



(Copy for OCRG)

Form No. 102 (Revised January 1993) (To be accomplished in quadruplicate)

Republic of the Philippines  
**OFFICE OF THE CIVIL REGISTRAR GENERAL**  
**CERTIFICATE OF LIVE BIRTH** 3110

(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province <u>CEBU</u>		Registry No. <u>97-5986</u>	<b>REMARKS/ANNOTATION</b>  For OCRG USE ONLY: Population Reference No. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>  <b>TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR</b>  41 <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; text-align: center;">9905485</span>  48 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">7</span>  49 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">2</span> 50 <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px; text-align: center;">090397</span>  56 <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; text-align: center;">22178</span>  61 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">1</span>  62 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">04</span> 64 <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; text-align: center;">3400</span>  68 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">1</span> 69 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">1</span>  70 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">04</span> 72 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">04</span> 74 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">03</span>  76 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">720</span> 78 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">32</span>  81 <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; text-align: center;">22178</span>  86 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">7</span> 87 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">7</span> <span style="margin-left: 20px;">3110</span> <span style="margin-left: 100px;">3450</span> 88 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">008</span> 91 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">39</span>  93 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">1</span> <span style="margin-left: 20px;">06/18/84</span> <span style="margin-left: 100px;">221R</span> 94 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; text-align: center;">1</span> <span style="margin-left: 20px;">02/14/97</span>
City/Municipality <u>CEBU CITY</u>			
1. NAME (First) (Middle) (Last) <u>CHERRY MAE TORTUGO GUDARIDO</u>			
2. SEX <u>1</u> Male <u>X</u> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>9 MARCH 1997</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>METRO CEBU COMMUNITY HOSPITAL, CEBU CITY CEBU</u>			
5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc.		5b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify	
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>FIRST</u>		d. WEIGHT AT BIRTH <u>3400</u> grams	
6. MAIDEN NAME (First) (Middle) (Last) <u>EVELYN ALMONTES TORTUGO</u>			
7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>JESUS CHRIST</u>	
9a. Total number of children born alive: <u>4</u>		9b. No. of children still living including this birth: <u>4</u>	
9c. No. of children born alive but are now dead: <u>0</u>			
10. OCCUPATION <u>HOUSEWIFE</u>		11. Age at the time of this birth: <u>32</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>INAYAWAN COGON RD., INAYAWAN, CEBU CITY</u>			
13. NAME (First) (Middle) (Last) <u>MAXIMINO WINER GUDARIDO</u>			
14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>JESUS CHRIST</u>	
16. OCCUPATION <u>GEODETIC ENGINEER</u>		17. Age at the time of this birth: <u>39</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>JUNE 18, 1984 CEBU CITY</u>			
19a. ATTENDANT <u>X</u> 1 Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Healer (Traditional Midwife) <u>5</u> Others (Specify)			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>3:01 A.M.</u> o'clock am/pm on the date stated above.			
Signature <u>[Signature]</u> Name in Print <u>HOSALINA Z. PELOSO, M.D.</u> Title or Position <u>Attending Physician</u>		Address <u>MCCOY CEBU CITY</u> Date <u>MARCH 9, 1997</u>	
Signature <u>[Signature]</u> Name in Print <u>MAXIMINO W. GUDARIDO</u> Relationship to the child <u>Father</u>		Address <u>Inayawan Cogon Rd., Inayawan, Cebu City</u> Date <u>March 10, 1997</u>	
Signature <u>[Signature]</u> Name in Print <u>MADELYN B. JUMAO-AS</u> Title or Position <u>Clerk</u> Date <u>March 10, 1997</u>		Signature <u>[Signature]</u> Name in Print <u>EVELYN ALMONTES</u> Title or Position <u>CLERK</u> Date <u>MAR 14 1997</u>	

06602-6G-400LSB-0001-BI001

BEST POSSIBLE IMAGE



T40006602400000101282018001

UL000796960

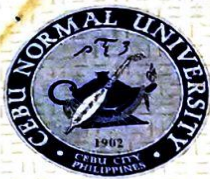
BReN  
02217-A97F90P-6

Documentary  
Stamp Tax Paid

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







**OFFICIAL TRANSCRIPT OF RECORDS**

Student Name : GUDARIDO, CHERRY MAE TORTUGO

Subject Title & No	Description	Grade	Unit
Cebu Normal University, Cebu City			
<u>First Semester 2015-2016</u>			
<b>BACHELOR OF ELEMENTARY EDUCATION - GENERAL EDUCATION (B.E.ED.-GENED)</b>			
Educ 1	Developmental Reading I	2.00	3.0
Eng. 1	Study & Thinking Skills in English	1.50	3.0
Fil. 1	Komunikasyon sa Akademikong Filipino	1.80	3.0
Hum. 2	Fundamentals Of Music	1.60	3.0
Math 1	Basic Math	1.70	3.0
NSTP 1	National Service Training Program	1.30	3.0
Nat. Sci. 1	Physical Science	1.50	3.0
P.E. 1	Physical Fitness Activities	1.70	2.0
SS 1	General Psychology	1.60	3.0
VEPSS 100	Intro. to Axiology	2.00	3.0

Second Semester 2015-2016

<b>BACHELOR OF ELEMENTARY EDUCATION - GENERAL EDUCATION (B.E.ED.-GENED)</b>			
Educ. 2	Child and Adolescent Development	1.60	3.0
Engl 2	Writing in the Discipline	1.90	3.0
Fil 2	Pagbasa at Pagsulat Tungo sa Pananaliksik	2.10	3.0
Hum. 1	Logic	1.70	3.0
ICT	Basic Essential Skills	2.10	3.0
Math 2	Contemporary Mathematics	1.40	3.0
NSTP 2	National Service Training Program	1.10	3.0
Nat. Sci. 2	Biological Science	1.60	3.0
P.E. 2	Rhythms & Dances	1.20	2.0
Sci. 100	Basic Elementary Science w/ Concepts & Astronomy	1.70	3.0
Spanish 1	Español Basico	2.20	3.0

First Semester 2016-2017


<b>BACHELOR OF ELEMENTARY EDUCATION - GENERAL EDUCATION (B.E.ED.-GENED)</b>			
Educ. 3	Ed. Tech. 1 - (Visual Arts)	1.20	3.0
Educ. 4	Facilitating Learning	1.60	3.0
Eng. 3	Speech Communication	1.80	3.0
Fil. 3	Masining Na Pagpapahayag	1.80	3.0
MC 103	Advanced Algebra and Trigonometry	1.80	3.0
MC 104	Introduction to Number Theory	1.40	3.0
P.E. 3	Fundamentals in Games and Sports	1.10	2.0
SS 2	Geography and Current Issues	1.30	3.0
SS 3	Philippine Government & Constitution	1.70	3.0
Spanish 2	Español Intermedio	1.50	3.0

NOTE : This transcript is original if it bears the embossed seal of the university and the ink signature of the Registrar.

NOT VALID WITHOUT  
SEAL

OR No. 343187  
Dated 06-11-2019

user : carbajosam date issued : 06-27-2019 08:58:43pm

  
 DR. FLORDELYNN E. ESCARDA, LLB  
 University Registrar III





**Cebu Normal University**  
 Office of the University Registrar  
 Osmeña Blvd., Cebu City 6000, Philippines  
 Telefax: (032) 254-0067 E Mail: [cnuregistrar@gmail.com](mailto:cnuregistrar@gmail.com)  
 School Code: 0778

Member: Accrediting Agency of Chartered  
 Colleges & Universities of the Philippines  
 Inc. (AACUP)

**OFFICIAL TRANSCRIPT OF RECORDS**

Page : 4

Student Name : GUDARIDO, CHERRY MAE TORTUGO

Subject Title & No	Description	Grade	Unit
Cebu Normal University, Cebu City			
<u>First Semester 2018-2019</u>			
<b>BACHELOR OF ELEMENTARY EDUCATION - GENERAL EDUCATION (B.E.ED.-GENED)</b>			
Educ. 16	Special Topic	1.60	3.0
Educ. 17	Social Dimensions in Education	1.30	3.0
HELE 100	Economics and Livelihood Education	1.40	3.0
Lit. 2	Literatures of the World	1.30	3.0
SC 102	Ecology	1.50	3.0
SC 103	School Health, First Aid and Nutrition	1.40	3.0
SS 5	Life & Works of Rizal	2.10	3.0

Second Semester 2018-2019

<b>BACHELOR OF ELEMENTARY EDUCATION - GENERAL EDUCATION (B.E.ED.-GENED)</b>			
Educ. 18	Student Teaching	1.50	6.0

Weighted Average : 1.6546

**GRADUATED CUM LAUDE**

**BACHELOR OF ELEMENTARY EDUCATION  
 MAJOR IN GENERAL EDUCATION  
 MAY 23, 2019**

Exempted from Special Order, as Mandated by  
 P.D. 944 and Republic Act No. 8688

-o- ENTRIES BELOW THIS LINE ARE CONSIDERED NULL AND VOID -o-

Remark : FOR BOARD EXAMINATION ONLY

NOTE : This transcript is original if it bears the embossed seal of the university and the ink signature of the Registrar.

NOT VALID WITHOUT  
 SEAL

OR No. 343187  
 Dated 06-11-2019

user : carbajosam date issued : 06-27-2019 08:58:43pm

*ffl*  
**DR. FLORDELYNN E. ESCARDA, LLB**  
 University Registrar III *[Signature]*



Republic of the Philippines

# Cebu Normal University

Osmeña Boulevard, 6000 Cebu City, Philippines  
University Charter: Republic Act No. 8688

Accredited State University: Accrediting Agency of Chartered Colleges & Universities  
of the Philippines, Inc. (AACUP)

## Qualifications Statement

TO ALL PERSONS TO WHOM THIS QUALIFICATIONS STATEMENT MAY COME

Be it known that

# CHERRY MAE T. GUDARIDO

STUDENT IDENTIFICATION NUMBER: 15-000678

having satisfactorily completed the prescribed Four-year full-time Program of Instruction using English as medium,  
upon recommendation of the Faculty of Cebu Normal University, duly confirmed by the Board of Regents,  
and by Authority of the Republic of the Philippines,  
is hereby granted the

DEGREE of

## BACHELOR OF ELEMENTARY EDUCATION

Major in GENERAL EDUCATION  
CUM LAUDE

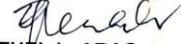
with all the Rights, Honors, and Privileges thereunto appertaining.

In testimony whereof the Seal of the Cebu Normal University  
and the Signatures of the President, the Dean, and the Registrar are hereunto affixed.

Given in Cebu City, Philippines this 23rd day of May, 2019.



  
DR. FLORDELYNN E. ESCARDA, LLB  
University Registrar

  
DR. ETHEL L. ABAO  
College Dean

  
DR. FILOMENA T. DAYAGBIL, CESE  
University President

DATE OF ISSUE: AUGUST 20, 2019

SDF-URO-105-013 -00

Republic of the Philippines  
Department of Justice  
National Bureau of Investigation

33144350

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. G363CCIE79-OU80537	VALID UNTIL June 02, 2024	
FAMILY NAME GUDARIDO	FIRST NAME CHERRY MAE	
MIDDLE NAME TORTUGO	HUSBAND'S SURNAME	SIGNATURE 
ADDRESS FATIMA HOMES VILLAGE PHASE 2 BRGY INAYAWAN CEBU CITY	PLACE OF BIRTH CEBU CITY	
DATE OF BIRTH March 09, 1997	CIVIL STATUS SINGLE	GENDER FEMALE
CITIZENSHIP FILIPINO	PURPOSE MULTI-PURPOSE CLEARANCE	
REMARKS NO RECORD ON FILE		
	ATTY. MEDARDO G. DE LEMOS Director	

Date Printed: Friday, June 02, 2023 11:02 AM

Agency	OU	DATID	jadraqueg
CASID	jadraqueg	BICID	jadraqueg
O.R. No.	MP3JPBJO7K	RECID	
O.R. Date	06/02/2023 10:59:24 AM	INTID	
DST PAID		PRID	jadraqueg

G363CCIE79-OU80537

# RIPPLE KIDS EDUCATIONAL SERVICES, INC

Unit 801, 8<sup>th</sup> Floor, Kepweath Center, Cebu Business Park, Samar Loop, Cebu City 6000 Philippines  
Tel No.: (032) 520-3549

9th Floor One Providence Bldg., Corrales Extension St., Brgy. 23 (Pob), 9000, Cagayan de Oro City (Capital), Misamis Oriental, Philippines  
Tel No.: (+63) 917-800-0879



RIPPLE KIDS  
EDUCATIONAL SERVICES INC.

## CERTIFICATE OF EMPLOYMENT

This is to certify that **MS. CHERRY MAE T. GUDARIDO** had been a regular employee of Ripple Kids Educational Services, Inc. from **JUNE 26, 2019 up to MARCH 12, 2023** as a **Full Time Home Based Online ESL Tutor** under the Operations Department.

This certificate is being issued for whatever legal purpose it may serve her best.

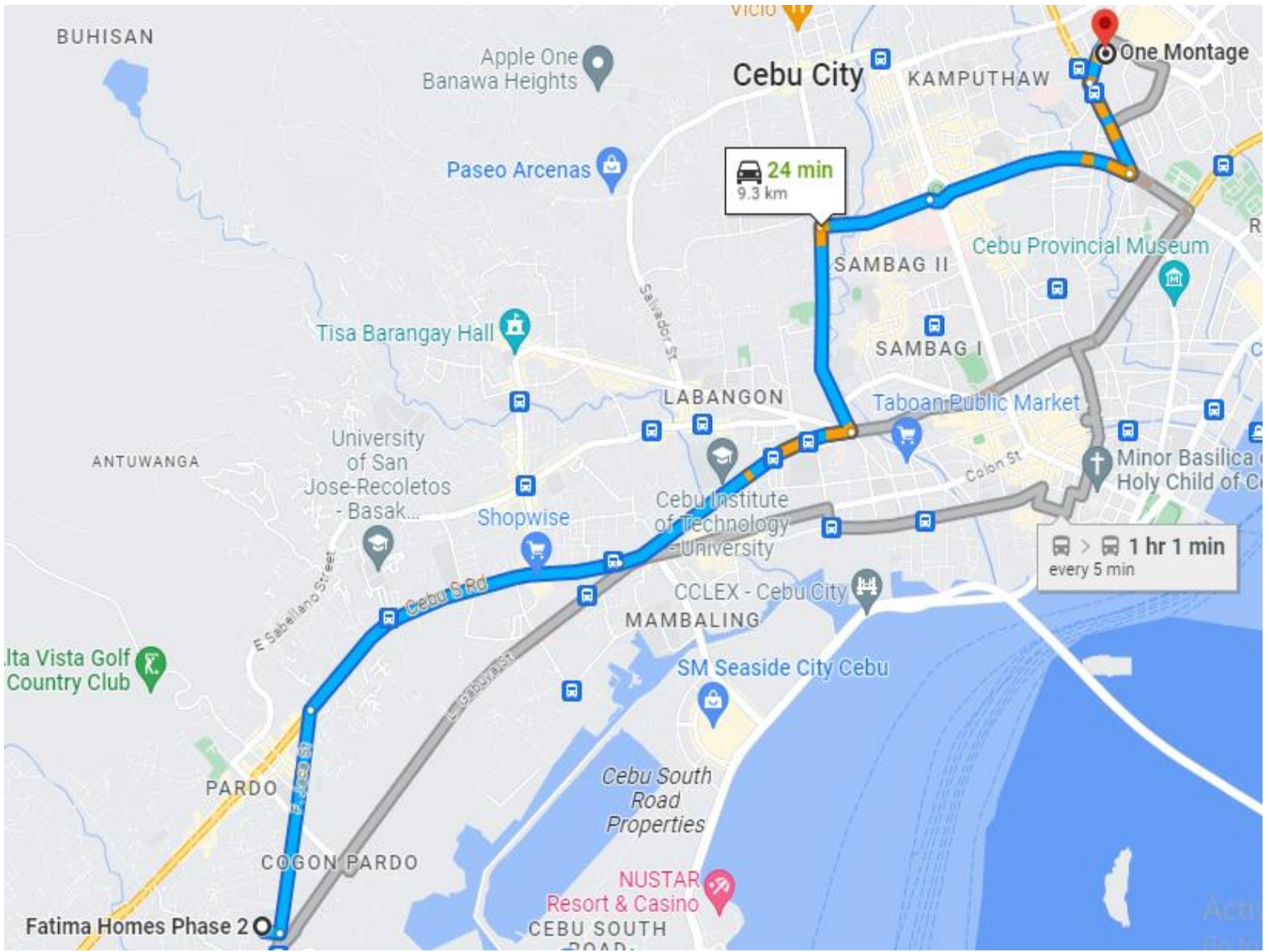
Given this **21st day of March 2023** at RKESI - CEBU Branch, 801, 8<sup>th</sup> Floor, Kepweath Center, Samar Loop, Cebu Business Park, Cebu City, Philippines 6000.

**JILYN G. DESACULA**  
Chief Operating Officer  
Ripple Kids Educational Services, Inc.  
(+63) 917 800 0879  
[jilyn.desacula@ripplekids-edu.ph](mailto:jilyn.desacula@ripplekids-edu.ph)

**GENEVEVE P. BACANG**  
Chief Executive Officer  
Ripple Kids Educational Services, Inc.  
032-5203549  
[geneveve.bacang@ripplekids-edu.ph](mailto:geneveve.bacang@ripplekids-edu.ph)



**Grit. Growth. Gratitude.**  
*"Chances for everyone, everywhere."*





Republic of the Philippines  
**SOCIAL SECURITY SYSTEM  
 PERSONAL RECORD  
 FOR ISSUANCE OF SS NUMBER**

SS NUMBER  
**06-4305791-5**

COV-01214 (09-2015)

**THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT [www.sss.gov.ph](http://www.sss.gov.ph).**

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

**PART I - TO BE FILLED OUT BY THE REGISTRANT**

**A. PERSONAL DATA**

NAME (LAST NAME)		NAME (FIRST NAME)		NAME (MIDDLE NAME)		NAME (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
GUDARIDO		CHERRY MAE		TORTUGO				03 09 1997	
SEX	CIVIL STATUS			TAX IDENTIFICATION NUMBER (IF ANY)					
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others								
NATIONALITY		RELIGION		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE)				(CITY, COUNTRY, if born outside the Philippines)	
FILIPINO		CHRISTIAN		CEBU CITY					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)		(STREET NAME)		(SUBDIVISION)			
INAYAWAN		CEBU CITY		CEBU		PHILIPPINES		FATIMA HOMES VILLAGE PHASE 2	
MOBILE/CELLPHONE NUMBER		E-MAIL ADDRESS		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)					
09239318224		bunchemai97@gmail.com							
FATHER (LAST NAME)		FATHER (FIRST NAME)		FATHER (MIDDLE NAME)		FATHER (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
GUDARIDO		MAXIMINO		WINER					
MOTHER'S MAIDEN NAME (LAST NAME)		MOTHER'S MAIDEN NAME (FIRST NAME)		MOTHER'S MAIDEN NAME (MIDDLE NAME)		MOTHER'S MAIDEN NAME (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
TORTUGO		EVELYN		ALMONTEROS					

**B. DEPENDENT(S)/BENEFICIARY/IES**

Check this box if using additional sheet.

SPOUSE (LAST NAME)		SPOUSE (FIRST NAME)		SPOUSE (MIDDLE NAME)		SPOUSE (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
CHILD/REN (LAST NAME)		CHILD/REN (FIRST NAME)		CHILD/REN (MIDDLE NAME)		CHILD/REN (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
1.									
2.									
3.									
4.									
5.									
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased) (LAST NAME)		OTHER BENEFICIARY/IES (FIRST NAME)		OTHER BENEFICIARY/IES (MIDDLE NAME)		OTHER BENEFICIARY/IES (SUFFIX)		RELATIONSHIP	
1. GUDARIDO		CHARMAINE RICA		TORTUGO				SISTER	
2. GUDARIDO		KRISTINE ZYRA		TORTUGO				SISTER	
								DATE OF BIRTH (MMDDYYYY)	
								01 05 1986	
								03 21 1987	

**C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE**

<b>SELF-EMPLOYED (SE)</b>		<b>OVERSEAS FILIPINO WORKER (OFW)</b>		<b>NON-WORKING SPOUSE (NWS)</b>	
Profession/Business		Foreign Address		SS No./Common Reference No. of Working Spouse	
Year Prof./Business Started		Monthly Earnings		Monthly Income of Working Spouse (P)	
Monthly Earnings		Are you applying for membership in the Flexi-Fund Program?		I agree with my spouse's membership with SSS.	
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE			

**D. CERTIFICATION**

I certify that the information provided in this form are true and correct.  
 (If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

CHERRY MAE GUDARIDO  
 PRINTED NAME

*Cherry Mae Gudarido*  
 SIGNATURE

06/10/19  
 DATE



**PART II - TO BE FILLED OUT BY SSS**

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS)	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE)
	<input type="checkbox"/>		JUDIE ANN C. ENILLAS JUN 20 2015 MSR - SM CITY CEBU SERVICE OFFICE
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	SIGNATURE OVER PRINTED NAME DATE & TIME	SIGNATURE OVER PRINTED NAME DATE & TIME
<input type="checkbox"/>	<input type="checkbox"/>		
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW)	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)	SIGNATURE OVER PRINTED NAME DATE & TIME
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		



# MEMBER'S DATA FORM (MDF)

HQP-PFF-039  
(V09, 06/2022)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121251803857
REGISTRATION TRACKING NUMBER	919161698383

<b>OCCUPATIONAL STATUS</b>		UNEMPLOYED/NOT YET EMPLOYED			
<b>MEMBERSHIP CATEGORY</b>					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	GUDARIDO	CHERRY MAE		TORTUGO	<input type="checkbox"/>
FATHER	GUDARIDO	MAXIMINO		WINER	<input type="checkbox"/>
MOTHER (Maiden Name)	TORTUGO	EVELYN		ALMONTEROS	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	GUDARIDO	CHERRY MAE		TORTUGO	<input type="checkbox"/>
DATE OF BIRTH 03/09/1997		MARITAL STATUS Single/Unmarried		TAXPAYER IDENTIFICATION NUMBER (TIN)	
PLACE OF BIRTH CEBU CITY, CEBU, PHILIPPINES			CITIZENSHIP FILIPINO		SSS NUMBER
SEX FEMALE	HEIGHT(cm.) 0.00	WEIGHT(kg.) 0.00	PROMINENT DISTINGUISHING FACIAL FEATURES		GSIS NUMBER
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER For AFP/PNP Employee, Serial/Badge No. For DepEd Employee, Division Code-Station Code	

ADDRESS AND CONTACT DETAILS					
<b>PERMANENT HOME ADDRESS</b>					<b>COUNTRY + AREA CODE + TELEPHONE NUMBER</b>
Unit/Room No., Floor		Building Name		Home	
Lot No.,	Block No.,	Phase No.	House No	Street Name	Cell Phone +63 (0923) 9318224
Subdivision	Barangay INAYAWAN		Business (Direct Line)		
Municipality/City CEBU CITY	Province/State/Country CEBU, PHILIPPINES		Business (Trunk Line)		
ZIP Code 6000	Email Address				
<b>PRESENT HOME ADDRESS</b>					
Unit/Room No., Floor	Building Name	Lot no.,	Block no.,	Phase No.	
House No	Street Name	Subdivision	Barangay INAYAWAN		
Municipality/City CEBU CITY	Province/State/Country CEBU, PHILIPPINES	ZIP Code 6000			
<b>PREFERRED MAILING ADDRESS</b>		<b>PERMANENT HOME ADDRESS</b>			



BIR Form No.  
**2316**

September 2021(ENCS)

# Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 9/21ENCS

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

1 For the Year (YYYY) **2 0 2 3**

2 For the Period From (MM/DD) **0 1 0 1** To (MM/DD) **0 3 1 2**

### Part I - Employee Information

### Part IV-B Details of Compensation Income & Tax Withheld from Present Employer

3 TIN **7 4 6 - 7 3 9 - 8 1 8**

4 Employee's Name (Last Name, First Name, Middle Name) **GUDARIDO, CHERRY MAE TORTUGO**

5 RDO Code

6 Registered Address **Fatima Homes Village Phase 2, F. Jaca St.,**

6A ZIP Code

6B Local Home Address **Fatima Homes Village Phase 2, F. Jaca St.,**

6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **0 3 0 9 1 9 9 7**

8 Contact Number

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	0.00
30 Holiday Pay (MWE)	0.00
31 Overtime Pay (MWE)	0.00
32 Night Shift Differential (MWE)	0.00
33 Hazard Pay (MWE)	0.00
34 13th Month Pay and Other Benefits (maximum of P90,000)	22,364.71
35 De Minimis Benefits	1,653.29
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	1,880.47
37 Salaries and Other Forms of Compensation	0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	25,898.47

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

11  Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

### Part II - Employer Information (Present)

B. TAXABLE COMPENSATION INCOME REGULAR	Amount
39 Basic Salary	20,073.49
40 Representation	0.00
41 Transportation	0.00
42 Cost of Living Allowance (COLA)	0.00
43 Fixed Housing Allowance	0.00
44 Others (specify)	0.00
44A	0.00
44B	0.00

12 TIN **0 0 9 - 4 6 4 - 0 1 2 - 0 0 0 0 0 0**

13 Employer's Name **Ripple Kids Educational Services, Inc.**

14 Registered Address **8th Floor Keppel Center Unit 801 Samar Loop corner Rosales Avenue Cebu City Philippines**

14A ZIP Code **6 0 1 0 0**

15 Type of Employer  Main Employer  Secondary Employer

### Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address

18A ZIP Code

### Part IVA - Summary

SUPPLEMENTARY	Amount
45 Commission	0.00
46 Profit Sharing	0.00
47 Fees Including Director's Fees	0.00
48 Taxable 13th Month Benefits	0.00
49 Hazard Pay	0.00
50 Overtime Pay	211.14
51 Others (specify)	0.00
51A	0.00
51B	0.00
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	20,284.63

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	46,183.10
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	25,898.47
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	20,284.63
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	20,284.63
24 Tax Due	0.00
25 Amount of Taxes Withheld	0.00
25A Present Employer	0.00
25B Previous Employer, if applicable	0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00
27 5% Tax Credit (PERA Act of 2008)	0.00
28 Total Taxes Withheld (Sum of Items 26 and 27)	0.00

I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/our 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/we give my/our consent to the processing of my/our information as contemplated under the Data Privacy Act of 2012 (RA No. 10173) for legitimate and lawful purposes.

53 **Anna Lurhne B. Sendariego**  
Present Employer/Authorized Agent Signature over Printed Name

CONFORME: 54 **CHERRY MAE F. GUDARIDO**  
Employee Signature over Printed Name

CTC/Valid ID No. of Employee **0643057915** Place of Issue

Date Signed **0 3 3 1 2 0 2 3**

Date Signed

Date Issued

Amount paid, if CTC

### To be accomplished under substituted filing

55 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

56 Employee Signature over Printed Name

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

(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 (I NCS)

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

746 - 739 - 818 - 00000  
New TIN to be issued, if applicable: (To be filled out by BIR)

Fill in all applicable white spaces. Write "NA" for those not applicable. Mark off 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		7 Gender
Last Name GUDARIDO	First Name CHERRY MAE	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Middle Name TORTUGO	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) 03/09/1997	10 Place of Birth CEBU CITY
--	--------------------------------

11 Mother's Maiden Name (First Name, Middle Name, Last Name) EVELYN ALMONTEROS TORTUGO
---

12 Father's Name (First Name, Middle Name, Last Name) MAXIMINO NINER GUDARIDO
--

13 Citizenship	14 Other Citizenship
----------------	----------------------

15 Local Residence Address	
Unit/Room/Floor/Building No.	Building Name/Tower
Lot/Block/Phase/House No.	Street Name
Subdivision/Village/Zona	Barangay

FATIMA HOMES PHASE 2	INAYAWAN
Town/District	Municipality/City
	CEBU CITY

16 Foreign Address	Zip Code 6000
--------------------	------------------

17 Municipality Code (To be filled out by BIR)	18 Tax Type INCOME TAX	19 Form Type BIR Form No. 1700	20 ATC 11011
---	---------------------------	-----------------------------------	-----------------

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	<input type="checkbox"/> Landline No. <input type="checkbox"/> Mobile Number
<input type="checkbox"/> Email Address (required)	

### 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	First Name	
Middle Name	Suffix	00000

26 Spouse Employer's Name (Last Name, First Name, Middle Name, If Individual) (Registered Name, If Non Individual)	27 Spouse Employer's TIN
--	--------------------------



## MEMBER DATA RECORD

### MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **120258262846**  
 Member Category : FORMAL ECONOMY NHTS Coverage :  
 Sub-Category : PRIVATE Effectivity Period :

### GUDARIDO, CHERRY MAE TORTUGO

FATIMA HOMES VILLAGE PHASE 2,  
 INAYAWAN, CEBU CITY, CEBU 6000

Foreign Address : N/A Sex : Female  
 Date of Birth : 03/09/1997  
 Place of Birth : CEBU CITY, CEBU  
 Contact No. (Foreign) : N/A Civil Status : SINGLE  
 (Local) : 09239318224 Tax Identification Number :

### EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : 012000040521  
 Name of Employer/Organized Group : RIPPLE KIDS EDUCATIONAL SERVICES, INC.  
 Business Address : 906 9/F KEPPEL CNTR., SAMAR LOOP COR, TALAMBAN, CEBU CITY, CEBU  
 Telephone Number : 6346469  
 Tax Identification Number : 009464012000

### DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
-----	---------	------------	-------------	-----	----------	---------------

\*\*\* NO DECLARED DEPENDENT/S \*\*\*

\*\*\* NOTHING FOLLOWS \*\*\*

**LOURDES F. DIOCSO**

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 benepisyong, 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.