



Republic of the Philippines
 Department of Justice
 National Bureau of Investigation



35225211

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
O500LH5E20-R71423196

FAMILY NAME
ONO

MIDDLE NAME
DUMDUM

ADDRESS
CABREROS ST BRGY BASAK SAN NICOLAS CEBU CITY

DATE OF BIRTH
December 31, 2002

CITIZENSHIP
FILIPINO

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO DEROGATORY RECORD

VALID UNTIL
July 24, 2024

FIRST NAME
HONEY GRACE

HUSBAND'S SURNAME

PLACE OF BIRTH
ASTURIAS CEBU

CIVIL STATUS
SINGLE

GENDER
FEMALE



SIGNATURE



O500LH5E20-R71423196

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

Date Printed: Friday, July 28, 2023 07:53 AM

Agency	R7	DATID	villarinn
CASID	villarinn	BIOID	villarinn
O R No	MP722V5OTA	REGID	angelouia
O R Date	07/24/2023 8:11:30 AM	INTID	
DST PAID		PRTID	villarinn



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121293166600
REGISTRATION TRACKING NUMBER	922026104459

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	OÑO	HONEY GRACE		DUMDUM	<input type="checkbox"/>
FATHER	OÑO	MARCIAL	JR	RICAZA	<input type="checkbox"/>
MOTHER (Maiden Name)	DUMDUM	MARY ANN		MONEVA	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	OÑO	HONEY GRACE		DUMDUM	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
12/31/2002		Single/Unmarried			
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
ASTURIAS, CEBU			FILIPINO		GSIS NUMBER
SEX	HEIGHT(cm)	WEIGHT(kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	150 00	50 00			
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT			EMPLOYEE NUMBER
					For AFP/PNP Employee Senal/Badge No
					For DepEd Employee Division Code-Station Code

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS				COUNTRY + AREA CODE + TELEPHONE NUMBER	
Unit/Room No., Floor		Building Name		Home	
Lot No.	Block No.	Phase No	House No	Street Name	Cell Phone
					+63 (0967) 8931506
Subdivision		Barangay		Business (Direct Line)	
ASTURIAS		OWAK			
Municipality/City		Province/State/Country		Business (Trunk Line)	
ASTURIAS		CEBU, PHILIPPINES			
ZIP Code		Email Address			
6042		honeygraceono@gmail.com			
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Phase No	
House No		Street Name		Subdivision	
				Barangay	
				OWAK	
Municipality/City		Province/State/Country		ZIP Code	
ASTURIAS		CEBU, PHILIPPINES		6042	
PREFERRED MAILING ADDRESS		PRESENT HOME ADDRESS			

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

8/F, Golden Peak Tower, Gorordo Ave., cor. Escario St., Cebu City 6000

Healthline (032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871 www.philhealth.gov.ph

15 June 2022

Member Name : **OÑO , HONEY GRACE DUMDUM**
Member Address : **SAN MIGUEL OWAK, ASTURIAS, CEBU 6042**

Member Category : **INFORMAL ECONOMY INFORMAL SECTOR**

We are glad that you are now registered with the National Health Insurance Program (NHIP), a program being administered by the Philippine Health Insurance Corporation (PhilHealth).

Your lifetime PhilHealth Identification Number (PIN) is : **1225-0605-7335**

In order for you or any member of your family be entitled to the benefits of the NHIP especially during hospitalization, you or with your employer, or local government or sponsor should have paid the required number of monthly contributions to the Program.

It is important that you always use your PIN in paying your contributions and when you or any member of your family avail of NHIP benefits during hospitalization.

We would like to give you and your family continued protection on health.

Respectfully,

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

This is a system generated document, signature is not required



Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID
(UMID) CARD APPLICATION (E-1/E-6)

MO0733IW202201242879 Date/Time Generated: 24 January 2022 08:13:46 PM

SS NUMBER 35-1529185-1					
NAME					
(LAST NAME) OÑO	(FIRST NAME) HONEY GRACE	(MIDDLE NAME) DUMDUM	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 12312002	PLACE OF BIRTH (CITY/MUNICIPALITY) ASTURIAS	(PROVINCE/STATE) CEBU	(COUNTRY) PHILIPPINES	SEX FEMALE	
FATHER'S NAME (LAST NAME) OÑO	(FIRST NAME) MARCIAL	(MIDDLE NAME) RICAZA	(SUFFIX) JR		
MOTHER'S MAIDEN NAME (LAST NAME) OÑO	(FIRST NAME) MARY ANN	(MIDDLE NAME) MONEVA	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) NONE NONE		(STREET NAME) SITIO SAN MIGUEL, OWAK	(SUBDIVISION) NONE		
(BARANGAY/DISTRICT/LOCALITY) OWAK	(CITY/MUNICIPALITY) ASTURIAS	(PROVINCE) CEBU	POSTAL CODE 6042	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 157	WEIGHT (IN KILOGRAMS) 50	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER (0967) 893-1506	EMAIL ADDRESS honeygraceono@gmail.com			
DEPENDENT(S)/BENEFICIARY/IES					
SPOUSE	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILDREN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
1					
2					
3					
4					
5					
OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased)					
	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP
1					
2					
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)	
Profession/Business		Foreign Address		SS No./Common Reference No. of Working Spouse	
Year Prof./Business Started					
Monthly Earnings		Monthly Earnings		Monthly Income of Working Spouse (P)	
		Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)			(BANK BRANCH)		
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION					
<p>1. I certify that the information provided are true and correct.</p> <p>2. I hereby consent to:</p> <ul style="list-style-type: none"> the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updating of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits; sharing of these data with SSS service providers to carry out the purposes stated above; and disposal of this application in the manner consistent with the Data Privacy Act. <p>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.</p> <p>4. I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.</p>					

2316

Certificate of Compensation Payment/Tax Withheld



September 2021 (BIR Form No. 2316)

For Compensation Payment With or Without Tax Withheld

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

1 For the Year (YYYY) 2023

2 For the Period From (MM/DD) 01 01 To (MM/DD) 02 01

Part I - Employee Information

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

3 TIN 000 - 000 - 000 - 0000

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

4 Employee's Name (Last Name, First Name, Middle Name) Honey Grace Ong

29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) 0.00

5 RDO Code 123

30 Holiday Pay (MWE) 0.00

6 Registered Address

31 Overtime Pay (MWE) 0.00

6A ZIP Code

32 Night Shift Differential (MWE) 0.00

6B Local Home Address

33 Hazard Pay (MWE) 0.00

6C ZIP Code

34 13th Month Pay and Other Benefits (maximum of P90,000) 3,564.59

6D Foreign Address

35 De Minimis Benefits 840.91

7 Date of Birth (MM/DD/YYYY) 12 31 2002

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 1,817.90

8 Contact Number

37 Salaries and Other Forms of Compensation 5,504.22

9 Statutory Minimum Wage rate per day

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 11,727.62

10 Statutory Minimum Wage rate per month

B. TAXABLE COMPENSATION INCOME REGULAR

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

39 Basic Salary 17,917.21

Part II - Employer Information (Present)

40 Representation 0.00

12 TIN 006 - 897 - 0000

41 Transportation 0.00

13 Employer's Name WIPRO PHILIPPINES, INC.

42 Cost of Living Allowance (COLA) 0.00

14 Registered Address CEBU IT TOWER 1 LT.7 BLK 2 COR ARCH. REYES ST. & MINDANAO ST. CEBU BUSINESS PARK, CEBU CITY, CEBU

43 Fixed Housing Allowance 0.00

14A ZIP Code 6000

44 Others (specify)

15 Type of Employer X Main Employer Secondary Employer

44A Salaries and Other Forms 8,277.28

Part III - Employer Information (Previous)

44B 0.00

16 TIN

SUPPLEMENTARY

17 Employer's Name

45 Commission 0.00

18 Registered Address

46 Profit Sharing 0.00

Part IVA - Summary

47 Fees Including Director's Fees 0.00

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 37,922.11

48 Taxable 13th Month Benefits 0.00

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 11,727.62

49 Hazard Pay 0.00

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 26,194.49

50 Overtime Pay 0.00

22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00

51 Others (specify)

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 26,194.49

51A 0.00

24 Tax Due 0.00

51B 0.00

25 Amount of Taxes Withheld 25A Present Employer 0.00

52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 26,194.49

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 (R.A. No. 10173) for legitimate and lawful purposes.

53 Present Employer/Authorized Agent Signature over Printed Name

Date Signed

54 Employee Signature over Printed Name

Date Signed 05 22 20 23

CTC/Valid 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 are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.

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 is filed in accordance to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

55 Present Employer/Authorized Agent Signature over Printed Name

56 Employee Signature over Printed Name



(Copy for OCRG)

Municipal 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

(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. 2023-92
City/Municipality Asturias

CHILD

1. NAME (First) (Middle) (Last)
HONEY GRACE DUMDUM ONO

2. SEX 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year)
31 December 2002

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
San. Miguel Owak Asturias Cebu

5a. TYPE OF BIRTH 1 Single 2 Twin
 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS
 1 First 2 Second
 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery)
2nd (first, second, third, etc.) d. WEIGHT AT BIRTH
4195 grams

6. MAIDEN NAME (First) (Middle) (Last)
Mary Ann Moneva Dumdum

7. CITIZENSHIP Filipino 8. RELIGION R. Catholic

MOTHER

9a. Total number of children born alive: 2 b. No. of children still living including this birth: 2 c. No. of children born alive but are now dead: 0

10. OCCUPATION None 11. Age at the time of this birth: 22 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
S n. Miguel Owak Asturias Cebu

FATHER

13. NAME (First) (Middle) (Last)
Marcial Jr. Ricaza Ono

14. CITIZENSHIP Filipino 15. RELIGION R. Catholic

16. OCCUPATION Security Guard 17. Age at the time of this birth: 27 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
23 October 1999 Asturias 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 8:45 o'clock am/pm on the date stated above.

Signature Weniflor L. Casaban Address St. Isidro, Asturias Cebu
Name in Print WENIFLOR L. CASABAN Date 23 January 2003
Title or Position Pilot

20. INFORMANT
Signature Marcial Ono Address San. Miguel, Owak Asturias, Cebu
Name in Print MARCIAL ONO Date 23 January 2003
Relationship to the child Father

21. PREPARED BY
Signature Emeterna Quismundo
Name in Print EMETERNA QUISMUNDO
Title or Position Midwife
Date 23 January 2003

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature Louella Baliguat
Name in Print LOUELLA BALIGUAT
Title or Position Mun. Civil Registrar
Date 23 January 2003

REMARKS/ANNOTATION

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 1020009
48 1
49 50 2 31122002
56 27061
61 1
62 64 02 9195
66 68 1 1
70 72 74 04 02 00
76 78 230 22
81 17061
86 87 1 009
88 91 539 07
93 1
94 1

05520-DA-400FBT-01632-BI003

BEST POSSIBLE IMAGE



T400055204000183202112015003
HJ000032476

BReN
02206-B02ZX01-6

Documentary
Stamp Tax Paid

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



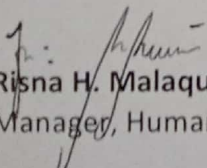
April 11, 2023

CERTIFICATE OF EMPLOYMENT

This is to certify that **Honey Grace Ono** was an employee of WIPRO Philippines Inc. and that the employment details that follow are true and correct:

Hire Date:	7/1/2022
Status:	Separated
Separation Date:	2/13/2023
Employment Type:	Regular
Position Held:	Production Specialist
Department:	Operations

This certificate is issued to reflect the employment period and position of the employee at the time of separation and for whatever legal purposes it may serve him/her.


Risna H. Malaque
Manager, Human Resources

Business Unit:

Wipro Philippines Inc T : +63 32 230 1000
Cebu IT Tower 1 F :
Lot. 7 Bldg. 2 cor. Archbishop Reyes St.
Mindanao St., Cebu Business Park
Cebu City, 6000 Philippines

Internal - General Use



Republika ng Pilipinas
Republic of the Philippines
Kagawaran ng Edukasyon
Department of Education



REHIYON VII
REGION VII

SANGAY NG LALAWIGAN NG CEBU
DIVISION OF CEBU PROVINCE

PUROK NG BALAMBAN I
DISTRICT OF BALAMBAN I

NANGKA NATIONAL HIGH SCHOOL

Pinatutunayan nito na si
This certifies that

HONEY GRACE D. OÑO

Learner Reference Number (LRN): 118984080059

ay kasiya-siyang nakatupad sa mga kinakailangan sa pagtatapos ng Senior High School
has satisfactorily completed the requirements for graduation in Senior High School

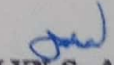
ACADEMIC TRACK
SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS (STEM) STRAND

na itinakda para sa Mataas na Paaralan ng Kagawaran ng Edukasyon, kaya pinagkalooban siya nitong
prescribed for Secondary Schools of the Department of Education and is therefore awarded this

KATIBAYAN
DIPLOMA

Nilagdaan sa Nangka, Balamban, Cebu, Pilipinas nitong ika-16 ng Hulyo 2021.
Signed in Nangka, Balamban, Cebu, Philippines on the 16th day of July 2021.

MARIVIC M. YBALLE
Punongguro
Principal


MARILYN S. ANDALES EdD, CESO V
Pansangay na Tagapamanihala ng mga Paaralan
Schools Division Superintendent 