

CERTIFICATE OF EMPLOYMENT

This is to certify that **Louella Tayco** has been an employee of **VCUSTOMER CEBU, INC. (a Tech Mahindra Ltd. Company)** from **August 04, 2023** to **January 18, 2024**. He/she held the position of **Associate-Customer Support**.

This certification is being issued upon the request of **Louella Tayco** for reference of employment with the Company. **VCUSTOMER CEBU, INC** shall not be held liable if this certification is used other than the purpose indicated. For inquiries, you may email us to CebuER@TechMahindra.com.

Issued on **January 21, 2024**

Issued by:


REYNALDO BELUSO II, JD.
Manager, Human Resources



Republic of the Philippines
SOCIAL SECURITY SYSTEM
SS NUMBER SLIP

SS Number: 35-0518668-8
TAYCO, LOUELLA PATONOB
Birthdate: 01/07/2000





Republic of the Philippines
City of Cebu
Barangay Punta Princesa
Tel. no. (032) 231-1648

OFFICE OF THE BARANGAY CAPTAIN

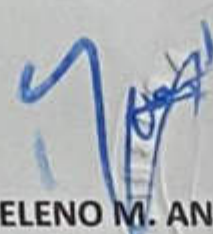
BARANGAY CLEARANCE

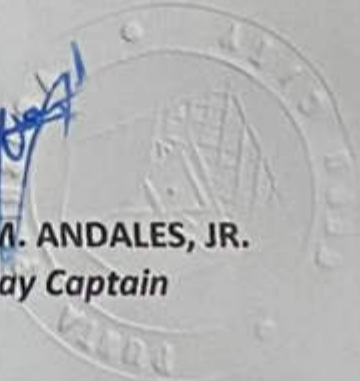
TO WHOM IT MAY CONCERN:

Clearance is hereby given to **LOUELLA P. TAYCO**, 24 years old, a resident of 901-O Oliva St., Punta Princesa, Cebu City, for the past 24 years and known to be a person of good moral character and that she has never been charged with the commission of any crime or violation of any laws and ordinances.

This clearance is issued upon the request of the above-mentioned name in connection with the requirements needed for **LOCAL EMPLOYMENT** purposes.

Issued this 07nd day of May 2024, Barangay Punta Princesa, Cebu City, Philippines.


ATTY. ELENO M. ANDALES, JR.
Barangay Captain





OFFICIAL RECEIPT

Republic of the Philippines
Cebu City
OFFICE OF THE TREASURER



Accountable Form No. 51
(Revised January 1992)

ORIGINAL

DATE 5/7/24

CEB **6233059**

PAYOR

Levella Tayco

NATURE OF COLLECTION	FUND AND ACCOUNT CODE	AMOUNT
<u>Business</u>		₱
<u>rent</u>		<u>20</u>
<u>etc.</u>		<u>30</u>
		<u>₱ 50.-</u>

AMOUNT IN WORDS

fifty pesos only

Received Cash
 Treasury Warrant
 Check
 Money Order

Received the Amount Stated Above.

Treasury Warrant, Check, Money Order Number

Date of Treasury Warrant, Check, Money Order

COLLECTING OFFICER

NOTE: Write the number and date of this receipt on the back of treasury warrant, check or money order received.



the Philippines
of Cebu
Punta Princesa
231-1648

RANGAY CAPTAIN

CLEARANCE

ELLA P. TAYCO, 24 years old, a resident of Cebu City, for the past 24 years and known to me that she has never been charged with any crime by laws and ordinances.

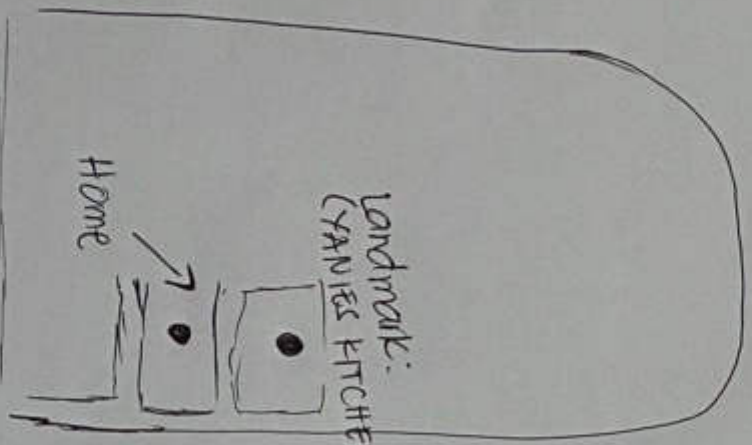
quest of the above-mentioned name for **LOCAL EMPLOYMENT** purposes.

Barangay Punta Princesa, Cebu City,

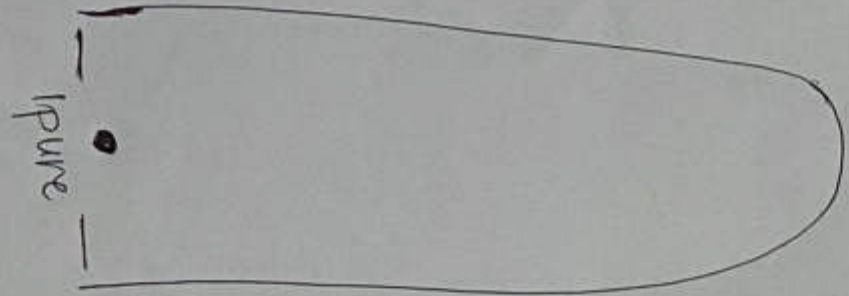
ATTY. ELENO M. ANDALE
Barangay Captain

Pina st

Gabriel Florde st.



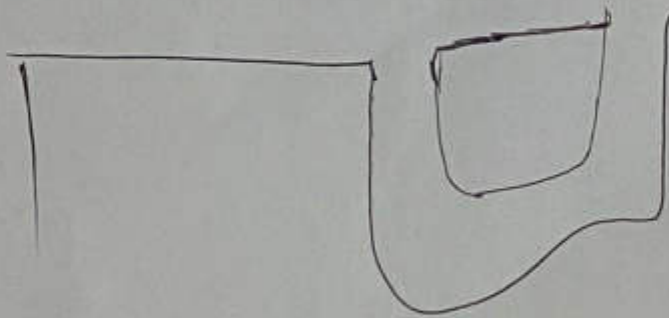
Oliva st.



Caimto street

Nangka st.

Gabriel Florde st.





(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 13a.

Provincial Form No. 100 (Revised January, 1983)		Copy for CGR/10	
Province <u>Cebu</u>		Registry No. <u>2000-1314</u>	
City/Municipality <u>Cebu City</u>			
1. NAME (First) (Middle) (Last) <u>LOUELLA</u> <u>PATONOB</u>		REMARKS/ANNOTATION For Designation Only - Psychological Status/Type No. <u>2017-0008728-6</u> For Designation Only - Psychological Status/Type No. (If applicable) 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 000253	
2. SEX <u>1</u> Male <u>X</u> <u>2</u> Female			
3. DATE OF BIRTH (day) (month) (year) <u>7</u> JANUARY <u>2000</u>			
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) (House No., Street, Barangay) <u>Cebu City Medical Center, Cebu City, Cebu</u>			
5a. TYPE OF BIRTH <u>1</u> Single <u>2</u> Twin <u>3</u> Triplet, etc.			
5b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify			
6. BIRTH ORDER (live births and fetal deaths including this delivery) (First, second, third, etc.) <u>2ND</u>			
7. WEIGHT AT BIRTH <u>2500</u> grams			
8. MAIDEN NAME (First) (Middle) (Last) <u>ROJITA RAZA PATONOB</u>			
9. CITIZENSHIP <u>FILIPINO</u>			
10. RELIGION <u>ROMAN CATHOLIC</u>			
11. Total number of children born alive: <u>2</u>			
12. No. of children still being including this birth: <u>2</u>			
13. No. of children born alive but are now dead: <u>0</u>			
14. OCCUPATION <u>None</u>			
15. Age at the time of this birth: <u>23</u> years			
16. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>901- O OLIVAS ST., PUNTA PRINCESA, Cebu City</u>			
17. NAME (First) (Middle) (Last) <u>UNKNOWN</u>			
18. CITIZENSHIP <u>N.A.</u>			
19. RELIGION <u>N.A.</u>			
20. OCCUPATION <u>N.A.</u>			
21. Age at the time of this birth: <u>N.A.</u> years			
22. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>N.A.</u>			
23. ATTENDANT <u>1</u> Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Healer (Traditional Midwife) <u>5</u> Others (Specify)			
24. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at <u>10:25</u> o'clock a.m./p.m. on the date stated above.) Signature: <u>[Signature]</u> Address: <u>N. SACALDO AVENUE, Cebu City</u> Name in Print: <u>JOYDELA S. GEBARUELAG</u> Date: <u>JANUARY 2, 2000</u> Title or Position: <u>N.D.</u>			
25. INFORMANT Signature: <u>[Signature]</u> Address: <u>901- O OLIVAS ST., PUNTA PRINCESA, Cebu City</u> Name in Print: <u>ROJITA PATONOB</u> Date: <u>JANUARY 7, 2000</u> Relationship to the child: <u>MOTHER</u>			
26. PREPARED BY Signature: <u>[Signature]</u> Name in Print: <u>PHILIP T. BAGITO</u> Title or Position: <u>Clerk</u> Date: <u>JANUARY 7, 2000</u>			
27. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <u>[Signature]</u> Name in Print: <u>JUSTIN M. BOLA GERMA</u> Title or Position: <u>CLERK I</u> Date: <u>JAN 24 2000</u>			

ACKNOWLEDGED BY LOUELLA A. TAYCO ON AUGUST 17, 2010. THE SURNAME OF THE CHILD IS HEREBY CHANGED FROM PATONOB TO TAYCO ON AUGUST 17, 2010. THE CHILD SHALL BE KNOWN AS: LOUELLA PATONOB TAYCO, PURSUANT TO R.A. 9255.

Ms. Esther R. Oquillas
 Civil Registrar General
 09/22/2010 10:55:33 AM EST

06421-33-400GQC-01011-BI001

BEST POSSIBLE IMAGE



T400064214000101107312017001

JL400944517

BReN
02217-8008717-4

Documentary
Stamp Tax Paid

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





MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MD NUMBER	1212 8299 8585
REGISTRATION TRACKING NUMBER	921134954640

INSTRUCTIONS

1. Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on one single sheet of paper.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. All fields marked with asterisk (*) are mandatory.
4. On the "OCCUPATIONAL STATUS" portion, if without employment or purpose is pre-employment or never been employed, select "UNEMPLOYED/NOT YET EMPLOYED".
5. The "NAME EXTENSION" shall refer to JR., II, III and the like.
6. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
7. On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
8. On the "HEIRS" portion, the provision on the Laws on Succession, as provided in the New Civil Code of the Philippines, as amended by the New Family Code, shall be observed.
9. For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCIF, HQP-PFF-049) and submit to any Pag-IBIG Branch nearest you.

*OCCUPATIONAL STATUS		<input checked="" type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED	
MEMBERSHIP CATEGORY					
MANDATORY			VOLUNTARY		
<input checked="" type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> SELF-EMPLOYED (SE)		<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT	
<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER		<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)		<input type="checkbox"/> JOB ORDER PERSONNEL		<input type="checkbox"/> NON-WORKING SPOUSE	
		<input type="checkbox"/> OTHER EARNING GROUPS (OEGs)		<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION	
				<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT	
				<input type="checkbox"/> OTHERS, Please specify	
				<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION <small>(e.g. Jr., II)</small>	MIDDLE NAME	NO MIDDLE NAME <small>(check if applicable only)</small>
*MEMBER	TAYCO	LOUELLA		PATONOB	<input type="checkbox"/>
FATHER	TAYCO	LOUELLO		AVILA	<input type="checkbox"/>
*MOTHER <small>(Maiden Name)</small>	PATUNOB	ROSITA		RAMA	<input type="checkbox"/>
*SPOUSE <small>(If Married)</small>					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	TAYCO	LOUELLA		PATONOB	<input type="checkbox"/>
*DATE OF BIRTH	*MARRITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
0 1 0 7 2 0 0 0	<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		[] [] [] [] [] [] [] []		
*PLACE OF BIRTH <small>(City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)</small>	*CITIZENSHIP		SSS/GSIS NUMBER		
CEBU CITY, CEBU	FILIPINO		3 5 0 5 1 8 6 6 8 8		
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES <small>(Ex. Moles, Scars, etc.)</small>		EMPLOYEE NUMBER
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	150 (cm)	41 (kg)			[] [] [] [] [] [] [] []
COMMON REFERENCE NUMBER (CRN) <small>(If Available)</small>	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <small>(If payment of MS is not thru payroll deduction)</small>		For AFP/PNP Employee, Serial/Badge No.		
[] [] [] [] [] [] [] []	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		[] [] [] [] [] [] [] []		
			For DepEd Employee, Division Code-Station Code		
			[] [] [] [] [] [] [] []		
ADDRESS AND CONTACT DETAILS					
*PERMANENT HOME ADDRESS					(Indicate country code if abroad)
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Street Name	COUNTRY + AREA CODE TELEPHONE NUMBER
			901-0	OLIVA STREET	Home
Subdivision	Barangay	Municipality/City	Province/State/Country <small>(if abroad)</small>	ZIP Code	Cell Phone
	PUNTA PRINCESA	CEBU CITY	CEBU	6000	0906 4309786
*PRESENT HOME ADDRESS					Business (Direct Line)
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Street Name	[] [] [] [] [] [] [] []
			901-0	OLIVA STREET	Business (Trunk Line) Local
Subdivision	Barangay	Municipality/City	Province/State/Country <small>(if abroad)</small>	ZIP Code	[] [] [] [] [] [] [] []
	PUNTA PRINCESA	CEBU CITY	CEBU	6000	Email Address
*PREFERRED MAILING ADDRESS					louellatayco0777@gmail.com
<input type="checkbox"/> Present Home Address		<input checked="" type="checkbox"/> Permanent Home Address		<input type="checkbox"/> Employer/Business Address	

PRESENT EMPLOYMENT DETAILS

OCCUPATION FAST FOOD AND COUNTER WORKERS		EMPLOYMENT STATUS <input checked="" type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time/Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Project-based		TYPE OF WORK (For OFW only) (Pls. specify country of assignment) <input type="checkbox"/> Land-based _____ <input type="checkbox"/> Sea-based _____	
EMPLOYER/BUSINESS NAME (For Formally Employed, OFW and Self-employed Professional/Business Owner) TOPSERVE		MONTHLY INCOME Basic <u>10,546.00</u> Allowances/Others * <u>404.00</u> Total Mo. Income = <u>10,950.00</u>			
EMPLOYER/BUSINESS ADDRESS (For Formally Employed, OFW and Self-employed Professional/Business Owner) Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. 3RD NORTH-SIDE BUSINESS HUB		OFFICE ASSIGNMENT <input checked="" type="checkbox"/> Head Office <input type="checkbox"/> Branch _____			
Street Name LOPEZ JAENA CORNER A P CORTES STREET		Subdivision TIPOLO		Barangay TIPOLO	
Municipality/City MANDAUE CITY		Province CEBU		State/Country (if abroad) ZIP Code _____ 6014	
DATE EMPLOYED (Month, Year) May 2021					

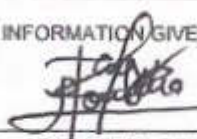
PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP

EMPLOYER/BUSINESS NAME TOPSERVE		OFFICE ASSIGNMENT <input checked="" type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS CENTRAL NAUTICAL HWY TIPOLO MANDAUE CITY CEBU		FROM TO 0 5 2 0 2 1 _____ m m y y y y m m y y y y	
EMPLOYER/BUSINESS NAME		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS		FROM TO _____ m m y y y y m m y y y y	
EMPLOYER/BUSINESS NAME		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS		FROM TO _____ m m y y y y m m y y y y	

HEIRS (In case of death, heirs/next-of-kin to be named among the members' family members as well as the New Civil Code as indicated by the New Family Code. One member must be named)

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable)	RELATIONSHIP	DATE OF BIRTH
				<input type="checkbox"/>		_____ m m d d y y y y
				<input type="checkbox"/>		_____ m m d d y y y y
				<input type="checkbox"/>		_____ m m d d y y y y
				<input type="checkbox"/>		_____ m m d d y y y y

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.



 SIGNATURE OF MEMBER

05/14/2021

 DATE

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY _____ Signature over Printed Name			_____ Designation/Position			_____ Branch/Unit			_____ DATE
--	--	--	-------------------------------	--	--	----------------------	--	--	---------------

DISCLAIMER

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various loan programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	<u>121282998585</u>
REGISTRATION TRACKING NUMBER	<u>921134954640</u>

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE			
PERSONAL DETAILS					
	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	TAYCO	LOUELLA		PATONOB	<input type="checkbox"/>
FATHER	TAYCO	LOUELLO		AVILA	<input type="checkbox"/>
MOTHER (Maiden Name)	PATUNOB	ROSITA		RAMA	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	TAYCO	LOUELLA		PATONOB	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
01/07/2000	Single/Unmarried		SSS NUMBER 3505186688		
PLACE OF BIRTH		CITIZENSHIP		GSIS NUMBER	
CEBU CITY, CEBU		FILIPINO			
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	150.00	41.00			
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER	
				For AFP/PNP Employee, Serial/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	CELLPHONE
			901-0	OLIVA STREET	+63 (0905) 4308786
Subdivision		Barangay		BUSINESS (DIRECT LINE)	
		PUNTA PRINCESA			
Municipality/City		Province/State/Country		BUSINESS (TRUNK LINE)	
CEBU CITY		CEBU, PHILIPPINES			
ZIP Code				E-MAIL ADDRESS	
6000				louellatayco0777@gmail.com	
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name	Lot no.	Block no.	Phase No.
House No.	Street Name		Subdivision		Barangay
901-0	OLIVA STREET		PUNTA PRINCESA		
Municipality/City	Province/State/Country		Zip Code		
CEBU CITY	CEBU, PHILIPPINES		6000		
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			

PRESENT EMPLOYMENT DETAILS

OCCUPATION FAST FOOD AND COUNTER WORKERS		EMPLOYMENT STATUS PERMANENT/REGULAR	TYPE OF WORK
EMPLOYER/BUSINESS NAME TOPSERVE			COUNTRY OF ASSIGNMENT
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name NORTHSIDE BUSINESS HUB Lot No. Block No. Phase No. House No. Street Name LOPEZ JAENA CORNER A P CORTES ST Subdivision TIPOLO Municipality/City CEBU CITY Province CEBU State/Country (if abroad) PHILIPPINES			MANNING AGENCY
			MONTHLY INCOME Basic 10,546.00 Allowances/Others 404.00 Total Mo. Income 10,950.00
			OFFICE ASSIGNMENT HEAD OFFICE
			DATE EMPLOYED MAY 2021

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP

EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT
EMPLOYER/BUSINESS ADDRESS	FROM TO

HEIRS

LASTNAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH
				11		

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

[Signature]
SIGNATURE OF MEMBER

May 17, 2021
DATE

FOR Pag-IBIG FUND USE ONLY

ORIGINAL DOC SENT	DATE
BY: <u>ESTREVALO</u> Signature over Printed Name	Designation/Position
	Branch/Unit

DISCLAIMER

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various loan programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.

 **REPUBLIC OF THE PHILIPPINES**
Philippine Health Insurance Corporation

 **PhilHealth**
Your Partner in Health




12-051629551-7
TAYCO, LOUELLA PATONOB
JANUARY 07, 2000 - FEMALE
901 0 OLIVA STREET PUNTA PRINCESA CEBU
CITY, CEBU - 6000


1 2 0 5 1 6 2 9 5 5 1 7


Signature

CERTIFICATION

The person whose name and signature appear on this card is a beneficiary of the National Health Insurance Program. He/She, including his/her qualified dependents, are entitled to the benefits and privileges of the Program by virtue of Republic Act No. 7875, as amended.



ATTY. DANTE A. GIERRAN, CPA
President and Chief Executive Officer (CEO)



Logout

to the provisions of the National Internal Revenue Code of 1997, as amended, and other applicable laws.

Louella Tayco has been successfully registered with RDO082 - CEBU CITY SOUTH

Your TIN is:

633226921

ARO23L0820960604

Date: 2023-09-05

Ok

For Individuals earning purely compensation income(Local and Alien Employee)



Home



Profile



About ORUS



FAQs



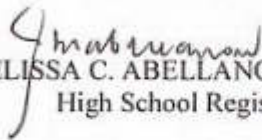
**CEBU INSTITUTE OF TECHNOLOGY
UNIVERSITY**

January 31, 2024


TO WHOM THIS MAY CONCERN:

This is to certify that **LOUELLA P. TAYCO** finished the Senior High School Education Course (Academic Track: Accountancy, Business, and Management Strand) at the CEBU INSTITUTE OF TECHNOLOGY – UNIVERSITY, Cebu City on March 31, 2020.

This certification is issued upon request of the party concerned for **Local employment** purposes.


MRS. MELISSA C. ABELLANOSA, MBA
High School Registrar

NOTED:


DR. RANIZA R. ROMERO
High School Principal



CIT - UNIVERSITY

Owned by Cebu Institute of Technology-University, Inc.
CIT Bldg., N. Bacalso Avenue, Cebu City
NON-VAT REG TIN 000-948-773-0000 (EXEMPT)
Tel: 261-7741 | Fax: (032) 411-2000 | Email: accounting@cit.edu | www.cit.edu

OFFICIAL RECEIPT

No. **OR000025008**
Date: **01/31/2024**

Student No./Name: 14-1343-892/TAYCO, LOUELLA PATONOB
Course/Year Level: BSIT / 4
Term/Academic Year: Second Semester, 2023-2024
Address/TIN & Branch Code/Business Style:
OSCA/SC/PWD ID NO.:

With special order
March 31, 2020

DESCRIPTION	Total Fees	Discounts	Net Fees
CERTIFICATION - OTHERS	12.00		12.00

THIS DOCUMENT IS NOT VALID FOR CLAIM OF INPUT TAX
Account/Admission Certificate 12/23/2022 | Approved Series: 00000001 to 99999999

[Signature]
GERONIMO_LEHRA
Teller



CIT - UNIVERSITY

Owned by Cebu Institute of Technology-University, Inc.
CIT Bldg., N. Bacalso Avenue, Cebu City
NON-VAT REG TIN 000-948-773-0000 (EXEMPT)
Tel: 261-7741 | Fax: (032) 411-2000 | Email: accounting@cit.edu | www.cit.edu

OFFICIAL RECEIPT

No. **OR000051717**
Date: **01/26/2024**

Student No./Name: 14-1343-892/TAYCO, LOUELLA PATONOB
Course/Year Level: BSIT / 4
Term/Academic Year: Second Semester, 2023-2024
Address/TIN & Branch Code/Business Style:
OSCA/SC/PWD ID NO.:

DESCRIPTION	Total Fees	Discounts	Net Fees
CERTIFICATION - OTHERS	51.66		51.66

63.41

THIS DOCUMENT IS NOT VALID FOR CLAIM OF INPUT TAX
Account/Admission Certificate 12/23/2022 | Approved Series: 00000001 to 99999999

[Signature]
GAMALIEZ DOMINGUEZ
Teller

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