



MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN): 120509083741

Member Category : FORMAL ECONOMY NHTS Coverage :
 Sub-Category : PRIVATE Effectivity Period :

GELIG, QUEINLY TAGHAP

CANTILA, POBLACION OCCIDENTAL,
 CONSOLACION, CEBU 6001

Foreign Address : N/A Sex : Female
 Date of Birth : 12/22/1991
 Place of Birth : NASIPIT, AGUSAN DEL NORTE
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : Tax Identification Number: 310755662

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : 012000038031
 Name of Employer/Organized Group : IPLOY INC
 Business Address : UNIT A AND F 11TH FLLOOR MSY TOWER PESCADORES RD CEBU BUSINESS PARK, LUZ,
 CEBU CITY, CEBU
 Telephone Number : N/A
 Tax Identification Number : 484634961000

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** NO DECLARED DEPENDENT/S ***

*** NOTHING FOLLOWS ***

WILLIAM O. CHAVEZ

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.

For

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BUREAU OF INTERNAL REVENUE BUREAU OF INTERNAL REVENUE BUREAU OF INTERNAL REVENUE BUREAU OF INTERNAL REVENUE BUREAU OF INTERNAL REVENUE

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

GELIG, QUEINLY TAGHAP

TIN: **310-755-662-000**

CANTILA POBLACION OCCIDENTAL
CONSOLACION, CEBU

BIRTH DATE: **12/22/1991**

ISSUE DATE: **05/22/2015**



SIGNATURE

BUREAU OF INTERNAL REVENUE BUREAU OF INTERNAL REVENUE BUREAU OF INTERNAL REVENUE BUREAU OF INTERNAL REVENUE BUREAU OF INTERNAL REVENUE

010665086

- This card bears your permanent Taxpayer Identification Number (TIN). Always indicate your TIN on all returns / documents filed with the BIR.
- Report immediately to your Revenue District Officer, the loss of this card and change of name or address.
- Any person who secures and / or uses more than one TIN shall be criminally liable and shall be punishable by fine and imprisonment

DECLARATION OF GOVERNMENT NUMBERS

This to confirm the following government numbers provided below to Iploy Inc. during my employment are true and correct to the best of my knowledge and I will inform the company of any changes therein, immediately. In case any of the below information is found to be incorrect and incomplete, I am aware that I may be held liable for it:

SSS: 06 - 3037895 - 3

Philhealth: 12 - 050908374 - 1

Pag-ibig: 1210 - 7112 - 3769

TIN: 310 - 755 - 662 - 000

QUEIN G. GELG

Employee name and signature | Date

Received by | Date

*201 copy

NAME QUEINLY T. GELIG
 HRID 12407
 SITE CNF - MAC
 CONTACT NUMBER 09958151211
 EMAIL queintachynig@gmail.com

POSITION CSA
 ACCOUNT/DEPARTMENT AMAZON
 IMMEDIATE SUPERVISOR JESUR PIND
 HIRE DATE June 2, 2017
 SEPARATION DATE March 31, 2018

Instructions:

Employee: Route this form to the corresponding departments/sections below. Note that this form may only be routed and signed after the effective date of separation, or during employee's terminal leave. All accountabilities must also be settled within 30 days after the effective date of separation.
Department POCs: Validate employee accountabilities below. If there are no accountabilities, indicate CLEARED, otherwise, describe accountabilities found in REMARKS and indicate AMOUNT or applicable instructions for Full and Final Pay (FFP) processing teams. Do not leave any blank fields.

DEPARTMENT / SECTION	CLEARED / N/A	REMARKS / ASSET ID	AMOUNT (In Php)	DATE	POC FULL NAME	SIGNATURE
TRAINING (for Trainees Only)						
Training Manual/s						
Other accountabilities from the department:						

ACCOUNT/DEPARTMENT						
Knowledge Transfer Bond						
DTR Printout (attach to Employee Clearance Form)	Cleared	n/a	n/a	6/7/2018	JOSEF BULLAQUE	
Other accountabilities from the department:						

ADMINISTRATION (attach Salary Deduction Form if applicable)						
Concentrix ID						Site Security POC
Proximity Cards/Badges						Site Security POC
<input type="checkbox"/> Locker / <input type="checkbox"/> Pedestal						Site Admin POC
Headset						Asset POC
Laptop						Asset POC
Account Desktop Accountability Transfer (for DPE)						Asset POC
Other accountabilities from the department:						

HR BUSINESS PARTNER						
Exit Interview						Site HRBP
Online Exit Interview						182537

For Online Exit Interview, please indicate Reference Number in remarks: <http://www.surveymoz.com/s3/2062072/Concentrix-Philippines-Exit-Interview-Form>

GENERAL LEDGER (attach Salary Deduction Form if applicable)						
Cash Advances						GL POC
Other accountabilities from the department:						

MOBILITY (attach Salary Deduction Form if applicable)						
Alien Employment Permit						HR Mobility POC
Working VISA						HR Mobility POC
Other accountabilities from the department:						

HUMAN RESOURCES (attach Salary Deduction Form if applicable)						
C&B Retention / Loans / Signing Bonus / Referral Fees						HR Operations POC
Incentives						HR Operations POC
HRIS AMEX / Payables						HR Operations POC
Employee Services / HMO						HR Operations POC
Other accountabilities from the department:						

In the event that I fail to settle any money or property accountabilities within 30 days from the date of separation with the company through fault attributed to me, I am hereby authorizing the company to deduct the full amount from my final pay.

QUEINLY T. GELIG
 SIGNATURE OVER PRINTED NAME

06/03/18
 DATE SUBMITTED

To be filled by HR:

Verified by:	Date Received:	Signature:	DTR Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Separation Type: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	Effective Separation Date:	FFP Release Date:
HR Offboarding - Employee Services POC Full Name						

To be filled by Accounting:

Received by:	Date Received:	Signature:	Remarks:
FFP - Controllership POC Full Name			