



Republic of the Philippines
SOCIAL SECURITY SYSTEM
SS NUMBER SLIP

SS Number: 34-9690314-5
ARAÑO, IZZA MAE CAÑEDO
Birthdate: 09/22/2000



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY											
Pag-IBIG MID NUMBER											
1	2	1	2	7	4	3	9	2	9	3	9
REGISTRATION TRACKING NUMBER											
920269772820											

INSTRUCTIONS

1. Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on one single sheet of paper.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. All fields marked with asterisk (*) are mandatory.
4. On the "OCCUPATIONAL STATUS" portion, if without employment or purpose is pre-employment or never been employed, select "UNEMPLOYED/NOT YET EMPLOYED".
5. The "NAME EXTENSION" shall refer to JR., II, III and the like.
6. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
7. On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
8. On the "HEIRS" portion, the provision on the Laws on Succession, as provided in the New Civil Code of the Philippines, as amended by the New Family Code, shall be observed.
9. For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCIF, HQP-PFF-049) and submit to any Pag-IBIG Branch nearest you.

*OCCUPATIONAL STATUS		<input type="checkbox"/> EMPLOYED		<input checked="" type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED	
*MEMBERSHIP CATEGORY					
MANDATORY			VOLUNTARY		
<input type="checkbox"/> EMPLOYED PRIVATE		<input checked="" type="checkbox"/> SELF-EMPLOYED (SE)		<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT	
<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER		<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)		<input type="checkbox"/> JOB ORDER PERSONNEL		<input type="checkbox"/> NON-WORKING SPOUSE	
		<input type="checkbox"/> OTHER EARNING GROUPS (OEGs)		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP	
				<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	
				<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION	
				<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT	
				<input type="checkbox"/> OTHERS, <i>Please specify</i>	
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION <i>(e.g. Jr., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>
*MEMBER	ARAÑO	IZZA MAE		CAÑEDO	<input type="checkbox"/>
FATHER	ARAÑO	GRACIANO		ALUM	<input type="checkbox"/>
*MOTHER <i>(Maiden Name)</i>	CAÑEDO	NARCISA		ALFEREZ	<input type="checkbox"/>
*SPOUSE <i>(If Married)</i>					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ARAÑO	IZZA MAE		CAÑEDO	<input type="checkbox"/>
*DATE OF BIRTH	*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
0 9 2 2 0 0 0	<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input checked="" type="checkbox"/> Married <input type="checkbox"/> Legally Separated		[] [] [] [] [] [] [] [] [] [] [] []		
*PLACE OF BIRTH <i>(City/Municipality/Province/Country)</i> <i>(Please indicate country if born outside the Philippines)</i>	*CITIZENSHIP		SSS/GSIS NUMBER		
LAPU-LAPU CITY (OPON), CEBU	FILIPINO		3 4 9 6 9 0 3 1 4 5		
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	HEIGHT 149 (cm)	WEIGHT 41 (kg)	EMPLOYEE NUMBER		
			[] [] [] [] [] [] [] [] [] [] [] []		
COMMON REFERENCE NUMBER (CRN) <i>(If Available)</i>		PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>		For AFP/PNP Employee, Serial/Badge No.	
[] [] [] [] [] [] [] [] [] [] [] []		BIRTHMARK ON THE LEFT CHEEK		[] [] [] [] [] [] [] [] [] [] [] []	
		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <i>(If payment of MS is not thru payroll deduction)</i>		For DepEd Employee, Division Code-Station Code	
		<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Annually		[] [] [] [] [] [] [] [] [] [] [] []	
ADDRESS AND CONTACT DETAILS					
*PERMANENT HOME ADDRESS					(Indicate country code if abroad)
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	COUNTRY + AREA CODE TELEPHONE NUMBER
				SITIO GUISI	Home
Subdivision	Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>	ZIP Code	Cell Phone
	AGUS	LAPU-LAPU	CEBU	6015	0908 4504182
*PRESENT HOME ADDRESS					Business (Direct Line)
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Business (Trunk Line) Local
				SITIO GUISI	
Subdivision	Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>	ZIP Code	Email Address
	AGUS	LAPU-LAPU	CEBU	6015	aranolzamae@gmail.com
*PREFERRED MAILING ADDRESS					
<input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					


PRESENT EMPLOYMENT DETAILS			
OCCUPATION	EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contractual <input type="checkbox"/> Project-based <input type="checkbox"/> Part-time/ <input type="checkbox"/> Temporary	TYPE OF WORK (For OFW only) (Pls. specify country of assignment) <input type="checkbox"/> Land-based _____ <input type="checkbox"/> Sea-based _____	
EMPLOYER/BUSINESS NAME (For Formally Employed, OFW and Self-employed Professional/Business Owner)		MONTHLY INCOME Basic _____ + _____ Allowances/Others _____ = _____ Total Mo. Income _____	
EMPLOYER/BUSINESS ADDRESS (For Formally Employed, OFW and Self-employed Professional/Business Owner) Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No.		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
Street Name	Subdivision	Barangay	DATE EMPLOYED (Month, Year)
Municipality/City	Province	State/Country (If abroad)	ZIP Code

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP			
EMPLOYER/BUSINESS NAME CONCENTRIX	EMPLOYER/BUSINESS ADDRESS THE MACTAN NEWTOWN LAPU-LAPU CITY CEBU PHILIPPINES 6015	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input checked="" type="checkbox"/> Branch _____	MACTAN
EMPLOYER/BUSINESS NAME	EMPLOYER/BUSINESS ADDRESS	FROM	TO
		0 9 2 0 2 0	
		m m y y y y	m m y y y y
EMPLOYER/BUSINESS NAME	EMPLOYER/BUSINESS ADDRESS	FROM	TO
		m m y y y y	m m y y y y
EMPLOYER/BUSINESS NAME	EMPLOYER/BUSINESS ADDRESS	FROM	TO
		m m y y y y	m m y y y y

HEIRS						
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable)	RELATIONSHIP	DATE OF BIRTH
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y
			At:	<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

IZZA MAE ARANA 09/25/2020
 SIGNATURE OF MEMBER .DATE

FOR Pag-IBIG FUND USE ONLY		
RECEIVED BY	DATE	
 Signature over Printed Name _____ Designation/Position _____ Branch/Unit _____		

DISCLAIMER
 Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various loan programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.



Form No. 102
January 1993

(To be accomplished in quadruplicate)

(Copy for OCRG)

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

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 6b and 19a.)

Province <u>Cebu</u>		Registry No. <u>SRN-809</u>	
City/Municipality <u>Sibonga</u>			
1. NAME (First) (Middle) (Last) <u>Isza Mae Cañedo Araño</u>		For OCHG use only Population Reference No. <u>2941.100/1101.6</u>	
2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>22nd Sept. 2000</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Bagacay Sibonga Cebu</u>			
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify	
c. BIRTH ORDER (five births and fetal deaths including this delivery) <u>2nd</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3084</u> grams	
6. MAIDEN NAME (First) (Middle) (Last) <u>Narcisa Alvarez Cañedo</u>		41 <u>8200080</u>	
7. CITIZENSHIP <u>Filipino</u>		42 <input type="checkbox"/>	
8. RELIGION <u>Roman Catholic</u>		43 <input type="checkbox"/>	
9a. Total number of children born alive: <u>2</u>		44 <u>220920</u>	
b. No. of children still living including this birth: <u>2</u>		45 <u>294167</u>	
c. No. of children born alive but are now dead: <u>0</u>		46 <input type="checkbox"/>	
10. OCCUPATION <u>Housekeeper</u>		47 <input type="checkbox"/>	
11. Age at the time of this birth: <u>34</u> years		48 <input type="checkbox"/>	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Bagacay Sibonga Cebu</u>		49 <u>023054</u>	
13. NAME (First) (Middle) (Last) <u>Graciano Alum Araño</u>		50 <input type="checkbox"/>	
14. CITIZENSHIP <u>Filipino</u>		51 <input type="checkbox"/>	
15. RELIGION <u>Roman Catholic</u>		52 <input type="checkbox"/>	
16. OCCUPATION <u>Contractor</u>		53 <u>022209</u>	
17. Age at the time of this birth: <u>30</u> years		54 <input type="checkbox"/>	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>September 6, 1997 Sibonga, Cebu</u>			
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>7:05 pm</u> o'clock am/pm on the date stated above.			
Signature <u>Dioscora R. Carpentero</u>		Address <u>Candaguit, Sibonga, Cebu</u>	
Name in Print <u>Dioscora R. Carpentero</u>		Date <u>September 22, 2000</u>	
Title or Position <u>Rural Health Midwife</u>		55 <u>023054</u>	
20. INFORMANT			
Signature <u>Narcisa C. Araño</u>		Address <u>Bagacay, Sibonga, Cebu</u>	
Name in Print <u>Narcisa C. Araño</u>		Date <u>September 25, 2000</u>	
Relationship to the child <u>Mother</u>		56 <u>X2039</u>	
21. PREPARED BY			
Signature <u>Dioscora R. Carpentero</u>		Signature <u>Bernardo R. Mendez</u>	
Name in Print <u>Dioscora R. Carpentero</u>		Name in Print <u>Bernardo R. Mendez</u>	
Title or Position <u>RHM</u>		Title or Position <u>LCR</u>	
Date <u>September 25, 2000</u>		Date <u>September 25, 2000</u>	
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR <u>[Signature]</u>			
57 <input type="checkbox"/>			
58 <input type="checkbox"/>			
59 <input type="checkbox"/>			

04125-7B-400ADT-00555-BI002

BEST POSSIBLE IMAGE



T400041254000055504182011002

7630003923

BReN
02246-B00TN01-0

Documentary
Stamp Tax Paid

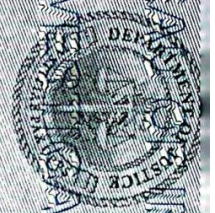
Carmelita N. Ericta
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office





Location: Sitio Guisi, Ibabao, Agus, Lapu-Lapu City

Landmark: Infront of KB Homes and near Living Light Christian Ministries



INVESTIGATION NATIONAL BUREAU OF INVESTIGATION
Republic of the Philippines
Department of Justice
National Bureau of Investigation



1331270480NF

These records certify that the person whose name, picture, signature and thumbprint appearing below is eligible for NBI Clearance and the results is as follows:
 Valid until: **June 06, 2024**
 Valid until: **June 06, 2024**
 Valid until: **June 06, 2024**

FAMILY NAME
ARRANON
MIDDLE NAME
CANEDO
Address
AGUS LAPU LAPU CITY CEBU

FIRSTNAME
LIZZA MAE
HUSBAND'S SURNAME

DATE OF BIRTH
September 22, 2000
CITIZENSHIP
FILIPINO

PLACE OF BIRTH
SIBONGA CEBU
CIVIL STATUS
SINGLE



GENDER
FEMALE

SIGNATURE
[Signature]

PURPOSE
MULTI-PURPOSE CLEARANCE

PERSONAL COPY

REMARKS
NO RECORD ON FILE
NATIONAL BUREAU OF INVESTIGATION NA

INVESTIGATION NA



AGS01VE00-CM3181839

ATTY. MEDARDO G. DE LEMOS
Director

Agency CM
CASID tulang
O.R. No. 7FCAUKV3
O.R. Date 06/08/2023 9:15:45 am
PSI PAID
INTID
REC'D tulang

Date Printed: Tuesday, 6 June 2023 09:17 am



NATIONAL BUREAU OF INVESTIGATION NATIONAL BUREAU OF INVESTIGATION NATIONAL BUREAU OF INVESTIGATION

UNIVERSITY OF SAN CARLOS - CAGAYAN
A.C. Cortes Ave. Mandana City
College Department
Informative Transcript of Grades

ID Number: 1907375R NAME: ARAÑO, TREA MAR C

COURSE NO.	DESCRIPTIVE TITLE	FINAL	RE-EXAM	CRED
BSBAHRDM H 1 1st Semester SY 2019-2020				
ENGL 100	COMMUNICATION ARTS	1.2		3
FIL 101	SINING NG KOMUNIKASYON	1.1		3
MATH 100	COLLEGE MATHEMATICS	2.3		3
PSYCH 101	UNDERSTANDING THE SELF	1.0		3
HIST 101	READINGS IN PHILIPPINE HISTORY	1.1		3
BA 111	FUNDAMENTALS OF MANAGEMENT	1.6		3
ACCTG 111	FUNDAMENTALS OF ACCOUNTING	1.2		3
ENTREP 100	ENTREPRENEURSHIP	1.1		3
PE 101	MOVEMENT ENHANCEMENT	1.0		2
NSTP 101	NATIONAL SERVICE TRAINING PROGRAM 1	1.0		3
GPA for this Term : 1.269				
BSBAHRDM H 1 2nd Semester SY 2019-2020				
STS 101	SCIENCE, TECHNOLOGY AND SOCIETY	1.7		3
MATH 101	MATHEMATICS IN THE MODERN WORLD	1.3		3
HUM 101	ART APPRECIATION	1.2		3
LIT 11	LITERATURE OF THE WORLD	1.6		3
ECOM 121	MICROECONOMICS	1.1		3
ACCTG 111B	FUNDAMENTALS OF ACCOUNTING 2	1.5		3
FIN 121	BASIC FINANCE WITH MATHEMATICS OF INVESTMENT	1.3		3
MKTG 121	FUNDAMENTALS OF MARKETING	1.5		3
PE 102	FITNESS EXERCISES	1.1		2
NSTP 102	NATIONAL SERVICE TRAINING PROGRAM 2	1.0		3
GPA for this Term : 1.338				
BSBAHRDM H 2 1st Semester SY 2020-2021				
ACCTG 213	FINANCIAL ACCOUNTING AND REPORTING PART 1	1.5		3
ECOM 122	MACROECONOMICS	1.4		3
ENGL 101	PURPOSIVE COMMUNICATION	1.4		3
FIN 212	PERSONAL FINANCE	1.1		3
HUM 103	INDIGENOUS CREATIVE CRAFTS	1.3		3
LAW 121	LAW ON OBLIGATIONS AND CONTRACTS	1.1		3
RIZAL 101	LIFE AND WORKS OF DR. JOSE RIZAL	1.5		3
PE 103	PHYSICAL ACTIVITY TOWARDS HEALTH AND FITNESS I	1.0		2
GPA for this Term : 1.300				
BSBAHRDM H 2 2nd Semester SY 2020-2021				
ENTR 101	ENTRIES	1.4		3
BA 223	ENTREPRENEURIAL MANAGEMENT	1.8		3
BA 224	GOOD GOVERNANCE AND SOCIAL RESPONSIBILITY	1.5		3
ACCTG 224	FINANCIAL ACCOUNTING AND REPORTING PART 2	2.1		3
BA 225	HUMAN RESOURCE MANAGEMENT	1.2		3
SOCIO 101	THE CONTEMPORARY WORLD	1.1		3
PE 104	PHYSICAL ACTIVITY TOWARDS HEALTH & FITNESS II	1.0		2
GPA for this Term : 1.435				

-----MORE ENTRIES NEXT PAGE-----



UNIVERSITY OF THE STATE OF NEW YORK
A.C. Cortes Ave. Manlius City
College Department
Informative Transcript of Grades

TD Number: 1907375R NAME: ARANO, TRESA MAE C

COURSE NO.		DESCRIPTIVE TITLE	FINAL	RE-EXAM	CREDI
BSBAHRDM H 3 1st Semester SY 2021-2022					
ACCTG 311	L	COMPUTERIZED BOOKKEEPING	1.7		1
BA 315		IT APPLICATIONS TOOLS IN BUSINESS	1.0		2
HRM 311		HUMAN RESOURCE INFORMATION SYSTEM	1.2		3
BA 316		STRATEGIC MANAGEMENT	1.3		3
HRM 312		RECRUITMENT AND SELECTION	1.9		3
HRM 313		TRAINING AND DEVELOPMENT	1.1		3
HRM 310		ADMINISTRATIVE AND OFFICE MANAGEMENT	1.6		3
TAX 311		INCOME TAXATION	1.5		3
BA 315	L	IT APPLICATIONS TOOLS IN BUSINESS	1.0		1
GPA for this Term : 1.318					
BSBAHRDM H 3 2nd Semester SY 2021-2022					
BA 328		OPERATIONS MANAGEMENT AND TQM	1.6		3
BA 329	L	SAP-BUSINESS ONE	2.1		1
FL 302		FOREIGN LANGUAGE 1	1.8		3
HRM 324		COMPENSATION ADMINISTRATION	1.4		3
HRM 325		ORGANIZATIONAL DEVELOPMENT	1.1		3
LAW 325		LABOR LAW AND LEGISLATIONS	1.0		3
OM 314		LOGISTICS MANAGEMENT	1.4		3
TAX 321		BUSINESS TAXATION	2.6		3
GPA for this Term : 1.582					
BSBAHRDM H 4 1st Semester SY 2022-2023					
BA 410		BUSINESS RESEARCH	1.8		3
BA 411	L	ANALYTICS-DASHBOARD	1.2		1
FL 401		FOREIGN LANGUAGE 2	1.1		3
FM 420		INTERNATIONAL TRADE AND AGREEMENTS	1.4		3
HRM 411		LABOR RELATIONS AND NEGOTIATIONS	1.5		3
OM 324		ENVIRONMENTAL MANAGEMENT SYSTEM	1.2		3
OM 411		PROJECT MANAGEMENT	1.5		3
GPA for this Term : 1.405					
BSBAHRDM H 4 2nd Semester SY 2022-2023					
BA 422		PRACTICUM (600 HOURS)	NG		6
BA 421		FEASIBILITY STUDY	1.5		3
GPA for this Term : 3.833					
GPA Average : 1.685					
Graduating GPA : 1.499					
-----NOTHING FOLLOWS-----					



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Corporate Action Center Hotline - (02) 441-7442

www.philhealth.gov.ph



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **12-251428143-0** PhilSys Number :
Member Category : FORMAL ECONOMY - PRIVATE -
Sub-Category : PERMANENT/REGULAR NHTS Coverage : N/A
Validity Period : N/A - N/A

ARAÑO, IZZA MAE CAÑEDO

SITIO GUISI AGUS, LAPU-LAPU CITY (OPON) CEBU

Foreign Address : N/A Sex : FEMALE
Date of Birth : 09/22/2000
Place of Birth : SIBONGA, CEBU
Contact No. (Foreign) : N/A Civil Status : SINGLE
(Local) : N/A Tax Identification Number :

ENTITY INFORMATION

PhilHealth Number (PEN/POGN) : 210276000370
Name of Employer/Organized Group : SYKES ASIA INC
Business Address : 10 FLR GLORIETTA 1 BPO OFFICE TOWER AYALA CENTER, SAN LORENZO, MAKATI CITY FOURTH DIST.
Telephone Number : 8178781 Employment Status : EMPLOYED
Tax Identification Number : 005057181041 Date : 09/13/2021

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** NOTHING FOLLOWS ***

MARJORIE A. CABRIETO
REGIONAL VICE PRESIDENT
PRO - VII Cebu City

Paalala: Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang 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 MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a Member Portal System generated report. Signature is not required.

Jun 06, 2023 05:25 PM

July 19, 2022

CERTIFICATE OF EMPLOYMENT

To Whom It May Concern:

This is to certify that **Ms. Araño, Izza Mae C.** was an employee of Teleperformance Philippines (Telephilippines, Inc.) from **February 2, 2022** to **March 22, 2022**. She was designated as **Customer Service Representative**.

This Certification is being issued upon the request of **Ms. Araño** for **Reference** purposes only.


April Mae Villondo

Human Resources Associate

Teleperformance - Cebu

BIR Form No.
2316

**Certificate of Compensation
Payment/Tax Withheld**



For Compensation Payment With or Without Tax Withheld

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

1 For the Year (YYYY) 2 0 2 2		2 For the Period From (MMDD) 0 2 0 2 To (MMDD) 0 3 2 2	
Part I - Employee Information			
3 TIN 3 8 0 - 9 2 9 - 1 1 7 -		4 Employee's Name (Last Name, First Name, Middle Name) ARANO, IZZA MAE CANEDO	
5 Registered Address		6 HMO Code 0 4 3	
6 Registered Address		7A ZIP Code	
8 Local Home Address		7B ZIP Code	
9 Foreign Address		8 Date of Birth (MMDDYYYY) 0 9 2 2 2 0 0 0	
7 Date of Birth (MMDDYYYY)		9 Contact Number	
9 Statutory Minimum Wage rate per day 404.00		10 Statutory Minimum Wage rate per month	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		12 TIN 0 0 4 - 6 3 9 - 7 4 4 - 0 0 0 -	
Part II - Employer Information (Present)			
13 Employer's Name TELEPHILIPPINES, INC		14 Registered Address 2ND FLOOR, EDGA CORPWR LIMITED STREET, GREENFIELD DISTRICT, Mandaluyong City	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		16A ZIP Code 0 0 0 0	
Part III - Employer Information (Previous)			
16 TIN		17 Employer's Name	
18 Registered Address		16A ZIP Code	
Part IVA - Summary			
19 Gross Compensation Income from Present Employer (Sum of items 29 and 30)	35,610.68	29 Basic Salary (including the exempt P90,000 & below or the Statutory Minimum Wage of the MWE)	0.00
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 29)	3,752.75	30 Holiday Pay (MWE)	0.00
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From item 20)	31,857.91	31 Overtime Pay (MWE)	0.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00	32 Night Shift Differential (MWE)	0.00
23 Gross Taxable Compensation Income (Sum of items 21 and 22)	31,857.91	33 Hazard Pay (MWE)	0.00
24 Tax Due	0.00	34 13th Month Pay and Other Benefits (maximum of P90,000)	1,842.75
25 Amount of Taxes Withheld 25A Present Employer	0.00	35 De Minimis Benefits	0.00
25B Previous Employer, if applicable	0.00	36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	1,910.00
26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B)	0.00	37 Salaries and Other Forms of Compensation	0.00
27 5% Tax Credit (PCRA Act of 2008)	0.00	38 Total Non-Taxable/Exempt Compensation Income (Sum of items 29 to 37)	3,752.75
28 Total Taxes Withheld (Item 26 less item 27)	0.00	Part V - Compensation Income Regular	
		39 Basic Salary	20,202.94
		40 Representation	0.00
		41 Transportation	0.00
		42 Cost of Living Allowance (COLA)	0.00
		43 Food/Housing Allowance	0.00
		44 Others specify: 44A Allowances	9,582.27
		44B	0.00
		SUPPLEMENTARY	
		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	2,072.70
		51 Others specify: 51A	0.00
		51B	0.00
		52 Total Taxable Compensation Income (Sum of items 39 to 51B)	31,857.91

I/We declare, under the penalties of perjury that the information 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 (D.P.A. No. 10173) for legitimate and lawful purposes.

53 <i>[Signature]</i> Present Employer Authorized Agent Signature over Printed Name	Date Signed 0 1 3 1 2 0 2 3
54 IZZA MAE CANEDO ARANO Employee Signature over Printed Name	Date Signed
CTC/Vote ID No. of Employee	Place of Issue
Date Issued	Amount paid, if CTC

To be accomplished under substituted filing

I declare, under the penalties of perjury that the information herein stated and reported under BIR Form No. 1564-C which has been filed with the Bureau of Internal Revenue.

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

56 **IZZA MAE CANEDO ARANO**
Employee Signature over Printed Name