
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		
			For DepEd Employee, Division Code-Station Code		

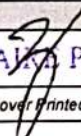
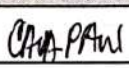
ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS				COUNTRY + AREA CODE + TELEPHONE NUMBER	
Unit/Room No., Floor		Building Name		Home	
Lot No.,	Block No.,	Phase No.	House No	Street Name	Cell Phone
				NINGNING	+63 (0966) 6906099
Subdivision			Barangay	Business (Direct Line)	
			BAYUIN		
Municipality/City			Province/State/Country	Business (Trunk Line)	
SOCORRO			ORIENTAL MINDORO, PHILIPPINES		
ZIP Code			Email Address		
5207			segalovely1@gmail.com		
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name	Lot no.,	Block no.,	Phase No.
House No		Street Name	Subdivision		Barangay
		A BONIFACIO			ILAYA
Municipality/City		Province/State/Country			ZIP Code
CALAPAN		ORIENTAL MINDORO, PHILIPPINES			5200
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

PRESENT EMPLOYMENT DETAILS					
OCCUPATION OFFICE CLERKS, GENERAL			EMPLOYMENT STATUS CASUAL		TYPE OF WORK
EMPLOYER/BUSINESS NAME TAMARAW TECHNOHUB INC				COUNTRY OF ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS				MONTHLY INCOME	
Unit/Room No., Floor		Building Name		Basic 0.00	
Lot No.,	Block No.,	Phase No.	House No.	Street Name JUAN LUNA	Allowances/Others 0.00
Subdivision		Barangay SAN VICENTE		Total Mo. Income 0.00	
Municipality/City CALAPAN		Province ORIENTAL MINDORO		OFFICE ASSIGNMENT	
State/Country(if abroad) PHILIPPINES			ZIP Code 5200		DATE EMPLOYED

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP		
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS	FROM	TO

HEIRS					
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME RELATIONSHIP	DATE OF BIRTH
[]					

CERTIFICATION			
I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize 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).			
SIGNATURE OF INFORMANT		DATE	
FOR Pag-IBIG FUND USE ONLY			
RECEIVED BY ZAIKA CLARA P. ENRIQUEZ			DATE SEP 29 2023
Signature over Printed Name		Designation/Position	Branch/Unit

DISCLAIMER

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



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No.

1902

July 2021 (ENCS) P1

For Individuals Earning Purely Compensation Income
(Local and Alien Employee)

634 739 661 00000

New TIN to be issued, if applicable (To be filled out by BIR)

Fill in all applicable white spaces. Mark all appropriate boxes with an "X"

1 BIR Registration Date

(To be filled out by BIR) (MM/DD/YYYY)

2 PhilSys Card Number (PCN)

Part I - Taxpayer/Employee Information

3 Taxpayer Identification Number (TIN)

(For Taxpayer with existing TIN)

4 RDO Code

(To be filled out by BIR)

5 Taxpayer Type

☐ Local☐ Resident Alien☐ Special Non-Resident Alien

6 Taxpayer's Name

(Last Name)

(First Name)

SEGA

LOVELY DOREN

(Middle Name)

(Suffix)

7 Gender

☐ Male☒ Female

TORMA

8 Civil Status

☒ Single☐ Married☐ Widow/er☐ Legally Separated

9 Date of Birth (MM/DD/YYYY)

07/05/2001

10 Place of Birth

SAN JOSE, TACLAG

11 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix)

DOLORES TORRES TORMA

12 Father's Name (First Name, Middle Name, Last Name, Suffix)

IRENE CAUNCEKAN SEGA SR.

13 Citizenship

FILIPINO

14 Other Citizenship, if applicable

15 Local Residence Address

Unit/Room/Floor/Building No.

Building Name/Tower

Lot/Block/Phase/House No.

Street Name

NING NING STREET

Subdivision/Village/Zone

Barangay

BAYUIN

Town/District

Municipality/City

SOCORRO

Province

ORIENTAL MINDORO

ZIP Code

5207

16 Foreign Address

17 Municipality Code

(To be filled out by BIR)

18 Tax Type

INCOME TAX

19 Form Type

BIR Form No. 1700

20 ATC

11 011

21 Identification Details [government issued ID (e.g., passport, driver's license, etc.), company ID, etc.]

Type

Number

Effectivity Date (MM/DD/YYYY)

Expiry Date (MM/DD/YYYY)

Phil Health ID

092026121584

Issuer

Place/Country of Issue

22 Preferred Contact Type

☐ Landline Number☐ Fax Number☒ Mobile Number☒ Email Address
(required)

segalovely1@gmail.com

09666906099

Part II - Spouse Information (if applicable)

23 Employment Status of Spouse ☐ Unemployed ☐ Employed Locally ☐ Employed Abroad ☐ Engaged in Business/Practice of Profession

24 Spouse Name

(Last Name)

(First Name)

(Middle Name)

(Suffix)

25 Spouse TIN

000000

26 Spouse Employer's Name (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual, Registered Name) (Attach additional sheet/s, if necessary)

27 Spouse Employer's TIN

Part III – For Employee with Two or More Employers (Multiple Employments) Within the Calendar Year**28 Type of Multiple Employments**

- ☐ Successive Employments (With previous employer/s within the calendar year)
- ☐ Concurrent Employments (With two or more employers at the same time within the calendar year)
- (If successive, enter previous employer/s; if concurrent, enter secondary employer/s)

Previous and/or Concurrent Employments During the Calendar Year (Attach additional sheet/s, if necessary)**29A Name of Employer****29B Employer's TIN****30A Name of Employer****30B Employer's TIN****31A Name of Employer****31B Employer's TIN****32 Declaration**

I declare under the penalties of perjury that this application, and all its attachments, have been made in good faith, verified by me and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

LOVELY DORAN T. SEGA

Taxpayer (Employee)/Authorized Representative
(Signature over Printed Name)

Part IV – Primary/Current Employer Information**33 Type of Registered Office**

☐ Head Office ☐ Branch Office

34 TIN

0 0 9 - 3 2 0 - 0 5 9 - 0 0 0 0

35 RDO Code**36 Employer's Name (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual, Registered Name)**

Tamaraw Technohub Inc

37 Employer's Address

Unit/Room/Floor/Building No.

Building Name/Tower

4th Floor

Megalife

Lot/Block/Phase/House No.

Street Name

Juan Luna

Subdivision/Village/Zone

Barangay

Town/District

San Vicente

Municipality/City

Province

Catapan

ZIP Code

5200

38 Contact Details

Landline Number

Fax Number

Mobile Number

09 3441 9381

39 Relationship Start Date/Date Employee was Hired (MM/DD/YYYY)

0 9 0 9 2 0 2 3

40 Municipality Code (To be filled out by BIR)**41 Declaration**

I declare under the penalties of perjury that this application and all its attachments, have been made in good faith, verified by me and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

KRISTINE C. TESIDA
EMPLOYER/AUTHORIZED REPRESENTATIVE
(Signature over Printed Name)

HR OFFICER
Title/Position of Signatory

Stamp of BIR Receiving Office and Date of Receipt

RDO 63 CLIENT SUPPORT SECTION

SEP 25 2023

*NOTE: The BIR Data Privacy Policy is in the BIR website (www.bir.gov.ph)

Documentary Requirements:**For Local Employee:**

- ☐ 1. Any government-issued ID (e.g., Birth Certificate, Passport, Driver's License, Community Tax Certificate, PhilID) that shows the name, address and birthdate of the applicant. In case the ID has no address, any proof of residence, (1 photocopy)
- ☐ 2. Marriage Contract, for married female. (1 photocopy)

For Foreign Nationals/Alien Employee:

- ☐ 1. Passport (Bio page, including date of entry/arrival and exit/departure stamp, if applicable); (1 photocopy)
- ☐ 2. Employment Contract or equivalent document indicating the duration of employment, compensation and other benefits and scope of duties. (1 certified true copy)

○ If transacting through a Representative:

- 2.1 Special Power of Attorney (SPA); (1 original)
- 2.2 Any government-issued ID of the taxpayer and authorized representative. (1 photocopy)

○ In the case of employer securing TIN in behalf of its employee:

- (a) Letter of Authority (LOA) with company letterhead (if applicable) signed by the President or HR Head indicating the company name and its authorized representative; (1 original)
- (b) Any government-issued ID of the signatory (for signature validation); (1 certified true copy)
- (c) Any government-issued ID of the authorized person of the employer; (1 photocopy)
- (d) Transmittal List of Newly Hired Employees with a place of assignment and certifying that the list is its newly hired employees; (1 original)
- (e) Letter of Authority from the employee/s; (1 original)
- (f) Printed copy of eREG System message that the employee has a similar record, if applicable. (1 original)

 **REPUBLIC OF THE PHILIPPINES**
Philippine Health Insurance Corporation

 **PhilHealth**
Your Partner in Health




09-202612158-4
SEGA, LOVELY DOREN TORMA
JULY 05, 2001 - FEMALE
BAYUN SOCORRO, ORIENTAL MINDORO


0 9 2 0 2 6 1 2 1 5 8 4

Sega

CERTIFICATION

The person whose name and signature appear on this card is a beneficiary of the National Health Insurance Program. He/She, including his/her qualified dependents, are entitled to the benefits and privileges of the Program by virtue of Republic Act No. 7875, as amended.



EMMANUEL R. LEDESMA, JR.
Acting President and Chief Executive Officer (CEO)