



Copy for OCSG

REMARKS/ANNOTATION	
<p>Province: <u>031, SARTOS</u> Registry No. <u>2002-7666</u></p>	
<p>1. NAME: <u>JOEVRILYN DEBOSORA YU</u></p>	
<p>2. SEX: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female 3. DATE OF BIRTH: <u>30 DECEMBER 2001</u></p>	
<p>4. PLACE OF BIRTH: <u>WILL FAMILY MIDWIFE CLINIC, PATINA, GENERAL SARTOS CITY</u></p>	
<p>5a. TYPE OF BIRTH: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other, Specify</p>	
<p>c. BIRTH ORDER: <u>FIRST</u> d. WEIGHT AT BIRTH: <u>3561</u> grams</p>	
<p>6. MOTHER NAME: <u>MIRIAN SCHIZAC DEBOSORA</u></p>	
<p>7. CITIZENSHIP: <u>FILIPINO</u> 8. RELIGION: <u>ROMAN CATHOLIC</u></p>	
<p>9a. Total number of children born alive: <u>1</u> b. No. of children still being including this birth: <u>1</u> c. No. of children born alive but are now dead: <u>0</u></p>	
<p>10. OCCUPATION: <u>HOUSEWIFE</u> 11. Age at the time of this birth: <u>23</u> years</p>	
<p>12. RESIDENCE: <u>BOYS B BLDG. 12, PATINA, GENERAL SARTOS CITY</u></p>	
<p>13. NAME: <u>JOYCE GOC-CGO YU</u></p>	
<p>14. CITIZENSHIP: <u>FILIPINO</u> 15. RELIGION: <u>ROMAN CATHOLIC</u></p>	
<p>16. OCCUPATION: <u>BUSINESSWOMAN</u> 17. Age at the time of this birth: <u>36</u> years</p>	
<p>18. DATE AND PLACE OF MARRIAGE OF PARENTS: <u>Not married</u></p>	
<p>19a. ATTENDANT: <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)</p>	
<p>19b. CERTIFICATION OF BIRTH: <u>I hereby certify that I attended the birth of the child who was born alive at 08:35 on 30 Dec 2001 at the date stated above.</u></p>	
<p>20. INFORMANT: <u>MIRIAN SCHIZAC DEBOSORA</u>, Address: <u>Patina, GSO</u>, Date: <u>10 Jan 2002</u></p>	
<p>21. PREPARED BY: <u>MARLYN S. DEBOSORA</u>, Address: <u>Patina, GSO</u>, Date: <u>10 Jan 2002</u></p>	
<p>22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR: <u>ORANGEITA A. YARIZO</u>, Date: <u>AUG 01 2002</u></p>	

THE SURNAME OF THE CHILD IS HEREBY CHANGED FROM DEBOSORA TO YU ON SEPTEMBER 16, 2010. THE CHILD SHALL BE KNOWN AS JOEVRILYN DEBOSORA YU, PURSUANT TO R.A. 9255.

NO. 08141082120934401 C4K625876K2C40181DCA

10/15/2010 09:18:05 AM

FOR OCSG USE ONLY: Population Reference No.
 DO NOT FILL UP AT THE OFFICE OF THE CIVIL REGISTRAR
 61 30207676
 62 2
 63 2 10122001
 64 63031
 65 1
 66 011367
 67 1 2
 68 01 01 06
 69 220 23
 70 63030
 71 1 1
 72 705 32
 73 2 11111
 74 3 11111

01480

06352-GB-721ACP-00270-BI003

BRen 06303-B01ZA0L-5

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

Documentary Stamp Tax Paid



72106352721002700522017003



For births before 3 August 1988/on or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We, JOVER G. TU H.S. and _____ H.S.
 parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/my knowledge and belief.

_____ (Signature of Father) _____ (Signature of Mother)

Community Tax No. 145 P203 Date Issued 1/27/02 Place Issued OSD

Community Tax No. _____ Date Issued _____ Place Issued _____

SUBSCRIBED AND SWORN to before me this 10th day of AUG 01 2002 at OSD, Philippines.

_____ (Name in Print) _____ (Title/Designation)
dept head II/csr
OSD (Address)

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(When the person himself is 18 years old or over, or father/mother/guardian may exempt this affidavit)

I, Meryln Debonito, of legal age, single/married
 and with residence and postal address at FRANCE, OSD
 after having been duly sworn to in accordance with law, do hereby depose and say:

- That I am the applicant for the delayed registration of my birth/of the birth of Jovilyn Debonito
- That I/he/she was born on 10 December 2001 at St. Paul Family Kidney Clinic, Pateros, Manila, OSD
- That I/he/she was attended at birth by Reynold Barrios, Sr who resides at Manila, OSD
- That I/he/she is a citizen of the Phils.
- That my/his/her parents were married on _____ at _____
 not married but was acknowledge by my/his/her father whose name is Jover G. Tu
- That the reason for the delay in registering my/his/her birth was due to negligence
- That a copy of my/his/her birth certificate is needed for the purpose of reference
- (For the applicant only) That I am married to _____
 (For the father/mother/guardian) That I am the father of the said person.

MERYLN S. DEBONITO (Signature of affiant)
 Community Tax No. 145 P203 Date Issued 1/27/02 Place Issued OSD

SUBSCRIBED AND SWORN to before me this _____ day of AUG 01 2002 at OSD, Philippines.

_____ (Name in Print) _____ (Title/Designation)
dept head II/csr
OSD (Address)

06352-GB-721ACP-00270-BI003
 BEST POSSIBLE IMAGE

 U21063527210027005232017003
 TL00340517

BReN
 06303-B01ZA0L-5
 Documentary
 Stamp Tax Paid

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



Account

School Year

2324

Semester

First Semester

Display

Name : **YU, JOEVIRLYN DEBOSORA**Student # : **05-2122-004597**Course : **Bachelor of Science in Psychology**Year : **Third Year**Status : **Continuing (Regular) (22 Unit(s) Allowed)**
SY : **2023-2024**

Level

Section : **A2**Semester : **First Semester**

ASSESSMENT

REGISTERED SUBJECTS

Subject Code - Equiv. Subject	Description	Lec Units	Lab Units	Credited Units	Schedule (BlockSection- SectionCode-Schedule)	Enrolled By	Date Modified
CHE 005	Organic Chemistry (with laboratory)	3	2	5	[8]-BSPSY-SWU-BPSY3-C4-T / W / F 07:00 AM - 05:00 PM June 26 - Aug 29, 2023	Cherlyn Quevedo	06/26/2023
PSY 021	Abnormal Psychology	3	0	3	[19]-BSPSY-SWU-BPSY3-C4-M / TH 07:30 AM - 09:00 AM June 26 - Oct 28, 2023	Cherlyn Quevedo	06/26/2023
PSY 063	Cognitive Psychology	3	0	3	[12]-BSPSY-SWU-BPSY3-C4-M / TH 01:00 PM - 02:30 PM June 26 - Oct 28, 2023	Cherlyn Quevedo	06/26/2023
PSY 087	Experimental Psychology	3	2	5	[17]-BSPSY-SWU-BPSY3-C4-T / F 07:00 PM - 08:30 PM June 26 - Oct 28, 2023	Cherlyn Quevedo	06/26/2023
PSY 088	Psychological Assessment	3	2	5	[19]-BSPSY-SWU-BPSY3-C4-T / F	Cherlyn	06/26/2023

Dashboard

Section Offering

Registration

Profile

Schedule

Grades

Account

Password

Requirements

Breakdown

		Payments	Due Date	Amount
Total Tuition Fee				25,300.00
Academic	:			25,300.00
Miscellaneous Fee				5,150.00
Athletic Fee	:			0.00
Development fee	:			1,050.00
PACU	:			55.00
Quill Fee	:			200.00
SSG Fund	:			150.00
Learning Resource Fee	:			900.00
Registration Fee	:			510.00
Insurance Fee	:			75.00
Student Services	:			2,210.00
Laboratory Fee				5,800.00
PSY 087	:			1,500.00
CHE 005	:			3,500.00
PSY 088	:			800.00
Other School Fee				4,095.00
Funds Held in Trust				
College Fund	:			750.00
OTHERNTFs				
Answer Sheet (Scantron)	:			165.00
Learning Module Fee	:			1,800.00
Laboratory Kit	:			1,230.00
Books				
Laboratory Activity Sheets	:			150.00
TOTAL TUITION & FEES				40,345.00
Add:				
Less:				
() HK SCHOLAR (College)-55% TF		13,915.00	06/20/2023	
BANK REMITTANCE - Downpayment (Non-Refundable)		1,500.00	42154 06/19/2023	
Balance / (Refund):				24,930.00

Laboratory Kit	1,250.00	
Books		
Laboratory Activity Sheets	150.00	
TOTAL TUITION & FEES		40,345.00
Add:		
Less:		
() HK SCHOLAR (College)-55% TF	13,915.00	06/20/2023
BANK REMITTANCE - Downpayment (Non-Refundable)	1,500.00	42154 06/19/2023
Balance / (Refund):		24,930.00

Payment History (TUITION)

OR#	Description	Amount	Date	User
42154	BANK REMITTANCE	Bank: RCBC ECPAY		
	Downpayment (Non-Refundable)	1,500.00	June 19, 2023 05:10 PM	Ms. RUELA JACE TANUTAN
	Total Payment	1,500.00		
	Total Cancelled	0.00		

Payment History (OTHERS)

No payments made

TRAIL

Description	Date	Debit	Credit	Balance
TOTAL AMOUNT DUE		40,345.00		40,345.00
HK SCHOLAR (College)-55% TF	June 20, 2023 09:08 AM		13,915.00	26,430.00
BANK REMITTANCE - Downpayment (Non-Refundable)	June 19, 2023 05:10 PM		1,500.00	24,930.00
				24,930.00



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



14-252111475-3

YU, JOEVIRLYN DEBOSORA

DECEMBER 10, 2001 - FEMALE

URGELLO SAMBAG II (POB.) CEBU CITY, CEBU -
6000


Signature



1 4 2 5 2 1 1 1 4 7 5 3



Republic of the Philippines
Department of Justice
National Bureau of Investigation



40008200

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.
Y000LJJN10
FAMILY NAME
YU

MIDDLE NAME
DEBOSORA
ADDRESS
URGELLO ST BRGY SAMBAG I CEBU CITY

DATE OF BIRTH
December 10, 2001
CITIZENSHIP
FILIPINO

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

VALID UNTIL
April 17, 2025
FIRST NAME
JOEVIRLYN
HUSBAND'S SURNAME

PLACE OF BIRTH
GENERAL SANTOS CITY SOUTH COTABATO
CIVIL STATUS
SINGLE

GENDER
FEMALE



SIGNATURE

[Handwritten Signature]



Date Printed: Wednesday, 17 April 2024 02:13 pm

Agency	CM	DATID	tulang
CASID	tulang	BIOID	tulang
O.R. No.	1ADIHEEA	RECID	
O.R. Date	04/17/2024 1:52:21 pm	INTID	
DST PAID		PRDID	tulang



Y000LJJN10

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



Republic of the Philippines
Department of Justice
National Bureau of Investigation



40008200

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NBI ID NO.
Y000LJJN10
FAMILY NAME
YU

MIDDLE NAME
DEBOSORA
ADDRESS
URGELLO ST BRGY SAMBAG I CEBU CITY

DATE OF BIRTH
December 10, 2001
CITIZENSHIP
FILIPINO

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

VALID UNTIL
April 17, 2025
FIRST NAME
JOEVIRLYN
HUSBAND'S SURNAME

PLACE OF BIRTH
GENERAL SANTOS CITY SOUTH COTABATO
CIVIL STATUS
SINGLE

GENDER
FEMALE



SIGNATURE

[Handwritten Signature]



Date Printed: Wednesday, 17 April 2024 02:13 pm

Agency	CM	DATE	tulang
CASID	tulang	BIOID	tulang
O.R. No.	1ADIHEEA	RECID	
O.R. Date	04/17/2024 1:52:21 pm	INTID	
DST PAID		PRDID	tulang



Y000LJJN10

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

PERSONAL COPY



BIR Form No.
2316
January 2018 (ENC5)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 01/18ENC5

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

1 For the Year (YYYY) **2023**

2 For the Period From (MM/DD) **12 01** To (MM/DD) **12 31**

Part I - Employee Information

3 TIN **640 996 833 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **YU, JOEVIRLYN DEBOSORA** 5 RDO Code **081**

6 Registered Address _____ 6A Zip Code _____

6B Local Home Address **Purok Pines 1 Sanito Ipil** 6C Zip Code **7001**

6D Foreign Address _____ 6E Zip Code _____

7 Date of Birth (MM/DD/YYYY) **12 10 2001** 8 Telephone Number _____

9 Statutory Minimum Wage rate per day **0.00**

10 Statutory Minimum Wage rate per month **0.00**

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

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

	Amount
27 Basic Salary (including the exempt P250,000 & of the Statutory Minimum Wage of the MWE)	0.00
28 Holiday Pay (MWE)	0.00
29 Overtime Pay (MWE)	0.00
30 Night Shift Differential (MWE)	0.00
31 Hazard Pay (MWE)	0.00
32 13th Month Pay and Other Benefits (maximum of P90,000)	1,312.07
33 De Minimis Benefits	0.00
34 SSS, GSIS, PHIC & Pag-Ibig Contributions and Union Dues (Employee share only)	1,075.00
35 Salaries & Other Forms of Compensation	0.00
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	2,387.07

Part II - Employer Information (Present)

12 Taxpayer **466 491 968 0000**

13 Employer's Name **AZPIRED INC.**

14 Registered Address **GF Loft, 7-9th Floor Park Centrale Building, Jose** 14A Zip Code **6000**

15 Type of Employer Main Employer Secondary Employer

Part III - Employer Information (Previous)

16 TIN _____

17 Employer's Name _____

18 Registered Address _____ 18A Zip Code _____

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	20,405.01
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	2,387.07
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	18,017.94
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	18,017.94
24 Tax Due	
25 Amount of Taxes Withheld	
25A Present Employer	0.00
25B Previous Employer	0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00

B. TAXABLE COMPENSATION INCOME REGULAR

37 Basic Salary	14,669.81
38 Representation	
39 Transportation	
40 Cost of Living Allowance (COLA)	
41 Fixed Housing Allowance	
42 Others (Specify)	
42A	
42B	
SUPPLEMENTARY	
43 Commission	
44 Profit Sharing	
45 Fees Including Director's Fees	
46 Taxable 13th Month Pay Benefits	
47 Hazard Pay	
48 Overtime Pay	1,233.36
49 Others (Specify)	
49A HOLIDAY PAY	2,114.77
49B	
50 Total Taxable Compensation Income (Sum of Items 37 and 49B)	18,017.94

I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by 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.

51 **ALMIRA S. ABSIN**
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed **0 1 3 1 2 0 2 4**

CONFORME:

JOEVIRLYN DEBOSORA YU

52 _____
Employee Signature Over Printed Name

Date Signed **0 1 0 5 2 0 2 4**

CTC/Valid ID No. **13937321** Place of Issue **CEBU CITY**

Date of Issue **0 1 1 8 2 0 2 4**

Amount Paid, if CTC **163.00**

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604C 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 Returns (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.

53 **ALMIRA S. ABSIN**
Present Employer/ Authorized Agent Signature Over Printed Name
(Head of Accounting/ Human Resource or Authorized Representative)

54 **JOEVIRLYN DEBOSORA YU**
Employee Signature Over Printed Name



BARANGAY SAMBAG 1

J. Alcantara St., Cebu City (beside seven eleven)

Cebu City, Philippines

Tel. No.: (032) 254-7590 / (032) 255-0552

BARANGAY CHAIRMAN

MARIA AILIEN R. GUARDO

Chairman: Committee on Peace and Order

COUNCILORS

HON. GIOVANNI AZNAR

Chairman: Committee on Livelihood
Committee on BAC

HON. MARIO TALLO

Chairman: Committee on Sanitation Clean & Green
Committee on Environmental Protection
and Waste Management
Committee on Public Works & Infrastructure

HON. JAIME LACUÑA

Chairman: Committee on Appropriation

HON. McDONALD ARQUIZA

Chairman: Committee on Health

HON. LEONA KHARLA BACALTOS

Chairman: Committee on Social Services
Committee on Women and Family Affairs

HON. JOHN CHRISTIAN D. TALLO

Chairman: Committee on Disaster

HON. ALLAN GLEN ABELLA

Chairman: Committee on Education and Culture
Committee on Laws and Ordinances

RAIZA SHAINÉ ALONZO

SK Chairman: Committee on Youth Devt. & Sports

ABEGAIL D. MATULAC

Barangay Secretary

MARIA MAGNOLIA MICHELLE D. DIAO

Barangay Treasurer



BARANGAY CLEARANCE

To whom it may concern,

This is to certify that JOEVIRLYN D. YU a non registered voter and a resident of DIAZ BOARDING HOUSE , AZNAR RD., SITIO TANGKONGAN , Brgy. Sambag 1 , Cebu City. with no record as per our blotterbook.

This certification is issued upon request the above mentioned name for application **EMPLOYMENT** purpose only.

Issued on this 26th day of APRIL , 2024. At Barangay Sambag 1, Cebu City.


MARIA AILIEN R. GUARDO
Barangay Chairman



Medgrupe Polyclinics & Diagnostic Center, Inc.
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 Tel # (032) 232-2273/266-3245
 www.primecarealpha.ph

SERVICE ORDER



BILL TO :

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

Priority No.	0081
SO No.	461006
S.O Date	04/29/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 099631
PATIENT NAME : YU, JOEVIRLYN, DEBOROSA
PATIENT ADDRESS : Sambag I (Pob.), Cebu City (Capital), Cebu
MOBILE NO. : 09977468504
EMAIL ADDRESS : JOVYU25@GMAIL.COM
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Female
BIRTHDATE : 12/10/2001
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 PEME *PE CHEST PA, CBC, UA, SE 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:

Maurice C. Escario

ACKNOWLEDGED BY:

Signature Over Printed Name

VERIFIED BY:

VALIDATED
 Signature Over Printed Name



Republic of the Philippines
SOCIAL SECURITY SYSTEM

SS NUMBER SLIP

06-4446429-3

YU, JOEVIRLYN DEBOSORA

12/10/2001



06-4446429-3 YU, JOEVIRLYN DEBOSORA