



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
SS NUMBER SLIP

SS Number: 06-1585465-4  
REQUIRON, CATHERINE MARIBOJOC  
Birthdate: 03/26/1977





Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



36882994

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.



SIGNATURE

NBI ID NO <b>R265CC0E77-RX1477689</b>	VALID UNTIL <b>December 15, 2024</b>
FAMILY NAME <b>REQUIRON</b>	FIRST NAME <b>CATHERINE</b>
MIDDLE NAME <b>MARIBOJOC</b>	HUSBAND'S SURNAME
ADDRESS <b>PUROK 3A POBLACION DANGCAGAN BUKIDNON</b>	

DATE OF BIRTH <b>March 26, 1977</b>	PLACE OF BIRTH <b>MARAMAG BUKIDNON</b>
CITIZENSHIP <b>FILIPINO</b>	CIVIL STATUS <b>SINGLE</b>

GENDER  
**FEMALE**

PURPOSE  
**MULTI-PURPOSE CLEARANCE**

**PERSONAL COPY**

REMARKS  
**NO RECORD ON FILE**



Date Printed: Friday, December 15, 2023 08:24 AM



R265CC0E77-RX1477689

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

Agency	RX	DATID	balingkitrd
CASID	balingkitrd	BIOID	balingkitrd
O.R. No.	19XZPCNQ	RECID	
O.R. Date	12/15/2023 8:19:48 AM	INTID	
DST PAID		PRTID	balingkitrd

NATIONAL BUREAU OF INVESTIGATION



Republic of the Philippines

**PHILIPPINE HEALTH INSURANCE CORPORATION**

8TH F GATEWAY TOWER 2, LIMKETKAI CENTER, C.M. RECTO AVE., CAGAYAN DE ORO CITY

Call Center: (02) 441-7442, Landline: (088) 856-1780

[www.philhealth.gov.ph](http://www.philhealth.gov.ph)

# MDR

## MEMBER DATA RECORD

### MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **120503493972**  
 Member Category : SPONSORED POS-FINANCIALLY NHTS Coverage :  
 Sub-Category : INCAPABLE Effectivity Period : 4/12/2020 - 12/31/2020

**REQUIRON, CATHERINE MARIBOJOC**  
 POBLACION, DANGCAGAN, BUKIDNON  
 8719

Foreign Address : N/A Sex : Female  
 Date of Birth : 03/26/1977  
 Place of Birth : MARAMAG, BUKIDNON  
 Contact No. (Foreign) : N/A Civil Status : SINGLE  
 (Local) : 4122880 Tax Identification Number : APPLIED

### EMPLOYER/ORGANIZED GROUP INFORMATION

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

### DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
152523838150	REQUIRON	ELIJAH NATHANIEL	MARIBOJOC	Male	Son	7/24/2016

\*\*\* NOTHING FOLLOWS \*\*\*

MDR RELEASED  
 DEC 14 2023

**DELIO A. ASERON, II**  
 REGIONAL VICE PRESIDENT  
 PRO - X Cagayan De Oro City

**Paalala :** Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang mairagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, 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.*



Republic of the Philippines  
Province of Bukidnon  
Municipality of Dancagan  
Barangay POBLACION

*Office of the Punong Barangay*

**BARANGAY CERTIFICATION**

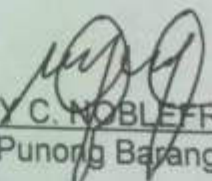
*TO WHOM IT MAY CONCERN:*

THIS IS TO CERTIFY that, CATHERINE M. REQUIRON, single, Filipino of legal age, a resident of P-3A Poblacion, Dancagan Bukidnon.

CERTIFY FURTHER, that the above mentioned name is an incumbent Barangay Kagawad of Barangay Poblacion, Dancagan Bukidnon from May 2013 Barangay Election until November 19, 2023.

This certification is issued upon request for whatever legal purpose that may serve best.

Issued this 10<sup>th</sup> day of May 2024 at Barangay Poblacion, Dancagan, Bukidnon.

  
HARRY C. NOBLEFRANCA  
Punong Barangay



(Copy for OCR)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION	
Republic of the Philippines <b>OFFICE OF THE CIVIL REGISTRAR GENERAL</b> <b>CERTIFICATE OF LIVE BIRTH</b> (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 2, 5a, 5b, and 19a.)					
Province <u>BUKIDNON</u>			Registry No. <u>2004-1410</u>		
City/Municipality <u>DON CARLOS</u>					
CHILD	1. NAME (First Middle Last) <u>EARL LAWRENCE RAJULON FALCON</u>		For OCR USE ONLY: Population Reference No.		
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day month year) <u>09 November 2006</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Simbahan Santo Niño Hospital, Don Carlos, Bukidnon</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
	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 total deaths including this delivery) (first, second, third, etc.) <u>first</u>		d. WEIGHT AT BIRTH <u>2600</u> grams			
MOTHER	6. MAIDEN NAME (First Middle Last) <u>CATHERINE MARIBATOC RAJULON</u>		41 <u>09011410</u> 42 <u>2</u> 43 <u>1</u> <u>091106</u> 44 <u>13045</u>		
	7. CITIZENSHIP <u>filipino</u>		8. RELIGION <u>Roman 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>00</u>
	10. OCCUPATION <u>Private Employee</u>		11. Age at the time of this birth: <u>29</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Poblacion, Danggagan, Bukidnon</u>		45 <u>01</u> <u>2808</u> 46 <u>1</u> <u>1</u>			
FATHER	13. NAME (First Middle Last) <u>ROY GUMANDY FALCON</u>		70 <u>01</u> <u>01</u> <u>08</u> 71 <u>1</u> <u>1</u>		
	14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Roman Catholic</u>		
	16. OCCUPATION <u>Private Employee</u>		17. Age at the time of this birth: <u>26</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>N/A</u>					
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Midot (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>7:36</u> o'clock am/pm on the date stated above.					
Signature <u>[Signature]</u> Address <u>Poblacion, Don Carlos, Bukidnon</u> Name in Print <u>DR. LARRY M. SIMULAN-SUGARIN</u> Title or Position <u>OBSTETRICIEN/SCHOOLIST</u> Date <u>November 11, 2006</u>					
20. INFORMANT Signature <u>[Signature]</u> Address <u>Poblacion, Danggagan, Bukidnon</u> Name in Print <u>EARL G. FALCON</u> Relationship to the child <u>Father</u> Date <u>September 20, 2009</u>					
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>NESTOR A. ARDAL</u> Title or Position <u>NCR-Danggagan, Bukidnon</u> Date <u>September 20, 2009</u>			22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>CLAIRE DENNIS S. MAPA</u> Title or Position <u>MUNICIPAL CIVIL REGISTRAR</u> Date <u>05 OCT 2009</u>		
47 <u>10052009</u> 48 <u>2</u> 49 <u>1</u> <u>091106</u> 50 <u>13045</u> 51 <u>1</u> 52 <u>01</u> <u>2808</u> 53 <u>1</u> <u>1</u> 54 <u>1</u> <u>01</u> <u>08</u> 55 <u>1</u> <u>1</u> 56 <u>1</u> <u>01</u> <u>08</u> 57 <u>1</u> <u>1</u> 58 <u>1</u> <u>01</u> <u>08</u> 59 <u>1</u> <u>1</u>					

08581-GF-730AED-00281-BK001  
 BEST POSSIBLE IMAGE



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





REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
BUREAU OF INTERNAL REVENUE

**REQUIRON, CATHERINE MARIBOJOC**

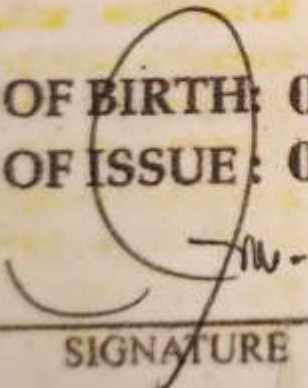
TIN:

**945-906-174-000**

DATE OF BIRTH: **03-26-77**

DATE OF ISSUE: **01-25-06**



  
SIGNATURE



**Medgruppe 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**



Priority No.	0012
SO No.	461564
S.O Date	05/06/2024
Terms	30 Days
Amount Due	P800.00

**BILL TO :**

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

*CONFIRMATION. PLEASE COME IN  
 DATE SCHEDULED 5-8-24  
 OTHERWISE YOU WILL HAVE TO PAY*

**PATIENT INFORMATION**

**PATIENT ID** : 099855  
**PATIENT NAME** : REQUIRON, CATHERINE, MARIBOJOC  
**PATIENT ADDRESS** : Basak, Lapu-Lapu City (Opon), Cebu  
**MOBILE NO.** : 09669480010  
**EMAIL ADDRESS** :  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY



**GENDER** : Female  
**BIRTHDATE** : 03/26/1977  
**AGE** : 47  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
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

SUMMARY OF CHARGES	
TOTAL SALES	800.00
VARIABLE SALES	0.00
V-A-T	0.00
SC/PWD DISCOUNT	0.00
AMOUNT DUE	800.00

**PREPARED BY:**

Floren A. Manigos

**ACKNOWLEDGED BY:**

*[Handwritten Signature]*  
 Signature Over Printed Name

**VERIFIED BY:**  
**VALIDATED**  
 Signature Over Printed Name

**BY:** \_\_\_\_\_  
 Date Created: 05/06/2024 07:55 AM

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 ISO and agree to the charges associated with the products and services.

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



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121333072103
REGISTRATION TRACKING NO.	923348480084

OCCUPATIONAL STATUS EMPLOYED					
MEMBERSHIP CATEGORY OTHERS (MANDATORY)			Please specify		
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	REQUIRON	CATHERINE		MARIBOJOC	<input type="checkbox"/>
FATHER	REQUIRON	LUCITO		ESPAÑOL	<input type="checkbox"/>
MOTHER (Maiden Name)	MARIBOJOC	ELLENITA		COLLAMAT	<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	REQUIRON	CATHERINE		MARIBOJOC	<input type="checkbox"/>
DATE OF BIRTH 03/28/1977		MARITAL STATUS Single/Unmarried		TAXPAYER IDENTIFICATION NUMBER (TIN)	
PLACE OF BIRTH MARAMAG, BUKIDNON			CITIZENSHIP FILIPINO		SSS NUMBER
					GSIS NUMBER
SEX FEMALE	HEIGHT(cm) 158.50	WEIGHT(kg) 59.00	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER For AFP/PNP Employee, Serial/Badge No.
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		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 PUROK 3A	Cell Phone +63 (0966) 9480010
Subdivision		Barangay POBLACION			Business (Direct Line)
Municipality/City DANGCAGAN		Province/State/Country BUKIDNON, PHILIPPINES			Business (Trunk Line)
ZIP Code 8719					Email Address
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name	Lot No.	Block No.	Phase No.
House No.		Street Name PUROK 3A	Subdivision		Barangay POBLACION
Municipality/City DANGCAGAN		Province/State/Country BUKIDNON, PHILIPPINES			ZIP Code 8719
PREFERRED MAILING ADDRESS		PRESENT HOME ADDRESS			