



(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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 19a.)

Province CEBU Registry No. 99 31295
City/Municipality CEBU CITY

1. NAME (First) <u>LOTCHIE</u> (Middle) <u>PIANAR</u> (Last) <u>GUMADLAS</u>
2. SEX <u>1</u> Male <u>X</u> 2 Female
3. DATE OF BIRTH (day) (month) (year) <u>11</u> DECEMBER <u>1999</u>
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>CEBU PUER. CENTER & MAT. HOUSE, INC., CEBU CITY, CEBU</u>
5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc. b. 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) <u>FIRST</u> (first, second, third, etc.) d. WEIGHT AT BIRTH <u>2,800</u> grams

6. MAIDEN NAME (First) <u>SATHERINA</u> (Middle) <u>BETOXA</u> (Last) <u>PIANAR</u>

7. CITIZENSHIP <u>FILIPINO</u>	8. RELIGION <u>ROMAN CATHOLIC</u>
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9a. Total number of children born alive: <u>1</u>	b. No. of children still living including this birth: <u>1</u>	c. No. of children born alive but are now dead: <u>0</u>
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10. OCCUPATION <u>HOUSEWIFE</u>	11. Age at the time of this birth: <u>29</u> years
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12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>ALANG-ALANG, MANDAUE CITY, CEBU</u>
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13. NAME (First) <u>DINCO</u> (Middle) <u>BUNCAL</u> (Last) <u>GUMADLAS</u>

14. CITIZENSHIP <u>FILIPINO</u>	15. RELIGION <u>ROMAN CATHOLIC</u>
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16. OCCUPATION <u>COOK</u>	17. Age at the time of this birth: <u>23</u> years
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18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
JUNE 23, 1999 TARIPOAN, CEBU

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

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 9:20 P.M. on the date stated above.

Signature [Signature] Address CEBU PUER. CENTER & MAT. HOUSE, INC., CEBU CITY
Name in Print FLORENCE PEINANDEZ, M.D. Date DECEMBER 11, 1999
Title or Position PHYSICIAN

20. INFORMANT
Signature [Signature] Address ALANG-ALANG, MANDAUE CITY
Name in Print SATHERINA GUMADLAS Date DECEMBER 11, 1999
Relationship to the child MOTHER

21. PREPARED BY
Signature [Signature]
Name in Print JOCELYN B. TONG
Title or Position CLERK
Date DECEMBER 11, 1999

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print ANIES C. DEVEL
Title or Position CLERK-3
Date DEC 14 1999

For OCRG-USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 0931295

48 1

49 2 50 111299

55 2278

61 1

62 012810 64 012810

65 1 69 1

70 01 72 01 74 00

76 000 79 00

81 220011

86 0 87 0

00312

88 131 91 22

93 1 Dec 23/99

22483

94 1 12/14/99

07261-E1-400EGA-01724-B1003

BRen

02217-A99ZB0K-6

CDSM

CLAIRE DENNIS S. MAPA, Ph. D.

National Statistician and Civil Registrar General

BEST POSSIBLE IMAGE





CERTIFICATION

This certifies that Ms. GUMADLAS LOTCHIE PIANAR was employed by CONDUENT BUSINESS SERVICES PHILIPPINES, INC. from July 21, 2022 to December 1, 2023. She held the position of CUSTOMER EXPERIENCE ASSOCIATE I until her separation effective closing hours of December 1, 2023.

This certification is being issued upon the request of Ms. GUMADLAS as a proof of her employment with CONDUENT BUSINESS SERVICES PHILIPPINES, INC.

Given this 27 December 2023 in Pasay City, Philippines.

A handwritten signature in black ink, appearing to read "Zeus Laurent B. Yanguas".

Zeus Laurent B. Yanguas
Manager, Global People Services



ACEBEDO OPTICAL
FREE EYE CHECK-UP
 Ground floor, in front of
JOYO Gaming HUB

Polyclinics & Diagnostic Center, Inc.
 PM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 232-2273/266-3245
 carecebu.com

SERVICE ORDER



RIGHT EYE:
 LEFT EYE:

ING SOLUTIONS
 INES 6000, Cebu City (Capital), Cebu

Priority No.	0004
SO No.	449334
S.O Date	01/22/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 092573	GENDER : Female
PATIENT NAME : GUMADLAS, LOTCHIE, PIAÑAR	BIRTHDATE : 12/11/1999
PATIENT ADDRESS : Alang-Alang, Mandaue City, Cebu	AGE : 24
MOBILE NO. : 0916 561 5552	CIVIL STATUS : Single
EMAIL ADDRESS : GUMADLASLOTCHIE07@GMAIL.COM	SC/PWD ID
REQUESTING PHYSICIAN	HMO CARD NO.
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS	PATIENT STATUS : FOR EMPLOYMENT
RESULT DELIVERY : DELIVERY	

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

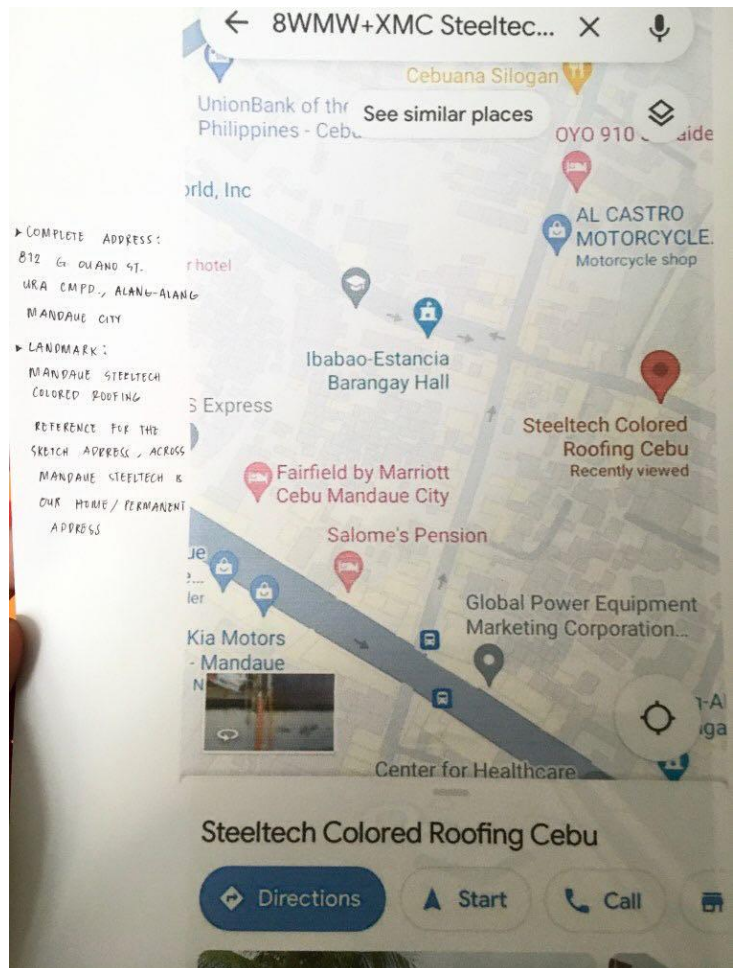
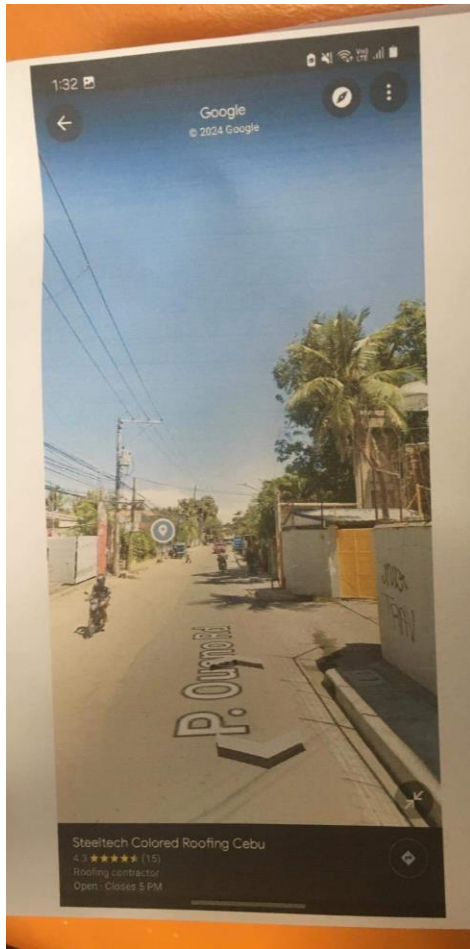


DATE: **JAN 22 2024**

PREPARED BY: Arissa Marie L. Armenion	ACKNOWLEDGED BY: <i>Lotchie Gumadlas</i> Signature Over Printed Name	VERIFIED BY: VALIDATED
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Page 1 of 1 I acknowledge that I was duly informed by Prime Care Alpha employee to pay the above mentioned tests, I have reviewed the prices listed on the (SO) and agree to the changes associated with the products and services. BY: Date Created: 01/22/2024 07:24 AM

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



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 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: 914841049558
COMMON REFERENCE NUMBER (IF ANY):
DATE OF BIRTH (MM/DD/YYYY): 12/11/1979
TAX IDENTIFICATION NUMBER (IF ANY):
NAME (LAST NAME): GUMADLAS (FIRST NAME): ROTCHIE (MIDDLE NAME): PIAVAR (SUFFIX):
ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME): 812 G. DUAND ST. (SUBDIVISION): (BARANGAY/DISTRICT/LOCALITY): URA COMPOUND (CITY/MUNICIPALITY): (PROVINCE): (STREET NAME):
TELEPHONE NUMBER (AREA CODE + TEL. NO.): (MOBILE/CELLPHONE NUMBER): 09116561552 (E-MAIL ADDRESS): gumadblotchie07@gmail.com
FOREIGN ADDRESS (IF APPLICABLE):
COUNTRY: PHILIPPINES
ZIP CODE: 6014

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. ACRN 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: _____

B. CORRECTION OF NAME

FROM: _____ TO: _____

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

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)

FROM: _____ TO: _____

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: _____

Benefits (Sickness/Maternity/Partial Disability)
 Loans
 PESO Fund

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

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 (MM/DD/YYYY)	<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

MEMBER CANNOT SIGN, AFFIX FINGERPRINTS (PLEASE SEE INSTRUCTION NO. 5).
 WITNESSES 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: JAN 11 2024
 SIGNATURE OVER PRINTED NAME: [Signature] DATE & TIME: [Signature] BRANCH: [Signature]

PROCESSED BY: [Signature] DATE & TIME: JAN 11 2024
 SIGNATURE OVER PRINTED NAME: [Signature] DATE & TIME: [Signature]

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.

Dependents/beneficiaries are more than three (3), please use space provided below.

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

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



PAG IBIG Fund
Mandaue Branch

7/15/2022

Date

GUMADLAS, LOTCHIE PIAÑAR

Name of Member

Dear Member;

Congratulations!

You have successfully registered with the fund. Your

(RTN): 9191 3093 1101

Pag-IBIG/MID #: 1212 4950 0670

Use the **MID** when remitting your contributions, and if employed, submit your **MID** to your HR unit to enable the number-based remittance of your contributions through your employer.

Expect a text message confirming your registration together with your **RTN/MID**.

ALTERNATIVELY to get your MID, you may CHECK ONLINE thru this link using your RTN (3) days after the registration to <https://www.pagibigfundservices.com/virtualpagibig/> or VISIT www.pagibigfund.gov.ph

Thank you for your continued support with the fund.

Your Pag-IBIG Fund Family

 **REPUBLIC OF THE PHILIPPINES**
Philippine Health Insurance Corporation

 **PhilHealth**
Your Partner in Health

12-025815429-6

GUMADLAS, LOTCHIE PIAÑAR
DECEMBER 11, 1999 - FEMALE
813 G OUANO ST URA COMPD ALANG-ALANG
MANDAUE CITY, CEBU - 6014



[Handwritten Signature]



1 2 0 2 5 8 1 5 4 2 9 6

INFORMAL ECONOMY

CERTIFICATION

The person whose name and signature appear on this card is a beneficiary of the National Health Insurance Program. He/She, including his/her qualified dependents, are entitled to the benefits and privileges of the Program by virtue of Republic Act No. 7875, as amended.

[Handwritten Signature]

ROY B. FERRER, M.D., MSc.
Acting President and Chief Executive Officer



Republic of the Philippines
Department of Justice
National Bureau of Investigation



37032709

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
G534LLKE99-IS1489370

VALID UNTIL
January 09, 2025

FAMILY NAME
GUMADLAS

FIRST NAME
LOTCHIE

MIDDLE NAME
PIANAR

HUSBAND'S SURNAME

ADDRESS
812 G OUANO ST URA CMPD BRGY ALANG ALANG MANDAUE CITY CEBU

DATE OF BIRTH
December 11, 1999

PLACE OF BIRTH
CEBU CITY

CITIZENSHIP
FILIPINO

CIVIL STATUS
SINGLE

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

PERSONAL COPY



SIGNATURE

GENDER
FEMALE



G534LLKE99-IS1489370

Medardo G. de Lemos
ATTY. MEDARDO G. DE LEMOS
Director

Date Printed: Tuesday, 9 January 2024 08:49 AM
Agency IS DATID villanuevagg
CASID villanuevagg BIOID villanuevagg
O.R. No. MP3PCAVKWS RECID
O.R. Date 01/09/2024 8:46:27 AM INTID
DST PAID PRTID villanuevagg

