

(To be filled out by BIR) DLN: _____



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No.

1902

January 2018 (ENCS)

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

New TIN to be issued, if applicable (To be filled out by BIR)
0 0 0 0 0

Fill in all applicable white spaces. Write "NA" for those not applicable. Mark all appropriate boxes with an "X"

Part I - Taxpayer/Employee Information

1 PhilSys Number (PSN)		2 Taxpayer Type <input checked="" type="checkbox"/> Local <input type="checkbox"/> Resident Alien <input type="checkbox"/> Special Non-Resident Alien		3 BIR Registration Date (To be filled out by BIR) (MM/DD/YYYY)	
4 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN)				5 RDO Code (To be filled out by BIR)	
6 Taxpayer's Name					
Last Name		First Name			
C A M P O S		H O L L Y A R G I E L L A			
Middle Name		Suffix		7 Gender	
D E L A P E Ñ A				<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
8 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated					
9 Date of Birth (MM/DD/YYYY)		10 Place of Birth			
0 1 3 1 2 0 0 1		C E B U C I T Y			
11 Mother's Maiden Name (First Name, Middle Name, Last Name)					
G A Y P A R A G O S O D E L A P E Ñ A					
12 Father's Name (First Name, Middle Name, Last Name)					
P R U D E N C I O S A S A N A C A M P O S J R .					
13 Citizenship			14 Other Citizenship		
F I L I P I N O					
15 Local Residence Address					
Unit/Room/Floor/Building No.		Building Name/Tower			
Lot/Block/Phase/House No.		Street Name			
2 4 6 C		C . P A D I L L A			
Subdivision/Village/Zone		Barangay			
Town/District		Municipality/City			
		C E B U C I T Y			
Province					ZIP Code
C E B U					6 0 0 8

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 II 011	
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21 Identification Details (e.g. passport, government issued ID, company ID, etc.)									
Type		Number			Effective Date (MM/DD/YYYY)		Expiry Date (MM/DD/YYYY)		
G O V E R N M E N T		C E B 3 5 1 1 9 0 5			0 2 1 9 2 0 2 1		0 2 1 8 2 0 2 2		
Issuer				Place/Country of Issue					
				P H I L I P P I N E S					
22 Preferred Contact Type		Landline No.			<input checked="" type="checkbox"/> Mobile Number		0 9 4 5 4 6 0 8 7 5 5		
<input checked="" type="checkbox"/> Email Address (required)									
h o l l y a r g i e l l a c @ g m a i l . c o m									

Part II - Spouse Information (if applicable)

23 Employment Status of Spouse							
Unemployed		<input type="checkbox"/> Employed Locally		<input type="checkbox"/> Employed Abroad		<input type="checkbox"/> Engaged in Business/Practice of Profession	
24 Spouse Name							
Last Name			First Name				
Middle Name			Suffix		25 Spouse TIN		
					0 0 0 0 0		
26 Spouse Employer's Name (Last Name, First Name, Middle Name, If Individual) (Registered Name, If Non Individual)							
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

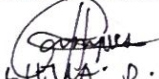
- Successive Employments (With previous employer/s within the calendar year)
- Concurrent Employments (With two or more employers at the same time within the calendar year)
- (If successive, enter previous employer/s, if concurrent, enter secondary employer/s)

Previous and/or Concurrent Employments During the Calendar Year

29A Name of Employer		29B TIN of Employer			
30A Name of Employer		30B TIN of Employer			
31A Name of Employer		31B TIN of Employer			

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.


HOWY ARBITUA D. CAMPOS
 Taxpayer(Employee)/Authorized Representative
 (Signature over Printed Name)

Part IV - Primary/Current Employer Information

33 Type of Registering Office	<input type="checkbox"/> Head Office <input type="checkbox"/> Branch Office	34 TIN		35 RDO Code	
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36 Employer's Name (Last Name, First Name, Middle Name, If Individual) (Registered Name, If Non Individual)

37 Employer's Address

Unit/Room/Floor/Building No.	Building Name/Tower
Lot/Block/Phase/House No.	Street Name
Subdivision/Village/Zone	Barangay
Town/District	Municipality/City
Province	ZIP Code

38 Contact Details

Landline Number	Fax Number	Mobile Number
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39 Relationship Start Date/Date Employee was Hired (MM/DD/YYYY)	40 Municipality Code (To be filled out by BIR)
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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.

Stamp of BIR Receiving Office and Date of Receipt

 EMPLOYER/AUTHORIZED REPRESENTATIVE
 (Signature over Printed Name)

 Title/Position of Signatory

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

Documentary Requirements:

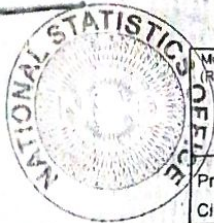
For Local Employee:

- 1. Any identification issued by an authorized government body (e.g. Birth Certificate, Passport, Driver's License, etc.) that shows the name, address and birthdate of the applicant.
- 2. Marriage Contract, if applicable.

For Alien Employee:

- 1. Passport
- 2. Working Permit or photocopy of duly received Application for Alien Employment (AEP) by the Department of Labor and Employment (DOLE)

POSSESSION OF MORE THAN ONE TAXPAYER IDENTIFICATION NUMBER (TIN) IS CRIMINALLY PUNISHABLE PURSUANT TO THE PROVISIONS OF THE NATIONAL INTERNAL REVENUE CODE OF 1997, AS AMENDED.



Municipal Form No. 102
(Revised January 2007)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province: **CEBU** Registry No.: **2013 24488**
City/Municipality: **CEBU CITY**

CHILD

1. NAME (First) (Middle) (Last)
HOLLY ARQUELLA DE LA PEÑA CAMPOS

2. SEX (Male / Female) **Female** 3. DATE OF BIRTH (Day) (Month) (Year)
11 January 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) (Country)
246-C Padilla St., Cebu City Cebu Philippines

5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **Single** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **First** 5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) **First** 6. WEIGHT AT BIRTH **3250** grams

MOTHER

7. MAIDEN NAME (First) (Middle) (Last)
GAY PARAGOSO DE LA PEÑA

8. CITIZENSHIP **Filipino** 9. RELIGION/RELIGIOUS SECT **Roman Catholic**

10a. Total number of children born alive **2** 10b. No. of children all living including this birth **2** 10c. No. of children born alive but are now dead **0** 11. OCCUPATION **Sales Representative** 12. AGE at the time of this birth (completed years) **23**

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
246-C Padilla St., Cebu City Cebu Philippines

FATHER

14. NAME (First) (Middle) (Last)
PRUDENCIO JR. SASANA CAMPOS

15. CITIZENSHIP **Filipino** 16. RELIGION/RELIGIOUS SECT **Roman Catholic** 17. OCCUPATION **Cook** 18. AGE at the time of this birth (completed years) **23**

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
246-C Padilla St., Cebu City Cebu Philippines

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back)

20a. DATE (Month) (Day) (Year) **Not Married** 20b. PLACE (City / Municipality) (Province) (Country) **N/A**

21a. ATTENDANT
1 Physician 2 Nurse 3 Midwife 4 **Hilot** (Traditional Birth Attendant) 5 Others (Specify) _____

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)
I hereby certify that I attended the birth of the child who was born alive at **3:45** am/pm on the date of birth specified above.

Signature **nowhere to be found** Address **N/A**
Name in Print **N/A**
Title or Position **Hilot** Date _____

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature **G. Paragoso** Name in Print **GAY P. DE LA PEÑA** Relationship to the Child **Mother** Address **246-C Padilla St., Cebu City** Date **July 19, 2013**

23. PREPARED BY
Signature **Virginia Hermosada** Name in Print **VIRGINIA Q. HERMOSADA** Title or Position **PHM- RM III** Date **July 19, 2013**

24. RECEIVED BY
Signature **Ponciana G. Sabal** Name in Print **PONCIANA G. SABAL** Title or Position **Administrative Aide II** Date **AUG 12 2013**

25. REGISTERED BY THE CIVIL REGISTRAR
Signature **Atty. Evangeline T. Abatayo** Name in Print **ATTY. EVANGELINE T. ABATAYO** Title or Position **CEBU CITY CIVIL REGISTRAR** Date **AUG 23 2013**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)
DELAYED REGISTRATION

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

8 9 11 13 15 16 17 19

05127-B0-400JSA-00991-B1001

BEST POSSIBLE IMAGE



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M1900123933

BReN
02217-B01BX15-6

Documentary
Stamp Tax Paid

Carmelita N. Ericta
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office





AFFIDAVIT OF KNOWLEDGMENT/ADMISSION C ATERNITY
(For births before 3 August 1988)

I/we **PRUDENCIO JR. CAMPOS** and **GAY P. DE LA PEÑA**
of legal age, parents of the natural mother and/or father of **HOLLY ANJIELLA DE LA PEÑA CAMPOS** who was
born on **January 31, 2013** at **246-C C. Padilla St., Cebu City**

And I/we are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of
acknowledging my/our child

PRUDENCIO JR. CAMPOS
(Signature Over Printed Name of Father)

GAY P. DE LA PEÑA
(Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this _____ day of _____ by
Prudencio Jr. Campos and **Gay P. De La Peña** who exhibited to me (his/her)
Community Tax Cert. No. **0559562** issued on **01/09/13** at _____

ATTY. BUNIE T. DEGAÑO JR.
NOTARY PUBLIC
UNTIL DEC. 31, 2014
PTR No. 2 **07/3/13-CC**
IBR No. **1/18/13-CC**
TOTAL No. of the Administrative Office
ROLL OF NOTARIES No. **31311**
BIR TIN No. **006-587-000**

Doc. No. **108**
Date of Issuance **01/09/13**
Position **Notary Public**
Address **Cebu City**

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(To be accomplished by the hospital/clinic administrator, father, mother or guardian of the person himself if 18 years old or over)

I **GAY P. DE LA PEÑA**, of legal age, single/married/divorced/widow/widower, with
residence and postal address at **246-C C. Padilla St., Cebu City**

after having been duly sworn in accordance with law, do hereby depose and say:

- That I am the applicant for the delayed registration of
 my birth in _____ on _____
 the birth of **HOLLY ANJIELLA DE LA PEÑA CAMPOS** who was born in **246-C C. Padilla St., Cebu City** on **January 31, 2013**
- That I/he/she was attended at birth by _____ who resides at _____
- That I am/he/she is a citizen of **Philippines**
- That my/his/her parents were married on _____ at _____
 not married but I/he/she was acknowledged/not acknowledged by my/his/her father whose name is **Prudencio Jr. Campos**
- That the reason for the delay in registering my/his/her birth was **due to negligence of Traditional Hilon failed to submit the Certificate of Live Birth w/in the reglamentary period.**
- (For the applicant only) That I am married to _____
(If the applicant is other than the document owner) That I am the **Mother** of the said person.
- That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____ at _____, Philippines.

GAY P. DE LA PEÑA
(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____
ATTY. BUNIE T. DEGAÑO JR. Philippines, affiant who exhibited to me his Community Tax Cert. No. **005780**
issued on **07/01/13** at **246-C C. Padilla St., Cebu City**
PTR No. **275244**, **6/3/13-CC**
IBR No. **1/18/13-CC**
NOTARY PUBLIC
ROLL OF ATTORNEYS No. **31311**
BIR TIN No. **006-587-000**

Position **Notary Public**
Address **Cebu City**

05127-B0-400JSA-00991-BI001

BEST POSSIBLE IMAGE



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N1600123934

BRen
02217-B01BX15-6

Documentary
Stamp Tax Paid

Carmelita N. Ericta
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office

