



Municipal Form NS 162 (Revised January 1988) (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, 5b and 10a.)

Province: CEBU City/Municipality: CEBU CITY Registrar: 2000 11301

1. NAME: CEBU CITY (Middle) (Last)

2. SEX: MALE 1 Male 2 Female

3. DATE OF BIRTH: 2000 11 30 (day) (month) (year)

4. PLACE OF BIRTH: CEBU CITY (City/Municipality) (Province)

5a. TYPE OF BIRTH: XX 1 Single 2 Twin 3 Triplet, etc.

5b. MULTIPLE BIRTH, CHILD ORDER: XX 1 First 2 Second 3 Others, Specify

6. BIRTH ORDER: 1 (ive births and fetal deaths including this delivery) (First, second, third, etc.)

7. WEIGHT AT BIRTH: 7 grams

6. MAIDEN NAME: (First) (Middle) (Last)

7. CITIZENSHIP: CELUANA RELIGION: YODA

9a. Total number of children born alive: 7 b. No. of children still living including this birth: 7 c. No. of children born alive but are now dead: 0

10. OCCUPATION: 1 11. Age at the time of this birth: 7 years

12. RESIDENCE: (House No., Street, Barangay) (City/Municipality) (Province)

13. NAME: PARADAIT MAROLO (Middle) CEBU CITY (Last) CEBU

14. CITIZENSHIP: FILIPINO RELIGION: CODERA

16. OCCUPATION: 1 17. Age at the time of this birth: 7 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

19a. ATTENDING PHYSICIAN: XX 1 Physician 2 Nurse 3 Midwife 4 Healer (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 8:20 am/pm on the date stated above.

Signature: [Signature] Address: 715A NISSE SUED  
 Name in Print: MRS. LINA CABARRIAS Date: MAY 07, 2000  
 Title or Position: HEALER

20. INFORMANT: Signature: [Signature] Address: PANARAIT, MAROLO  
 Name in Print: YVES CODERA Date: MAY 07, 2000  
 Relationship to the child: FATHER

21. PREPARED BY: Signature: [Signature] Date: MAY 07, 2000  
 Name in Print: MRS. CECILIA T. SOLLON

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR: Signature: [Signature] Date: MAY 12 2000  
 Name in Print: GERARDO SOLLON

REMARKS/ANNOTATION

2217-P00K702-9

70001113

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2 070520

7217E

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022268

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720 73

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3

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T400044934000070004202012001

NH900739391

BReN 02217-B00K708-6

Documentary Stamp Tax Paid

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



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.)

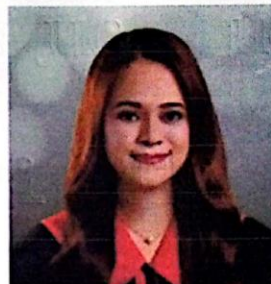
Province **CEBU** City/Municipality **CEBU CITY** Registration No. **2000 11391**

CHILD	1. NAME (First) (Middle) (Last) <b>MAE YGONA CODERA</b>			For OCRG USE ONLY: Population Reference No.  TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
	2. SEX 1 Male <input checked="" type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <b>07 MAY 2000</b>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <b>RIVA RIDGE SUBD. TISA CEBU CITY CEBU</b>			
	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 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify	
MOTHER	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <b>SECOND</b>		d. WEIGHT AT BIRTH <b>2268</b> grams	41
	6. MAIDEN NAME (First) (Middle) (Last) <b>BELORIA CABALLERO YGONA</b>			43
	7. CITIZENSHIP <b>FIL.</b>		8. RELIGION <b>P.C.</b>	49 50
	9a. Total number of children born alive: <b>2</b>	b. No. of children still living including this birth: <b>2</b>	c. No. of children born alive but are now dead: <b>0</b>	56
10. OCCUPATION <b>HOUSEWIFE</b>			61	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <b>PANAGDAIT, MABOLO CEBU CITY CEBU</b>			62 64	
FATHER	13. NAME (First) (Middle) (Last) <b>TIMOTEO DIEZ CODERA</b>			68 69
	14. CITIZENSHIP <b>FIL.</b>		15. RELIGION <b>P.C.</b>	70 72 74
	16. OCCUPATION <b>GOV'T EMPLOYEE</b>		17. Age at the time of this birth: <b>48</b> years	76 79
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <b>DECEMBER 15, 1999 - CEBU CITY</b>				81
19a. ATTENDANT 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> <input checked="" type="checkbox"/> 3 Midwife 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)				86 87
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <b>5:10</b> o'clock on the date stated above.				88 91
Signature <i>[Signature]</i> Name in Print <b>MRS. LUISA CABARRUBIAS</b> Title or Position <b>R.M.</b>		Address <b>RIVA RIDGE SUBD. TISA CEBU CITY</b> Date <b>MAY 07, 2000</b>		93
20. INFORMANT Signature <i>[Signature]</i> Name in Print <b>TIMOTEO CODERA</b> Relationship to the child <b>FATHER</b>		Address <b>PANAGDAIT, MABOLO CEBU CITY</b> Date <b>MAY 07, 2000</b>		94
21. PREPARED BY Signature <i>[Signature]</i> Name in Print <b>MS. CECILIA T. ROLLON</b> Title or Position <b>R.M.</b>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <i>[Signature]</i> Name in Print <b>QUEEN C. DELA ROSA</b>		



**OFFICIAL TRANSCRIPT OF RECORDS**

NAME : CODERA, MAE YGOÑA  
STUDENT NUMBER : 18710814  
SEX : FEMALE  
CIVIL STATUS : SINGLE  
BIRTH DATE : MAY 07, 2000  
BIRTH PLACE : CEBU CITY  
NATIONALITY : FILIPINO  
RELIGION : CATHOLIC  
PARENT/GUARDIAN : BELORIA CODERA  
PERMANENT ADDRESS : 765 PANAGDAIT MABOLO CEBU CITY  
DATE ADMITTED : APRIL 21, 2018  
COLLEGE OF : HOSPITALITY MANAGEMENT  
ENTRANCE DATA : F138



**PRELIMINARY EDUCATION**

ELEMENTARY : SUBANGDAKU ELEMENTARY SCHOOL YEAR : 2012  
HIGH SCHOOL : UNIVERSITY OF CEBU YEAR : 2018  
COLLEGE : YEAR :

NCEE PERCENTILE NA YEAR TAKEN NA EXAMINEE NUMBER NA

**GRADING SYSTEM**

NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
1.0	95-100	1.6	89	2.1	84	2.6	79
1.1	94	1.7	88	2.2	83	2.7	78
1.2	93	1.8	87	2.3	82	2.8	77
1.3	92	1.9	86	2.4	81	2.9	76
1.4	91	2.0	85	2.5	80	3.0	75
1.5	90					5.0	FAILURE

IC, IL, IE = INCOMPLETE W = WITHDRAWN DR = DROPPED NA = NO ATTENDANCE

**CREDIT**

ONE COLLEGIATE UNIT OF CREDIT IS ONE HOUR LECTURE OR RECITATION EACH WEEK OR A TOTAL OF 18 HOURS IN A SEMESTER. THREE HOURS OF LABORATORY WORK, DRAFTING, OR SHOP WORK EACH WEEK OR A TOTAL OF 54 HOURS A SEMESTER ARE REGARDED AS EQUIVALENT ALSO TO ONE UNIT OF CREDIT.

THE STUDENT IS IN GOOD MORAL STANDING UNLESS OTHERWISE INDICATED ON THE TRANSCRIPT.

REMARKS : FOR EMPLOYMENT

DATE ISSUED : 01/17/2024

PREPARED BY:

CLEO MARTIN A. NAVALUNA

CHECKED BY:

HILDA A. CORONEL

EDGAR J. ESGUERRA  
REGISTRAR

NOT VALID WITHOUT SEAL  
OR NO. 24755329-01/16/2024  
PAGE NO. 1 OF 4



**OFFICIAL TRANSCRIPT OF RECORDS**

NAME : CODERA, MAE YGOÑA

STUDENT NO : 18710814

COURSE NO.	DESCRIPTIVE TITLES	FINAL RE-EXAM	CREDIT
<u>BSHM 1</u>			
<u>1ST SEMESTER, 2018 - 2019</u>			
HM 111	RISK MANAGEMENT AS APPLIED TO SAFETY SECURITY AND SANITATION	1.6	3
HM 112	FUNDAMENTALS IN LODGING OPERATIONS	1.5	3
HM 113	KITCHEN ESSENTIALS AND BASIC FOOD PREPARATION	1.3	3
HM ELECT 1	FOOD PROCESSING	1.4	3
PE 101	MOVEMENT ENHANCEMENT	1.3	2
NSTP 101	NATIONAL SERVICE TRAINING PROGRAM 1	1.1	3
<u>BSHM 1</u>			
<u>2ND SEMESTER, 2018 - 2019</u>			
HM ELECT 3	ASIAN CUISINE	1.9	3
HM ELECT 2	BREAD AND PASTRY	1.7	3
HM 114	FUNDAMENTALS IN FOOD SERVICE OPERATIONS	2.0	3
MATH 100	COLLEGE MATHEMATICS	2.0	3
COMP 100	COMPUTER APPLICATION	2.0	3
PE 102	FITNESS EXERCISES	1.1	2
NSTP 102	NATIONAL SERVICE TRAINING PROGRAM 2	1.4	3
<u>BSHM 1</u>			
<u>SUMMER OF 2019</u>			
HM ELECT 4	BAR AND BEVERAGE MANAGEMENT WITH LAB	2.1	3
HM ELECT 5	HOUSEKEEPING OPERATION	1.5	3
PE 103	PHYSICAL ACTIVITY TOWARDS HEALTH AND FITNESS 1	1.3	2
<u>BSHM 2</u>			
<u>1ST SEMESTER, 2019 - 2020</u>			
HM ELECT 7	FRONT OFFICE OPERATIONS	1.4	3
HM 212	INTRODUCTION TO MEETINGS, INCENTIVES, CONFERENCES & EVENTS MNGMT (MICE)	1.7	3
ENGL 100	COMMUNICATION ARTS	1.5	3
ENGL 101	PURPOSIVE COMMUNICATION	1.6	3
MATH 101	MATHEMATICS IN THE MODERN WORLD	1.7	3
HM ELECT 6	CATERING MANAGEMENT	1.5	3
HM 211	ENTREPRENEURSHIP IN TOURISM AND HOSPITALITY	1.5	3
HM 213	FOREIGN LANGUAGE 1	1.5	3
<u>BSHM 2</u>			
<u>2ND SEMESTER, 2019 - 2020</u>			
HM 214	PRACTICUM 1 (600 HOURS) WITH CONFERENCE AND SEMINAR	1.4	6
<u>BSHM 2</u>			
<u>SUMMER OF 2020</u>			
STS 101	SCIENCE, TECHNOLOGY AND SOCIETY	1.7	3
PE 104	PHYSICAL ACTIVITY TOWARDS HEALTH AND FITNESS II	2.0	2

(MORE ENTRIES NEXT PAGE)

REMARKS : FOR EMPLOYMENT

DATE ISSUED : 01/17/2024

PREPARED BY:

CHECKED BY:

CLEO MARTIN A. NAVALUNA

HILDA A. CORONEL

EDGAR J. ESGUERRA  
REGISTRAR

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OR NO. 24755329-01/16/2024  
PAGE NO. 2 OF 4



**OFFICIAL TRANSCRIPT OF RECORDS**

NAME : CODERA, MAE YGOÑA

STUDENT NO : 18710814

COURSE NO.	DESCRIPTIVE TITLES	FINAL RE-EXAM	CREDIT
<u>BSHM 3</u>	<u>1ST SEMESTER, 2020 - 2021</u>		
HIST 101	READINGS IN PHILIPPINE HISTORY	1.4	3
PSYCH 101	UNDERSTANDING THE SELF	1.9	3
SOCIO 101	THE CONTEMPORARY WORLD	1.5	3
HUM 101	ART APPRECIATION	1.9	3
SOCIO 102	GENDER AND SOCIETY	2.1	3
HM BMEC 1	OPERATION MANAGEMENT	1.6	3
PHILO 101	ETHICS	2.3	3
HM 312	MICRO PROSPECTIVE OF TOURISM AND HOSPITALITY	1.5	3
HM 311	PHILIPPINE CULTURE AND TOURISM GEOGRAPHY	1.2	3
<u>BSHM 3</u>	<u>2ND SEMESTER, 2020 - 2021</u>		
HUM 102	PHILIPPINE POPULAR CULTURE	1.1	3
HM 315	PROFESSIONAL DEVELOPMENT AND APPLIED ETHICS	1.2	3
HM 316	SUPPLY CHAIN MANAGEMENT IN HOSPITALITY INDUSTRY	1.5	3
HM 317	MACRO PERSPECTIVE OF TOURISM AND HOSPITALITY	1.5	3
HM 319	RESEARCH IN HOSPITALITY 1	1.7	3
HM 318	FOREIGN LANGUAGE 2	1.2	3
HM BMEC 2	STRATEGIC MANAGEMENT AND TOTAL QUALITY MANAGEMENT	1.2	3
HM 313	APPLIED BUSINESS TOOLS AND TECHNOLOGIES	1.2	3
HM 314	TOURISM AND HOSPITALITY MARKETING	1.2	3
<u>BSHM 4</u>	<u>1ST SEMESTER, 2021 - 2022</u>		
LIT 11	LITERATURE OF THE WORLD	1.2	3
HM 415	RESEARCH IN HOSPITALITY 2	1.8	3
HM 413	MULTICULTURAL DIVERSITY IN WORKPLACE FOR THE TOURISM PROFESSIONAL	1.4	3
HM 414	LEGAL ASPECTS IN TOURISM AND HOSPITALITY	1.5	3
HM 411	ERGONOMICS AND FACILITIES PLANNING FOR THE HOSPITALITY INDUSTRY	1.6	3
RIZAL 101	LIFE AND WORKS OF DR. JOSE RIZAL	1.7	3
HM 412	QUALITY SERVICE MANAGEMENT IN TOURISM AND HOSPITALITY	2.0	3

(MORE ENTRIES NEXT PAGE)

REMARKS : FOR EMPLOYMENT

DATE ISSUED : 01/17/2024

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REGISTRAR

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PAGE NO. 3 OF 4







**MCRI**  
GLOBAL CORPORATION  
*Service & profit with honor*

**MAIN OFFICE:**

MCRI Center, J. Llorente St., Capitol Site, Cebu City  
Tel. Nos.: Personnel : 254-9260  
Accounting : 254-6103 Finance : 255-4323  
Operations : 254-8610 Procurement: 236-1796  
Billing Dept.: 254-5754

**BRANCH OFFICES:**

**GENERAL SANTOS CITY BRANCH**  
RDN Bldg., Laurel East Avenue,  
General Santos City, South Cotabato, Phils.  
Tel. No. (083) 301-9047

**BOHOL BRANCH**  
St. Jude Bldg., Gallares St.,  
Tagbilaran City, Bohol, Phils.  
Tel. No. (038) 412-7122

## CERTIFICATION

***To Whom It May Concern:***

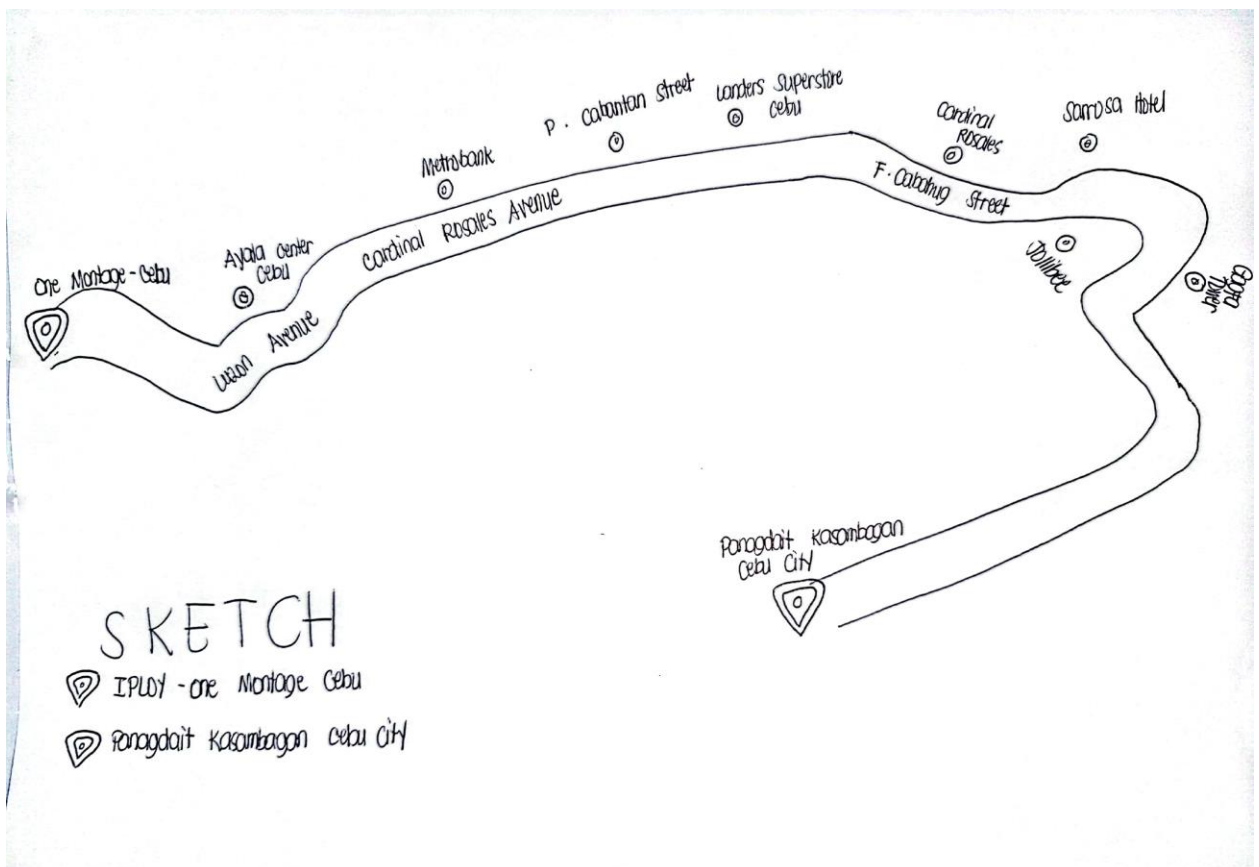
***This is to certify that Ms. Mae Y. Codera is our former project employee assigned as Waitress at Nustar Resort & Casino. She was connected with our company for the period September 3, 2022 to September 20, 2023.***

***This certification is issued upon the request of Ms. Codera for employment purposes.***

***Issued this 23<sup>rd</sup> day of September 2023 Cebu City, Philippines.***

  
***Anthony Valiant B. Ebuna***  
***Assistant General Manager***

Not Valid  
without seal



# SKETCH

IPLOY - one Montage Cebu

Panagdait Kasambagan Cebu City



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

SS NUMBER  
**00-4261262-3**

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.**

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)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
Codera	MAE	Ygoña		015   017   210   10   0	
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	Roman Catholic	Cebu City			
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)	(STREET NAME)	(SUBDIVISION)	
765			# Cabahog	Panagkait	
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	(COUNTRY)	ZIP CODE	
Karambagan	Cebu	Cebu		6000	
MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS		TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.)		
0995711892	mae.codera17@gmail.com		N/A		
FATHER (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)		
Timoteo	Codera	MAE Timoteo	Diez Jr.		
MOTHER'S MAIDEN NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)		
Ygoña	Beloria	Camillea			
B. DEPENDENT(S)/BENEFICIARY(IES)					
<input type="checkbox"/> Check this box if using additional sheet.					
SPOUSE (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
CHILD/REN (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	DATE OF BIRTH (MMDDYYYY)
1.					
2.					
C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE) Profession/Business Year Prof./Business Started Monthly Earnings P		OVERSEAS FILIPINO WORKER (OFW) Foreign Address Monthly Earnings P Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		NON-WORKING SPOUSE (NWS) SS No./Common Reference No. 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	
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.)					
MAE CODERA PRINTED NAME			 SIGNATURE		03-26-19 DATE
Registrant is required to affix fingerprints.					
		 RIGHT THUMB		 RIGHT INDEX	
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)	
	P			SOCIAL SECURITY SYSTEM MANDALAY CITY	
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	
P	P			MAY 11 2019	
START OF PAYMENT (FOR SENWS)	FLEXI-FUND APPLICATION (FOR OFW)	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)		RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE)	
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			ANNELO D. TARIANO RECEIVED & CERTIFIED TRUE COPY	
		SIGNATURE OVER PRINTED NAME		DATE & TIME	



# Home Development Mutual Fund

Sa Pag-IBIG ang pinaghirapan may kaluparan

## Pag-IBIG FUND

CEBU AYALA BRANCH

Member's Name: CORDERA, MAE YGONIA

To our valued member,

You are now registered with Pag-IBIG Fund

Your Tracking No. (RTN) 9190 8402 2679

Membership Identification no. (MID) 1212 4614 9788

The No. is to be used in all your transactions with the Fund . Thank you for your continued support to the Fund.

ORIGINAL DOC SEEN

Very truly yours,

BY Jalen  
DATE \_\_\_\_\_

**MS. PORTIA V. BACALSO**  
**BRANCH HEAD CEBU AYALA MSB**



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
 8/F, Golden Peak Tower, Gorordo Ave., cor. Escario St., Cebu City 6000  
 (032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871  
[www.philhealth.gov.ph](http://www.philhealth.gov.ph)

**MDR**

**MEMBER DATA RECORD**

**MEMBER INFORMATION**

**PhilHealth Identification Number (PIN): 120258002631**  
 Member Category : INFORMAL ECONOMY NHTS Coverage :  
 Sub-Category : INFORMAL SECTOR Effectivity Period :

**CODERA, MAE YGOÑA**  
 765 PANAGDAIT, KASAMBAGAN, CEBU  
 CITY, CEBU 6000

Foreign Address : N/A Sex : Female  
 Date of Birth : 05/07/2000  
 Place of Birth : CEBU CITY, CEBU  
 Contact No. (Foreign) : N/A Civil Status : SINGLE  
 (Local) : Tax Identification Number:

**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 \*\*\*

**EDWIN M. ORIÑA, MD**  
 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 benepisyo, magbigay ng kopya sa ospital. *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.*  
 12/06/202 1:24:10 pm 20330902 30499114 | 20330902 | 03/25/2019 12/06/2021



REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation



**12-025800263-1**

**CODERA, MAE YGOÑA**

MAY 07, 2000 - FEMALE

765 PANAGDAIT KASAMBAGAN CEBU CITY, CEBU -  
6000

*Ma Ygoña*  
Signature



1 2 0 2 5 8 0 0 2 6 3 1

**INFORMAL ECONOMY**



**BIR Form No. 2316**  
September 2021 (ENCS)  
**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".

<b>1 For the Year (YYYY)</b> 2024		<b>2 For the Period From (MM/DD) To (MM/DD)</b> 	
<b>Part I - Employee Information</b>			
<b>3 TIN</b> 		<b>4 Employee's Name (Last Name, First Name, Middle Name)</b> CODERA, MAE JOHNA	
<b>5 RDO Code</b> 		<b>6 Registered Address</b> 705 F. Ortigas Street, Pasig City	
<b>6A ZIP Code</b> 1401		<b>6B Local Home Address</b> 705 F. Ortigas Street, Pasig City	
<b>6C ZIP Code</b> 1401		<b>6D Foreign Address</b> 	
<b>7 Date of Birth (MM/DD/YYYY)</b> 10/10/2000		<b>8 Contact Number</b> 09321192276	
<b>9 Statutory Minimum Wage rate per day</b> 		<b>10 Statutory Minimum Wage rate per month</b> 	
<b>11</b> <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax			
<b>Part II - Employer Information (Present)</b>			
<b>12 TIN</b> 		<b>13 Employer's Name</b> 	
<b>14 Registered Address</b> 		<b>14A ZIP Code</b> 	
<b>15 Type of Employer</b> <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer			
<b>Part III - Employer Information (Previous)</b>			
<b>16 TIN</b> 		<b>17 Employer's Name</b> 	
<b>18 Registered Address</b> 		<b>18A ZIP Code</b> 	
<b>Part IVA - Summary</b>			
<b>19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)</b> 		<b>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)</b> 	
<b>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)</b> 		<b>22 Add: Taxable Compensation Income from Previous Employer, if applicable</b> 	
<b>23 Gross Taxable Compensation Income (Sum of Items 21 and 22)</b> 		<b>24 Tax Due</b> 	
<b>25 Amount of Taxes Withheld</b> <b>25A Present Employer</b> 		<b>25B Previous Employer, if applicable</b> 	
<b>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)</b> 		<b>27 5% Tax Credit (PERA Act of 2008)</b> 	
<b>28 Total Taxes Withheld (Sum of Items 26 and 27)</b> 			

Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	
30 Holiday Pay (MWE)	
31 Overtime Pay (MWE)	
32 Night Shift Differential (MWE)	
33 Hazard Pay (MWE)	
34 13th Month Pay and Other Benefits (maximum of P90,000)	
35 De Minimis Benefits	
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	
37 Salaries and Other Forms of Compensation	
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	
B. TAXABLE COMPENSATION INCOME REGULAR	
39 Basic Salary	
40 Representation	
41 Transportation	
42 Cost of Living Allowance (COLA)	
43 Fixed Housing Allowance	
44 Others (specify)	
44A	
44B	
SUPPLEMENTARY	
45 Commission	
46 Profit Sharing	
47 Fees Including Director's Fees	
48 Taxable 13th Month Benefits	
49 Hazard Pay	
50 Overtime Pay	
51 Others (specify)	
51A	
51B	
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	

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.

<b>53</b> Present Employer/Authorized Agent Signature over Printed Name CONFORME: MAE JOHNA CODERA	Date Signed _____
<b>54</b> Employee Signature over Printed Name MAE JOHNA CODERA	Date Signed 02/09/2024
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.  <b>55</b> 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.  <b>56</b> MAE JOHNA CODERA 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

July 2021 (ENCS) P1

New TIN to be issued, if applicable (To be filled out by BIR)  
0 0 0 0 0

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

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

1 BIR Registration Date (To be filled out by BIR) (MM/DD/YYYY) 2 PhilSys Card Number (PCN)

### Part I - Taxpayer/Employee Information

3 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN) 4 RDO Code (To be filled out by BIR) 5 Taxpayer Type  
 Local  Resident Alien  Special Non-Resident Alien

6 Taxpayer's Name (Last Name) (First Name)  
Codera Mae

(Middle Name) (Suffix) 7 Gender  
Yagna N/A  Male  Female

8 Civil Status  Single  Married  Widower  Legally Separated

9 Date of Birth (MM/DD/YYYY) 10 Place of Birth  
05/07/2010 Cebu City

11 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix)  
Beloha Caballero Yagna

12 Father's Name (First Name, Middle Name, Last Name, Suffix)  
Timoteo Diez Codera Jr.

13 Citizenship 14 Other Citizenship, if applicable  
Filipino N/A

15 Local Residence Address  
Unit/Room/Floor/Building No. Building Name/Tower  
1st Floor Pangasinan  
Lot/Block/Phase/House No. Street Name  
765 F. Cabanog Street  
Subdivision/Village/Zone Barangay  
Zone VII Kasambagan  
Town/District Municipality/City  
Cebu City North District Cebu  
Province ZIP Code  
Cebu 6000

16 Foreign Address  
N/A

17 Municipality Code (To be filled out by BIR) 18 Tax Type INCOME TAX 19 Form Type BIR Form No. 1700 20 ATC II 011

21 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)  
Passport P4353677C 06/08/2023 06/07/2033  
Issuer Place/Country of Issue

22 Preferred Contact Type  
 Landline Number  Fax Number  Mobile Number  
+639321192276  
 Email Address (required) maecodera7@gmail.com

### Part II - Spouse Information (if applicable)

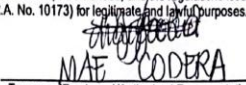
23 Employment Status of Spouse  Unemployed  Employed Locally  Employed Abroad  Engaged in Business/Practice of Profession

24 Spouse Name (Last Name) (First Name)  
N/A N/A  
(Middle Name) (Suffix)  
N/A N/A

25 Spouse TIN  
0 0 0 0 0

26 Spouse Employer's Name (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual, Registered Name) (Attach additional sheet/s, if necessary)

27 Spouse Employer's TIN

Part III - For Employee with Two or More Employers (Multiple Employments) Within the Calendar Year			
<b>28 Type of Multiple Employments</b>			
<input checked="" type="checkbox"/> Successive Employments (With previous employer/s within the calendar year)			
<input type="checkbox"/> Concurrent Employments (With two or more employers at the same time within the calendar year) <i>(If successive, enter previous employer/s; if concurrent, enter secondary employer/s)</i>			
<b>Previous and/or Concurrent Employments During the Calendar Year (Attach additional sheet/s, if necessary)</b>			
<b>29A Name of Employer</b>	<b>29B Employer's TIN</b>		
Nustar Resort and Casino			
<b>30A Name of Employer</b>	<b>30B Employer's TIN</b>		
<b>31A Name of Employer</b>	<b>31B Employer's TIN</b>		
<b>32 Declaration</b> I declare under the penalties of perjury that this application, and all its attachments, have 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.			
 Taxpayer (Employee)/Authorized Representative <i>(Signature over Printed Name)</i>			
Part IV - Primary/Current Employer Information			
<b>33 Type of Registered Office</b>	<b>34 TIN</b>		<b>35 RDO Code</b>
<input type="checkbox"/> Head Office <input type="checkbox"/> Branch Office			
<b>36 Employer's Name (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual, Registered Name)</b>			
<b>37 Employer's Address</b>			
Unit/Room/Floor/Building No.		Building Name/Tower	
Lot/Block/Phase/House No.		Street Name	
Subdivision/Village/Zone		Barangay	
Town/District		Municipality/City	
Province		ZIP Code	
<b>38 Contact Details</b>			
Landline Number	Fax Number	Mobile Number	
<b>39 Relationship Start Date/Date Employee was Hired (MMDDYYYY)</b>	<b>40 Municipality Code (To be filled out by BIR)</b>		
<b>41 Declaration</b> I declare under the penalties of perjury that this application and all its attachments, have 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.			Stamp of BIR Receiving Office and Date of Receipt
EMPLOYER/AUTHORIZED REPRESENTATIVE <i>(Signature over Printed Name)</i>		Title/Position of Signatory	

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

- Documentary Requirements:**
- For Local Employee:**
    - 1. Any government-issued ID (e.g., Birth Certificate, Passport, Driver's License, Community Tax Certificate, PhilID) that shows the name, address and birthdate of the applicant. In case the ID has no address, any proof of residence; (1 photocopy)
    - 2. Marriage Contract, for married female. (1 photocopy)
  - For Foreign Nationals/Allian Employee:**
    - 1. Passport (Bio page, including date of entry/arrival and exit/departure stamp, if applicable); (1 photocopy)
    - 2. Employment Contract or equivalent document indicating the duration of employment, compensation and other benefits and scope of duties. (1 certified true copy)
  - If transacting through a Representative:**
    - 2.1 Special Power of Attorney (SPA); (1 original)
    - 2.2 Any government-issued ID of the taxpayer and authorized representative. (1 photocopy)
  - In the case of employer securing TIN in behalf of its employee:**
    - (a) Letter of Authority (LOA) with company letterhead (if applicable) signed by the President or HR Head indicating the company name and its authorized representative; (1 original)
    - (b) Any government-issued ID of the signatory (for signature validation); (1 certified true copy)
    - (c) Any government-issued ID of the authorized person of the employer; (1 photocopy)
    - (d) Transmittal List of Newly Hired Employees with a place of assignment and certifying that the list is its newly hired employees; (1 original)
    - (e) Letter of Authority from the employee/s; (1 original)
    - (f) Printed copy of eREG System message that the employee has a similar record, if applicable. (1 original)

POSSESSION OF MORE THAN ONE TAXPAYER IDENTIFICATION NUMBER (TIN) IS CRIMINALLY PUNISHABLE PURSUANT TO THE PROVISIONS OF THE NATIONAL INTERNAL REVENUE CODE OF 1997, AS AMENDED.

NATIONAL BUREAU OF INVESTIGATION NATIONAL BUREAU OF INVESTIGATION



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



35428901

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.  
C360EMGE00-JM1518397

VALID UNTIL  
October 17, 2024

FAMILY NAME  
CODERA

FIRST NAME  
MAE

MIDDLE NAME  
YGONA

HUSBAND'S SURNAME

ADDRESS  
765 F CABA HUG ST PANAGDAIT BRGY KASAMBAGAN CEBU CITY

DATE OF BIRTH  
May 07, 2000

PLACE OF BIRTH  
CEBU CITY

CITIZENSHIP  
FILIPINO

CIVIL STATUS  
SINGLE

PURPOSE

**MULTI-PURPOSE CLEARANCE**

REMARKS  
NO DEROGATORY RECORD

GENDER  
FEMALE



SIGNATURE  
*MAE CODERA YGONA*



C360EMGE00-JM1518397

1936  
*Medardo G. de Lemos*  
ATTY. MEDARDO G. DE LEMOS  
Director

Date Printed: Monday, October 23, 2023 09:21 AM  
Agency JM DATID minguezjgc  
CASID minguezjgc BIOID minguezjgc  
O R No. MP2UFLQIUW RECID cruzaz2  
O R Date 10/17/2023 11:30:07 AM INTD  
DST PAID PRTID minguezjgc

NATIONAL BUREAU OF INVESTIGATION NATIONAL BUREAU OF INVESTIGATION



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



35428901

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C360EMGE00-JM1518397

VALID UNTIL  
October 17, 2024

FAMILY NAME  
CODERA

FIRST NAME  
MAE

MIDDLE NAME  
YGONA

HUSBAND'S SURNAME

ADDRESS  
765 F CABA HUG ST PANAGDAIT BRGY KASAMBAGAN CEBU CITY

DATE OF BIRTH  
May 07, 2000

PLACE OF BIRTH  
CEBU CITY

CITIZENSHIP  
FILIPINO

CIVIL STATUS  
SINGLE

PURPOSE

**MULTI-PURPOSE CLEARANCE**

REMARKS  
NO DEROGATORY RECORD

GENDER  
FEMALE



SIGNATURE  
*MAE CODERA YGONA*



C360EMGE00-JM1518397

**PERSONAL COPY**

1936  
*Medardo G. de Lemos*  
ATTY. MEDARDO G. DE LEMOS  
Director

Date Printed: Monday, October 23, 2023 09:23 AM  
Agency JM DATID minguezjgc  
CASID minguezjgc BIOID minguezjgc  
O R No. MP2UFLQIUW RECID cruzaz2  
O R Date 10/12/2023 11:30:07 AM INTD  
DST PAID PRTID minguezjgc

NATIONAL BUREAU OF INVESTIGATION NATIONAL BUREAU OF INVESTIGATION