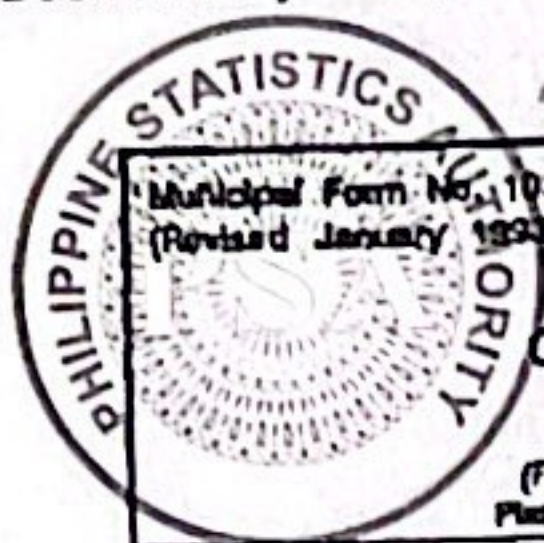


Documentary Stamp Tax Paid

BRen 000204-B00VJ03-1

(Copy for OCFR)



(To be accomplished in quadruplicate)

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, 5b and 10a.)

Provincia Agusan del Norte Registry No. 2000-806
City/Municipality Carmen

CHILD	1. NAME (First) (Middle) (Last) <u>GLYDE TORREON</u>		
	2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>18 October 2000</u>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Tagcatong, Carmen, Agusan del Norte</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>1st</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3175</u> grams	
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>MARINEL GUMADLAS TORREON</u>		
	7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>R. Catholic</u>
	9a. Total number of children born alive: <u>01</u>	b. No. of children still living including this birth: <u>01</u>	c. No. of children born alive but are now dead: <u>0</u>
	10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>17</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Tagcatong, Carmen, Agusan del Norte</u>			
FATHER	13. NAME (First) (Middle) (Last) <u>UNKNOWN</u>		
	14. CITIZENSHIP <u>N/A</u>		15. RELIGION <u>N/A</u>
	16. OCCUPATION <u>N/A</u>		17. Age at the time of this birth: <u>N/A</u> years
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>Illegitimate</u>		
19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (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>5:45</u> o'clock am/pm on the date stated above.			
Signature <u>[Signature]</u> Name in Print <u>MARILINDA G. EBARLE</u> Title or Position <u>RBU Midwife</u>		Address <u>Tagcatong, Carmen, Agusan del Norte</u> Date <u>October 18-2000</u>	
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>MARILINDA G. EBARLE</u> Relationship to the child <u>None</u>		Address <u>Tagcatong, Carmen, Agusan del Norte</u> Date <u>October 18-2000</u>	
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>DAMIANO P. DOLOQUIN JR</u> Title or Position <u>MCP Clerk</u> Date <u>October 18-2000</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>ANITA L. ESPERANZA</u> Title or Position <u>MUNICIPAL REGISTRAR</u> Date <u>October 18-2000</u>	

LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS ALDI A. ESPERANZA AND MARINEL G. TORREON ON SEPTEMBER 08, 2003 AT CARMEN, AGUSAN DEL NORTE UNDER REGISTRY NUMBER 2012-568. THE CHILD SHALL BE KNOWN AS: GLYDE TORREON ESPERANZA

SID: B9EC09B314B35490669EFC4475A7238FB6A43920

MS. EDITH R. ORCILLA
Chief, Document Management Division
11/05/2012 01:33:41 PM

1820

08584-53-702AAB-00108-B1001
BEST POSSIBLE IMAGE

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CSM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority



Application for Registration

628 731 766 00000
TIN to be issued (To be filled out by BIR)

Taxpayer and Person Registering under E.O. 98
(Securing a TIN to be able to transact with any government office) and Others

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

1 Date of Registration (MM/DD/YYYY) JUN 23 2023	2 PhilSys Card Number (PCN) (If Applicable)	3 RDO Code (To be filled out by BIR) 181
--	---	---

Part I - Taxpayer Information

4 Taxpayer Type

<input type="checkbox"/> E.O. 98 (Filipino Citizen)	<input type="checkbox"/> One-Time Transaction - Foreign National
<input type="checkbox"/> E.O. 98 (Foreign National)	<input type="checkbox"/> Passive Income Earner Only
<input type="checkbox"/> One-Time Transaction - Filipino Citizen	<input type="checkbox"/> Estate (Non-Business)

5 Foreign TIN (If any)	6 Country of Residence, if applicable
------------------------	---------------------------------------

7 Taxpayer's Name

7A (If Individual) (Last Name) (First Name) (Middle Name) (Suffix) (Nickname)
 ESPERANZA GUYDE TORREON

7B (If Non-Individual) (Registered Name)

7C (If ESTATE, ESTATE of (First Name, Middle Name, Last Name, Suffix) (If TRUST, FAO: (First Name, Middle Name, Last Name, Suffix))

8 Date of Birth/Organization (MM/DD/YYYY) 10182000	9 Place of Birth TAGCATONG CARMEN, ADN
---	---

10 Local Residence Address

Unit/Room/Floor/Building No.	Building Name/Tower	Lot/Block/Phase/House No.	Street Name
Subdivision/Village/Zone	Barangay	Town/District	
Municipality/City CARMEN	Province AGUSAN DEL NORTE	ZIP Code	

11 Principal Foreign Address, if applicable (Indicate complete foreign address)	12 Municipality Code (To be filled out by BIR)
---	--

13 Date of Arrival in the Philippines (MM/DD/YYYY)	14 Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	15 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated
--	---	---

16 Spouse TIN	17 Spouse Name (Last Name, First Name, Middle Name, Suffix)
---------------	---

18 Contact Number (Landline/Mobile No.) 09103964923	19 Official Email Address guyde.esperanza1018@gmail.com
--	--

20 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix) Marina Gumadlas Torreon	21 Father's Name (First Name, Middle Name, Last Name, Suffix) Aldi Aparicio Esperanza
---	--

22 Identification Details (government issued ID (e.g., passport, driver's license, etc.), company ID, etc.)			
Type	Number	Effectivity Date (MM/DD/YYYY)	Expiry Date (MM/DD/YYYY)

Part II - Transaction Details

23 Purpose of TIN Application

<input type="checkbox"/> A Dealings with Banks	<input type="checkbox"/> B Dealings with Government Agencies	<input type="checkbox"/> C Tax Treaty Relief	<input type="checkbox"/> D Sale, Assignment and/or Disposal of Shares of Stock
<input type="checkbox"/> E Sale, Assignment and/or Disposal of Real Property/ies classified as Capital Asset	<input type="checkbox"/> F Sale, Assignment and/or Disposal of Real Property/ies classified as Ordinary Asset	<input type="checkbox"/> G Donation of Property/ies	<input type="checkbox"/> H Transfer of Property/ies by Succession (Death)
<input type="checkbox"/> I First Time Job Seeker	<input type="checkbox"/> J Others (specify)		

Part III - Withholding Agent/Accredited Tax Agent Information

24 Taxpayer Identification Number (TIN)	25 RDO Code
---	-------------

26 Withholding Agent/Accredited Tax Agent's Name (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual, Registered Name) (if different from taxpayer)

27 Registered Address (Sub-street, Building/Street, Barangay, City/Municipality, Province)

28 Contact Number (Landline/Mobile No.)	29 Official Email Address	27A ZIP Code
---	---------------------------	--------------

30 Declaration

I declare, under the penalties of perjury, that this application 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. 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.

GUYDE ESPERANZA
TAXPAYER/AUTHORIZED REPRESENTATIVE
(Signature over Printed Name)

Stamp of BIR Receiving Office and Date of Receipt
JUN 23 2023

Title/Position of Signatory

Note: The BIR Data Privacy Policy is in the BIR website (www.bir.gov.ph)



Republic of the Philippines SOCIAL SECURITY SYSTEM MEMBER DATA CHANGE REQUEST

COV.01215 (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.

PLEASE READ THE INSTRUCTIONS 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 MEMBER

A. PERSONAL DATA

SS NUMBER 01831839990	COMMON REFERENCE NUMBER (IF ANY)	DATE OF BIRTH (MMDDYYYY) 10/18/2000	TAX IDENTIFICATION NUMBER (IF ANY) 628731766
NAME (LAST NAME) ESPERANZA	(FIRST NAME) GLYDE	(MIDDLE NAME) TORREON	(SUFFIX)
ADDRESS (RM/FLR/UNIT NO. & BLDG. NAME) DISTRICT MALUNGGAH, TAGCATONG		(HOUSE/LOT & BLK NO.) CARMEN	(STREET NAME) AGUSAN DEL NORTE 8003
(CITY/MUNICIPALITY) CARMEN	(PROVINCE) AGUSAN DEL NORTE	ZIP CODE 8003	
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER 09103964723	E-MAIL ADDRESS glydeesperanza1018@gmail.com	
FOREIGN ADDRESS (IF APPLICABLE)		COUNTRY	ZIP CODE

B. DATA CHANGE/CORRECTION/UPDATING

A. CHANGE OF MEMBERSHIP TYPE

FROM

- Employed
- Voluntary
- Overseas Filipino Worker
- Non-Working Spouse (NWS)
- Prior Registrant

(A person who registered with the SSS for the first time as a prospective employee.)

TO

- Self-Employed *(Please fill-out the details below.)*

Profession/Business _____

Year Profession/Business Started _____

Monthly Earnings (P) _____

TO (Option for Prior Registrant Only)

- Non-Working Spouse *(Please fill-out the details below.)*

SS No./CRN of Working Spouse _____

Monthly Income of Working Spouse (P) _____

I AGREE WITH MY SPOUSE'S MEMBERSHIP WITH SSS

SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE

FROM

TO

B. CORRECTION OF NAME

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

T.

TORREON

C. CORRECTION OF DATE OF BIRTH

D. CORRECTION OF SEX

E. CHANGE OF CIVIL STATUS

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

- Single to Married
- Married to Legally Separated
- Married to Widowed
- Reversion from Married to Single

F. UPDATING OF CONTACT INFORMATION

- Address
- Telephone Number
- E-mail Address
- Mobile/Cellphone Number

G. UPDATING OF BANK INFORMATION

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

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

BIRTH CERTIFICATE

I. 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 (MMDDYYYY)	<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
1						
2						
3						

C. CERTIFICATION

NUMBER

01819118399710

I certify that the information provided in this form are true and correct

GAUDE T. ESPERANZA
PRINTED NAME

[Signature]
SIGNATURE

July 12, 2023
DATE

If member cannot sign, affix fingerprints (please see Instruction no. 5)
Below are the witnesses to fingerprinting:

1) PRINTED NAME SIGNATURE DATE
ADDRESS & CONTACT NUMBER

2) PRINTED NAME SIGNATURE DATE
ADDRESS & CONTACT NUMBER

RIGHT THUMB

RIGHT INDEX

PART II - TO BE FILLED OUT BY SSS

For Change of Membership Type to Self-Employed

Business Code _____
Approved MSC _____
Start of Payment _____
Monthly SS Contribution (P) _____

For Change of Membership Type to Non-Working Spouse

Working Spouse's MSC _____
Approved MSC of NWS _____
Start of Payment _____
Monthly SS Contribution (P) _____

RECEIVED BY: *[Signature]*
DATE & TIME: JUL 12 2023 11:07
BRANCH: _____

PROCESSED BY: *[Signature]*
DATE & TIME: JUL 12 2023
BRANCH: _____

ENCODER BY: *[Signature]*
DATE & TIME: JUL 12 2023
BRANCH: _____

REVIEWED BY: _____
DATE & TIME: _____

APPROVED BY: _____
DATE & TIME: _____

INSTRUCTIONS

- Fill out this form in two (2) copies and submit to the nearest SSS branch office together with the required documents. Refer to the attached "List of Documentary Requirements for Member Data Change Request"
- Always indicate "N/A" or "Not Applicable", if the required data is not applicable
- Present original copy and submit photocopy/ies of the following identification (ID) card/s in filing this form.
 - Filed by member
 - Social Security (SS) card or Unified Multi-Purpose ID (UMID) card or two (2) ID cards both with signature and one (1) with photo
 - Filed by employer or company representative or household employer
 - SS card or UMID card or two (2) ID cards of the member, both with signature and one (1) with photo; and
 - Additional ID card/s per type of filer
 - Company ID of the employer-filer, with signature and photo, if filed by employer
 - Specimen Signature Card (SS Form L-501) of the company representative, if filed by company representative
 - Two (2) ID cards of the household employer-filer, both with signature and one (1) with photo, if filed by household employer
- If member is requesting for updating of contact information (address, telephone number, e-mail address and mobile/cellphone number) indicate already under Part I-A of the form the new contact information.
- If member cannot sign, witnesses to fingerprinting shall be as follows:
 - Filed by member
 - SSS receiving personnel who shall affix his/her signature on the portion provided for in Part I-C
 - Filed by employer or company representative or household employer
 - Two (2) witnesses. Both should affix their signatures and indicate their addresses and contact numbers on the portions provided for in Part I-C. One (1) witness is the member's employer or company representative or household employer himself and the other one (1) could be any person.
- If dependents/beneficiaries are more than three (3), please use space provided below

UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box)

NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MMDDYYYY)	<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
1						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
2						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
3						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
4						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
5						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion

MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **182518287266**
 Member Category : INFORMAL ECONOMY NHTS Coverage :
 Sub-Category : INFORMAL SECTOR Effectivity Period :

ESPERANZA, GLYDE TORREON

ARLINGTON POND STREET, SANTA CRUZ
 (POB.), CEBU CITY, CEBU 6000

Foreign Address : N/A Sex : Female
 Date of Birth : 10/18/2000
 Place of Birth : CARMEN, AGUSAN DEL NORTE
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : Tax Identification Number : 628731766

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : N/A
 Name of Employer/Organized Group : N/A
 Business Address : N/A
 Telephone Number : N/A
 Tax Identification Number : N/A

DEPENDENT INFORMATION

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

*** NO DECLARED DEPENDENT/S ***

*** 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 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.

7/12/2023 10:04:41 AM 20531006 / 20531006 / 7/12/2023

Republic of the Philippines
Department of Justice
National Bureau of Investigation



33590795

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
E216JGRE00-X31040128
FAMILY NAME
ESPERANZA

MIDDLE NAME
TORREON

ADDRESS
DISTRICT MALUNGGAY TAGCATONG CARMEN AGUSAN DEL NORTE

DATE OF BIRTH
October 18, 2000

CITIZENSHIP
FILIPINO

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

VALID UNTIL
June 29, 2024

FIRST NAME
GLYDE

HUSBAND'S SURNAME

PLACE OF BIRTH
TAGCATONG CARMEN, ADN

CIVIL STATUS
SINGLE

GENDER
FEMALE



SIGNATURE

[Handwritten Signature]

PERSONAL COPY



E216JGRE00-X31040128

[Handwritten Signature]
ATTY. MEDARDO G. DE LEMOS
Director

Date Printed: Thursday, June 29, 2023 11:23 AM

Agency X3

DATID polr

CASID polr

BIOID polr

O-R No FRKCJFHZIF

RECID

O-R Date 06/29/2023 10:35:41 A

INTID

DST PAID

PRTID aguillonj



SAINT MICHAEL COLLEGE OF CARAGA

Atupan St., Brgy.4, Nasipit, Agusan del Norte, Philippines
Owned & Operated by: Saint Michael College of Caraga, Inc.
Tel.Nos. (085) 343.3251 • 283.3113 | Fax No. (085) 343.3607
NON-VAT REG. TIN 000-814-467-00000 | BRN: 96-103-005185

www.smcnasipit.edu.ph

STUDENT COPY

499690

No. **0499690**

Date: 07/13/2023 02:49 PM

OFFICIAL RECEIPT

This document is not valid for claim of input tax
This Official Receipt shall be valid for five (5) years from date of ATP

ID No.: 201702801

Department: CATP

Student: ESPERANZA GLYDE TORREON

PARTICULARS	AMOUNT
Transcript of Record	1,050.00
TOTAL AMOUNT	1,050.00

Amount in words:

One Thousand Fifty Pesos

nbaja

Cashier

BR AUTHORITY TO PRINT NO. 103AL00220000001743 DATE ISSUED: 03/31/22 VALID UNTIL 03/30/27 20 BOXES 4000 SETS/BOX 1-PLY SN 460001-540000
LIFEWORXES PRINT HUB G. FLORES AVE. BUTUAN CITY TIN 006-118-234-00001 VAT PRINTER'S ACCREDITATION NO. 103MP20180000000000 DATED 12/18/18

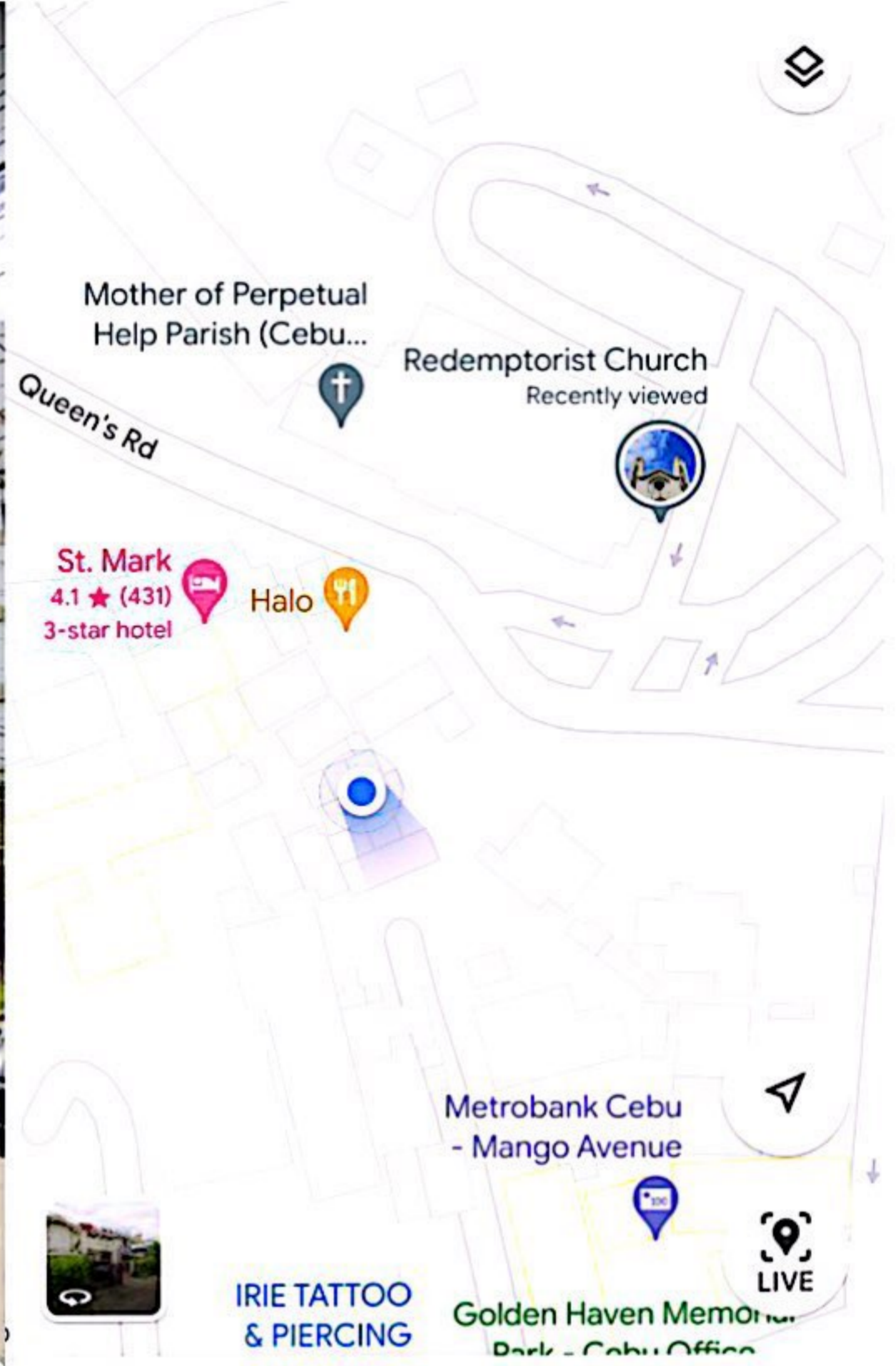


Queen's Rd

1 year ago · [See more dates](#) >

Latitude: 10.312226 / N 10° 18' 44.014"
Longitude: 123.897270 / E 123° 53' 50.173"

11-G, Elizabeth Pond Street, Queens' Road, Cebu City, 6000 Central Visayas, Philippines



Kamputhaw

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Medgrappe Polyclinics & Diagnostic Center, Inc.
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 Tel # (032) 232-2273/2566-3245
 www.primecarecebu.com



SERVICE ORDER

BILL TO :

(000160) IPLOY STAFFING SOLUTIONS
 CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

Priority	NOTE SCHEDULED	8/13/23	0015
S.O. No.	OTHERWISE YOU WILL HAVE TO	432762	
S.O. Date	PAID	08/21/2023	
Terms		30 Days	
Amount Due		P800.00	

PATIENT INFORMATION

PATIENT ID : 080104
PATIENT NAME : ESPERANZA, GLYDE, TORREON
PATIENT ADDRESS : Santa Cruz (Pob.), Cebu City (Capital), Cebu
MOBILE NO. : 0910 396 4723
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Female
BIRTHDATE : 10/18/2000
AGE : 22
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PENE *PE CHEST PA DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)	1.00	800.00	800.00	TOTAL SALES : 800.00 VARIABLE SALES : 0.00 V-A-T : 0.00 SC/PWD DISCOUNT : 0.00 AMOUNT DUE : 800.00

PREPARED BY:

Artissa Marie L. Arnterion

ACKNOWLEDGED BY:

Signature Over Printed Name

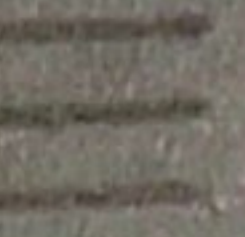
I acknowledge that I have reviewed the prices listed on the (SO) and agree to the charges associated with the products and services mentioned therein.

**** THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM ****

PAID
 PRIME CARE ALPHA
 Signature Over Printed Name



VIRTUAL Pag-IBIG



Please fill out this form :

923228887203

ESPERANZA

Your Pag-IBIG Membership ID No. is

121326293923

Close

QUICK LINKS

AA



pagibigfundservices.com

