

Republic of the Philippines
Department of Justice
National Bureau of Investigation



29907772

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:

REF ID NO

P6206SHH10-ML12290317

FAMILY NAME

PERAS

MIDDLE NAME

FONTANILLA

ADDRESS

PHASE 2 LOT 1 BLOCK 2 LESSANDRA ROMA CAMELLA HOMES SUBD BRGY LAWAAN I TALISAY CI

DATE OF BIRTH

February 08, 2001

CITIZENSHIP

FILIPINO

PURPOSE

MULTI-PURPOSE CLEARANCE

REMARKS

NO RECORD ON FILE

VALID UNTIL

September 21, 2023

FIRST NAME

SHEMAIAH HANNAH

HUSBAND'S SURNAME

PLACE OF BIRTH

TONDO METRO MANILA

CIVIL STATUS

SINGLE

GENDER

FEMALE

SIGNATURE



Date Printed: Wednesday, September 21, 2022 03:14 PM

Agency ML12

CASID salvam

O.R. No MP3RLIAS8X

O.R. Date 09/21/2022 3:10:32 PM

DST PAID

DATID salvam

BIQID salvam

RECID

INTID

PRPID pajulasg



P6206SHH10-ML12290317

ATTY. MEDARDO G. DE LEMOS
Director



Medgruppe Polyclinics & Diagnostic Center, Inc.
2nd Level, APM Centrale,
Tel # (032) 232-2273/266
www.primecarecebu.com

SERVICE ORDER

BILL TO :

[000160] IPLOY STAFFING SOLUTIONS

CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

Priority No.	0045
SO No.	039935
S.O Date	09/26/2022
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 030268
PATIENT NAME : PERAS, SHEMAIAH HANNAH, FONTANILLA
PATIENT ADDRESS : Lawaan i, City Of Talisay, Cebu
MOBILE NO. : 09569924718
EMAIL ADDRESS : DELIVERY
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : PICKUP

GENDER : Female
BIRTHDATE : 02/08/2001
AGE : 21
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT
EMAIL :

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME BASIC 5 WITH DRUG TEST *PE, CHEST PAIN, CBC, UA, SE, DRUG TEST (NOTE: PLEASE COMPLY THE DRUG TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)	1.00	800.00	800.00

SUMMARY OF CHARGES	
TOTAL SALES	800.00
VATABLE SALES	0.00
V-A-T	0.00
SC/PWD DISCOUNT	0.00
AMOUNT DUE	800.00

PREPARED BY:

Juevelina N. Devilla

ACKNOWLEDGED BY:

Signature Over Printed Name

VERIFIED BY:

VALIDATED

BY:

Run Date: 09/26/2022 10:03:31 am