

Republic of the Philippines
Department of Justice
National Bureau of Investigation



28065436

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NR ID NO: A510GRO100-QU64217
FIRST NAME: ANOVA
MIDDLE NAME: MODINA
SURNAME: 456 KATIPUNAN ST LABANGON CEBU CITY
DATE OF BIRTH: July 18, 2000
CITIZENSHIP: FILIPINO
PURPOSE: MULTI-PURPOSE CLEARANCE
REMARKS: NO RECORD ON FILE

VALID UNTIL: July 27, 2023
FIRST NAME: RUBEN CARLO ALESSANDRI
MARRIAGE SURNAME: HUGAYATE BURHAM
PLACE OF BIRTH: CEBU CITY
CIVIL STATUS: SINGLE



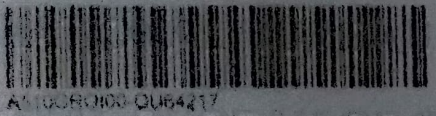
SIGNATURE

GENDER: MALE



Date Printed: Wednesday, July 27, 2022 03:11 PM

Agency: OU
LASID: jedraque0
C.R. No: OMLGUS23
C.R. Desc: 07/27/2023 3:12:01 PM
DST PAID
DATE: jedraque0
REQD: jedraque0
REC'D: jedraque0
INTD: jedraque0
PRTD: jedraque0



Medardo G. de Lemos
ATTY. MEDARDO G. DE LEMOS
Officer-in-Charge

PERSONAL COPY

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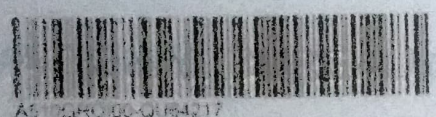
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Medardo G. de Lemos
ATTY. MEDARDO G. DE LEMOS
Officer-in-Charge



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

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

Healthline (032) 233 3407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871 www.philhealth.gov.ph

04 April 2019

Member Name : **ANOVA , RUBEN CARLO ALESSANDRI MODINA**
Member Address : **456 KATIPUNAN ST LABANGON, CEBU CITY, CEBU 6000**
Member Category : **INFORMAL ECONOMY INFORMAL SECTOR**

We are glad that you are now registered with the National Health Insurance Program (NHIP), a program being administered by the Philippine Health Insurance Corporation (PhilHealth).

Your lifetime PhilHealth Identification Number (PIN) is : **1225-0980-3879**

In order for you or any member of your family be entitled to the benefits of the NHIP especially during hospitalization, you or with your employer, or local government or sponsor should have paid the required number of monthly contributions to the Program.

It is important that you always use your PIN in paying your contributions and when you or any member of your family avail of NHIP benefits during hospitalization.

We would like to give you and your family continued protection on health.

Respectfully,

LOURDES F. DIOCSON
Regional Vice President
PRO - VII Cebu City

This is a system generated document, signature is not required



Pag-IBIG Fund
(Home Development Mutual Fund)

July 28, 2022

Date

ANOVA, RUBEN CARLO ALESSANDRI MODINA

Dear Sir/Madam:

We are pleased to inform you that **121246886866** is your assigned Pag-IBIG Membership ID (MID) Number. Membership with the Fund shall be activated only upon remittance and posting of your initial membership savings (MS). Thereafter, use your Pag-IBIG MID in remitting MC, paying loan amortization, availing loan programs and other business transactions with the Fund.

Should you have any query/clarification regarding this notice, please visit or call this Branch.

Very truly yours,

07/28/2022

Name and Designation of Authorized Signatory

CEBU - COLON BRANCH
3rd Floor Gaisano Capital South
Brgy. Kalubihan, Colon St. Cebu City
Contact No. (032)231-2918. Email us at colon_me@pagibigfund.gov.ph

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

Form No. 102 (Revised January 1998) (To be accomplished in quadruplicate)

REMARKS/ANNOTATIONS

4470

Province: Cebu City Registry No: 2000 18240

1. NAME: ROSEL CARLO ALABRADOR SEX: MALE AGE: ABOVE

2. SEX: 1 Male 3. DATE OF BIRTH: July 19, 2000

4. PLACE OF BIRTH: (Name of Hospital/Clinic/Institution) Cebu Doctors Hospital (City/Municipality) Cebu City (Province) Cebu

5a. TYPE OF BIRTH: 1 Single b. IF MULTIPLE BIRTH, CHILD WAS: 1 First

6. BIRTH ORDER (live births and fetal deaths including this delivery) FIRST d. WEIGHT AT BIRTH: 3,289 grams

7. MAIDEN NAME: (First) Roben (Middle) Falsetole (Last) Alava

8. CITIZENSHIP: Filipino Legitimate origin

9a. Total number of children born alive: 01 b. No. of children still being included this birth: 01 c. No. of children born alive but are now dead: 00

10. OCCUPATION: Housewife 11. Age at the time of this birth: 33 years

12. RESIDENCE (House No., Street, Barangay, City/Municipality) 465 Int. Katipunan St., Lahugan Cebu City (Cebu)

13. NAME: (First) Roben (Middle) Falsetole (Last) Alava

14. CITIZENSHIP: Filipino Legitimate origin

15. OCCUPATION: Hotelier 17. Age at the time of this birth: 29 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity) March 05, 1999 Cebu City

19a. ATTENDANT: 1 Physician 2 Nurse 3 Midwife 4 Nurse (Traditional Midwife) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH: 2:06 PM
 I hereby certify that I attended the birth of the child who was born alive at Cebu Doctors Hospital on the date stated above. Address: Cebu City

Signature: SAQUAN, GRACE M.D. Address: Cebu City
 Name in Print: Attending Physician Date: July 19, 2000
 Title or Position: _____ Date: _____

20. INFORMANT: 465 Int. Katipunan St., Lahugan Cebu City
 Signature: Roben Alava Address: Lahugan Cebu City
 Name in Print: Father Date: July 19, 2000
 Relationship to the child: _____ Date: _____

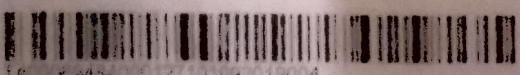
21. PREPARED BY: Greg S. [Signature]
 Signature: _____ Name in Print: Medical Records Clerk
 Title or Position: _____ Date: July 19, 2000
 Date: _____

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR:
 Signature: _____ Name in Print: Greg S. [Signature]
 Title or Position: _____ Date: JUL 18 2000

000341

06948-A5-400JBF-01271-BID04

BEST POSSIBLE IMAGE



14 4484454000 12/10/04 2018004

PRen 02217-RONF00-1

Documentary Stamp Tax Paid

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority





E-4

Republic of the Philippines
SOCIAL SECURITY SYSTEM
MEMBER DATA CHANGE REQUEST

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED FROM THE SSS WEBSITE AT www.sss.gov.ph.

PLEASE READ THE INSTRUCTIONS AT THE BACK OF THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY MEMBER

A. PERSONAL DATA

MEMBER NUMBER 010426620216	COMMON REFERENCE NUMBER (if any)	DATE OF BIRTH (mm/dd/yyyy) 07/15/2000	SEX IDENTIFICATION (M, W, J, or O) M
NAME (LAST NAME) ANOVA	(FIRST NAME) RUBEN CARLO ALESSANDRI	(MIDDLE NAME) MODINA	
ADDRESS (CAMPUS ADDRESS & BLOCK NAME)	(HOUSE NO. & BLDG NO.) 456	CITY/TOWN/VILLAGE LABANGON	PROVINCE CEBU
			ZIP CODE 61010
TELEPHONE NUMBER (AREA CODE - TEL. NO.) 932-2546369	MOBILE/CELLPHONE NUMBER 091163538077	E-MAIL ADDRESS LABANGON.TRG@GMAIL.COM	
FOREIGN ADDRESS (if applicable) NA	COUNTRY NA	ZIP CODE NA	

B. DATA CHANGE/CORRECTION/UPDATING

CHANGE OF MEMBERSHIP TYPE

FROM	TO	TO (Option for Prior Registrant Only)
<input type="checkbox"/> Employed	<input type="checkbox"/> Self-Employed (Please fill out the details below)	<input type="checkbox"/> Non-Working Spouse (Please fill out the details below)
<input type="checkbox"/> Voluntary	Profession/Business _____	SS NUMBER of Working Spouse _____
<input type="checkbox"/> Overseas Filipino Worker	Year Profession/Business Started _____	Monthly Income of Working Spouse (P) _____
<input type="checkbox"/> Non-Working Spouse (NWS)	Monthly Earnings (P) _____	I AGREE WITH MY SPOUSE'S MEMBERSHIP WITH SSS
<input type="checkbox"/> Prior Registrant		SIGNATURE OVER PRINTED NAME OF MEMBER'S SPOUSE _____
(A person who registered with the SSS for the first time as a prospective employee.)		

FROM _____ TO _____

CORRECTION OF NAME

<input type="checkbox"/> Last Name	_____	_____
<input type="checkbox"/> First Name	_____	_____
<input type="checkbox"/> Middle Name	_____	_____
(or change of middle initial to middle name)		
<input type="checkbox"/> Prefix (e.g., "de", "dela", "delos", "del", "Ma," or "Maria") or Suffix (e.g., Jr., II or III)	_____	_____
<input type="checkbox"/> Simple Error in Spelling of Name (e.g., "r" to "a" or "d" to "o" or vice versa; inclusion/deletion of space and special characters)	_____	_____
<input type="checkbox"/> Due to Re-marriage	_____	_____

CORRECTION OF DATE OF BIRTH

CORRECTION OF SEX

CHANGE OF CIVIL STATUS

(For Female members: Accomplish the FROM and TO portions, if also requesting for change of name)

<input type="checkbox"/> Single to Married	_____	_____
<input type="checkbox"/> Married to Legally Separated	_____	_____
<input type="checkbox"/> Married to Widowed	_____	_____
<input type="checkbox"/> Reversion from Married to Single	_____	_____

UPDATING OF CONTACT INFORMATION

<input type="checkbox"/> Address	<input type="checkbox"/> Telephone Number	<input type="checkbox"/> E-mail Address	<input type="checkbox"/> Mobile/Cellphone Number
----------------------------------	---	---	--

UPDATING OF BANK INFORMATION

Bank Name	Bank Branch	Account Number
_____	_____	_____
<input type="checkbox"/> Benefits (Sickness/Maternity/Partial Disability)	_____	_____
<input type="checkbox"/> Loans	_____	_____
<input checked="" type="checkbox"/> PESO Fund	_____	_____

UPDATING OF MEMBER RECORD STATUS (From "Temporary" to "Permanent") - please indicate submitted documents

2 valid IDs

UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box. If more than 3, use other page "instructions" portion)

NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (mm/dd/yyyy)	Age	Married	Dependent	Beneficiary
1									
2									
3									



Republic of the Philippines
COMMISSION ON ELECTIONS
Office of the Election Officer
CEBU CITY CEBU

VOTER'S CERTIFICATION

Voter's Identification Number : 2217G1500RMA10000-5
Province : CEBU
Municipality : CEBU CITY
Barangay : LABANGON
Precinct No : 1573 E

VRR No : 2217310345531
Illiterate /
Disabled



Name : ANOVA, RUBEN CARLO ALESSANDRI MODINA
Sex : Male
Civil Status : SINGLE
Residence : 456 INTERIOR KATIPUNAN ST
LABANGON
CEBU CITY
CEBU

BIOMETRICS

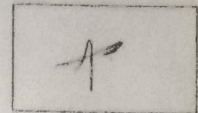


PERIOD OF RESIDENCE IN

Municipality : 16 year(s) and 0 month(s)
Date of Birth : 07/15/2000
Date of Registration : 07/22/2016
Sector :
Registration Type : REGISTRATION

VOTING RECORD

Current : Y 05/09/2022
Previous : Y 05/13/2019



Issued and signed on this 27th day of July, 2022 at CEBU CITY, CEBU.

Paid Under O.R. # : _____
Amount Paid : 75.00
Date Issued : 07/27/2022

CERTIFIED CORRECT

ATTY EDWIN O. CADUNOG
Election Officer



(To be filled out by BIR) DLN: _____

BIR Form No.



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

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) 5 1 8 3 4 1 6 2 3 0 8	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) - - - - - 0 0 0 0 0	5 RDO Code (To be filled out by BIR)
---	---

6 Taxpayer's Name		7 Gender
Last Name A N O V A	First Name R U B E N C A R L O A L E S S A N D	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Middle Name M O D I N A	Suffix	

8 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Legally Separated

9 Date of Birth (MM/DD/YYYY) 0 7 1 5 2 0 0 0	10 Place of Birth C E B U C I T Y
---	--------------------------------------

11 Mother's Maiden Name (First Name, Middle Name, Last Name) M A . T H E R E S A D E L A C E R N A M O D I N A

12 Father's Name (First Name, Middle Name, Last Name) R U B E N F A L C O T E L O A N O V A
--

13 Citizenship F I L I P I N O	14 Other Citizenship N A
-----------------------------------	-----------------------------

15 Local Residence Address	
Unit/Room/Floor/Building No. 4 5 6	Building Name/Tower K A T I P U N A N
Lot/Block/Phase/House No.	Street Name
Subdivision/Village/Zone	Barangay L A B A N G O N
Town/District	Municipality/City C E B U
Province C E B U	ZIP Code 6 0 0 0

16 Foreign Address N A

17 Municipality Code (To be filled out by BIR)	18 Tax Type I N C O M E T A X	19 Form Type B I R F o r m N o . 1 7 0 0	20 ATC II 011
---	----------------------------------	---	---------------

21 Identification Details (e.g. passport, government issued ID, company ID, etc.)			
Type	Number	Effective Date (MM/DD/YYYY)	Expiry Date (MM/DD/YYYY)
Issuer	Place/Country of Issue		

22 Preferred Contact Type	Landline No.	<input checked="" type="checkbox"/> Mobile Number 0 9 1 6 3 5 3 8 0 7 7
---------------------------	--------------	--

<input checked="" type="checkbox"/> Email Address (required) L A B A N G O N . T R B @ G M A I L . C O M

Part II - Spouse Information (if applicable)

23 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
--

24 Spouse Name		25 Spouse TIN
Last Name N A	First Name	- - - - - 0 0 0 0 0
Middle Name	Suffix	

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 employer/s 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.

RUBEN CARLO ALEXANDRI A. ANOVA
 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
36 Employer's Name <i>(Last Name, First Name, Middle Name, If Individual) (Registered Name, If Non Individual)</i>		
37 Employer's Address		
<i>Unit/Room/Floor/Building No.</i>	<i>Building Name/Tower</i>	
<i>Lot/Block/Phase/House No.</i>	<i>Street Name</i>	
<i>Subdivision/Village/Zone</i>	<i>Barangay</i>	
<i>Town/District</i>	<i>Municipality/City</i>	
<i>Province</i>	<i>ZIP Code</i>	

38 Contact Details

Landline Number	Fax Number	Mobile Number
------------------------	-------------------	----------------------

39 Relationship Start Date/Date Employee was Hired <i>(MM/DD/YYYY)</i>	40 Municipality Code <i>(To be filled out by BIR)</i>
--	--

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.