



Republic of the Philippines
Department of Justice
National Bureau of Investigation



20109835

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

NBI ID NO. O250LCTO00-SW1168241	VALID UNTIL April 07, 2022
FAMILY NAME OCANA	FIRST NAME CARLO
MIDDLE NAME ROSOS	HUSBAND'S SURNAME
ADDRESS F JACA STREET INAYAWAN CEBU CITY	
DATE OF BIRTH December 20, 2000	PLACE OF BIRTH CEBU CITY
CITIZENSHIP FILIPINO	CIVIL STATUS SINGLE
PURPOSE MULTI-PURPOSE CLEARANCE	
REMARKS NO RECORD ON FILE	



SIGNATURE

GENDER
MALE



Date Printed: Wednesday, April 07, 2021 11:20 AM



O250LCTO00-SW1168241

Eric B. Distor
ERIC B. DISTOR
Officer-in-Charge

Agency	SW	DATID	ramoser
CASID	ramoser	BIOID	ramoser
O.R. No.	CXRYWT4	RECID	
O.R. Date	04/07/2021 11:11:22 AM	INTID	
DST PAID		PRTID	ramoser



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

8/F, Golden Peak Tower, Gorordo Ave., cor. Escario St., Cebu City 6000

(032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871

www.philhealth.gov.ph

MDR

MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : 120516274056

Member Category : FORMAL ECONOMY

Sub-Category : PRIVATE

NHTS Coverage :

Effectivity Period :

OCAÑA, CARLO ROSOS

INAYAWAN, CEBU CITY, CEBU 6000

Foreign Address : N/A

Sex : Male

Date of Birth : 12/20/2000

Place of Birth : CEBU CITY, CEBU

Contact No. (Foreign) : N/A

Civil Status : SINGLE

(Local) :

Tax Identification Number :

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : 012000039906

Name of Employer/Organized Group : E-TELECARE BPO SERVICES

Business Address : UNIT 2E 2F BAI CENTER N BACALSO STREET, MAMBALING, CEBU CITY, CEBU

Telephone Number : 418 2626

Tax Identification Number : 256982907000

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** NO DECLARED DEPENDENT/S ***

*** NOTHING FOLLOWS ***

EDWIN M. ORIÑA, MD
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.

2/26/2021 12:57:32 PM 20594218 20594218 / 20594218 / 2/26/2021 2/26/2021



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Application for Registration

BIR Form No

1902

July 2008 (ENCS)

For Individuals Earning Purely Compensation Income and Non-Resident Citizens/ Resident Alien Employee

384	488	751	0000
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(To be filled up by BIR)

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

1 Taxpayer Type <input checked="" type="checkbox"/> Local Employee <input type="checkbox"/> Resident Alien Employee	2 Date of Registration 01/13/2021	3 RDO Code 082
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Part I Taxpayer / Employee Information

4 TIN (For Taxpayer w/ existing TIN)	5 Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	6 Citizenship FILIPINO
7 Taxpayer's Name OCANA, CARLO ROSOS	8 Date of Birth 12/20/2000	9 Local Residence Address F. JACA INAYAWAN CEBU
10 Telephone No.	11 Zip Code 6000	12 Municipality Code
13 Foreign Residence Address		

14 Tax Type Income Tax	Form Type <input checked="" type="checkbox"/> BIR Form 1700 - (For Individual Family Compensation Income/Resident Alien Employee)	ATC 1011
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Part II Personal Exemptions

15 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Legally separated <input type="checkbox"/> with qualified dependent children	<input type="checkbox"/> Widow/Widower <input type="checkbox"/> Married <input checked="" type="checkbox"/> without qualified dependent children	16 Employment Status of Spouse: <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Locally <input type="checkbox"/> Employed Abroad <input type="checkbox"/> Engaged in Business/Practice of Profession
17 Claims for Additional Exemptions/Premium Deductions for husband and wife whose aggregate family income does not exceed P250,000 per annum <input type="checkbox"/> Husband claims additional exemption and any premium deduction <input type="checkbox"/> Wife claims additional exemption and any premium deduction (Attach Waiver of Husband)		
18 Spouse Information		
18A Spouse Taxpayer Identification Number	18B Spouse Name Last Name First Name Middle Name	
18C Spouse Employer's Taxpayer Identification Number	18D Spouse Employer's Name	

Part III Additional Exemptions

19 Names of Qualified Dependent Children (refers to a legitimate, illegitimate, or legally adopted child chiefly dependent upon & living with the taxpayer, not more than 21 years of age, unmarried, and not gainfully employed, or regardless of age, is incapable of self-support due to mental or physical defect)

Last Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)	Mark if already Physically Handicapped
19A	19B	19C	19D	19E
20A	20B	20C	20D	20E
21A	21B	21C	21D	21E
22A	22B	22C	22D	22E

Part IV For Employees With Two or More Employers (Multiple Employments) Within the Calendar Year

23 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))

TIN	Name of Employer's

24 Declaration
I declare, under the penalties of perjury, that this form has 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.

TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT
(Signature over printed name)

Part V Employer Information

25 Type of Registered Office <input checked="" type="checkbox"/> HEAD OFFICE <input type="checkbox"/> BRANCH OFFICE	26 Taxpayer Identification Number 259862907	27 RDO Code 082
28 Employer's Name (Last Name, First Name, Middle Name, if Individual/ Registered Name, if Non-Individual) ALBAO, MARK DIONNE ENCIERTO		
29 Employer's Business Address 2E 2/F BAI CENTER BLDG., N. BACALSO AVE., BASAK SAN NICOLAS, CEBU CITY		
30 Zip Code 6000	31 Municipality Code	33 Effectivity Date (Date when Exemption Information is applied) 01/13/2021
32 Telephone Number +6382626	34 Date of Certification (Date of Certification of the Accuracy of the Exemption Information) 01/13/2021	

35 Declaration I declare, under the penalties of perjury, that this form has 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.	Stamp of BIR Receiving Office and Date of Receipt
EMPLOYER / AUTHORIZED AGENT (Signature over printed Name)	Attachments Complete? (To be filled up by BIR) <input type="checkbox"/> Yes <input type="checkbox"/> No

March 31, 2021

Carlo Rosos Ocaña
Inayawan Cebu City

Dear Mr. **Ocaña**,

Congratulations!

iPloy Inc. is pleased to offer you the position as **CSR - Phone (voice)** We expect you will impart your knowledge, skills, and experience to your work.

Should you accept this job offer, per company policy you will be eligible to receive the following beginning on your hire date.

- Possible* Gross Monthly All-in Compensation: **PHP21,000.00**
- Breakdown of Monthly Compensation:
 - Basic: PHP 16,000.00
 - Allowance: PHP 2,400.00
 - Night Differential: 10% from 10 PM to 6 AM (MNL)
 - Attendance Bonus (No Absent, No Late) – PHP 1,000.00
- 25K Sign-On Bonus (50 % to be given on the 6 month-regularization and other 50 % -hiring anniversary)
- Government mandated benefits; SSS, PHIC, and HDMF.
- Expected workdays from Mondays-Fridays**. A total of forty (40) hours a week.

* Possible gross monthly compensation is based on complete attendance, no tardy and shift covered within night differential, this is before tax, and government mandated benefits deduction.

** Unless specified by the clients.

You will be hired on Probationary status for six (6) months period. Performance review will be conducted on the 3rd and 5th month of your employment with the company to check your suitability to the position. If your performance meets our standards, then you will be converted to regular status. Furthermore, you will get a proportionate of (10 VL & 10 SL) within the year, NSD and HMO.

If you are amenable to this job offer, your hiring date will be on **April 5, 2021 at 9:00PM**.

iPloy Inc. through the Human Resources Department will provide you with a written employment contract and personally discuss with you full details of your employment.

Should you have any concerns regarding on the details of this offer, please feel free to ask.

Yours truly,


Marishka/Iris Arcilla
HR Manager

By signing and dating this letter below, I **Carlo Rosos Ocaña** accept this job offer as **CSR - Phone (voice)**, for **iPloy Inc.**

Conforme:


Carlo Rosos Ocaña
Signature over printed name

Date: _____