

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE
 8/F, Golden Peak Tower, Gorordo /
 (032) 233 7407 (032) 233 7523 (032) 233 7523
 www.philhealth.gov.ph

IDENTIFICATION INFORMATION

Identification Number (Category)
 : N/A

JOHN MICHAEL ESPERITU
 NAZARETH, CAGAYAN DE ORO CITY
 MISAMIS ORIENTAL 9000

: N/A
 : N/A
 : 0997

EMPLOYED GROUP (EMPLOYEE/POGN)
 Organized Group

CONSOLIDATED PAPER PRODUCTS, INC. TEL: 367-9201 • FAX: 367-8626

SS NUMBER: 08-1786256-7

SOCIAL SECURITY SYSTEM
PERSONAL RECORD
 (Please Use Black Ink Only)
 (Gumamit ng Itim na Tinta Lamang)

E-1
 (Rev. 08/94)

SURNAME (APELYIDO): **Espiritu** GIVEN NAME (PANGALAN): **John Michael** MIDDLE NAME (GITNANG PANGALAN): **Bacod**

ADDRESS (NO. & STREET; CITY/TOWN & PROVINCE) (TIRAHAN: BILANG AT KALYE, LUNGSOD/BAYAN AT LALAWIGAN): **#169 8th St. Nazareth, Cagayan de Oro City, Misamis Oriental** POSTAL CODE: **9000**

SEX (KASARIAN): MALE (LALAKI) FEMALE (BABAE)

DATE OF BIRTH (KAPANGANAKAN): **03/20/93** (m m d d y y)

CIVIL STATUS (KATAYUANG SIBIL): SINGLE (WALANG ASAWA) MARRIED (MAY ASAWA) WIDOWED (BALO)

BENEFICIARIES (MAKIKINABANG)

SPOUSE (ASAWA):

FATHER (AMA): **Cesar Absin-Espiritu**

CHILDREN (MGA ANAK) DATE OF BIRTH (KAPANGANAKAN)

	m	m	d	d	y	y
1						
2						
3						
4						
5						

MOTHER (INA): **Esther Bacod-Espiritu**

OTHER BENEFICIARIES (IF WITHOUT SPOUSE, CHILD OR PARENT)
 (IBANG MAKIKINABANG: KUNG WALANG ASAWA, ANAK O MAGULANG)

NAME (PANGALAN)	RELATIONSHIP (RELASYON)
1	
2	
3	

THUMBMARK

LEFT (KALIWA)	RIGHT (KANAN)
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I hereby certify that the above
 (Ako ay nagpapatunay na ang aking mga isinaad
 information are true and correct.
 ay totoo at tama.)

[Signature]
 Signature (Lagda)



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

MDR

MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **150502511884**
 Member Category : FORMAL ECONOMY
 Sub-Category : PRIVATE
 NHTS Coverage :
 Effectivity Period :

ESPIRITU, JOHN MICHAEL BACOLOD

169 8TH ST, NAZARETH, CAGAYAN DE
 ORO CITY, MISAMIS ORIENTAL 9000

Foreign Address : N/A
 Sex : Male
 Date of Birth : 03/20/1993
 Place of Birth : CAGAYAN DE ORO CITY, MISAMIS ORIENTAL
 Contact No. (Foreign) : N/A
 (Local) : 09976692397
 Civil Status : SINGLE
 Tax Identification Number : 293641640

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : 230474000900
 Name of Employer/Organized Group : CONVERGYS PHILIPPINES INC
 Business Address : 8F SLC BLDG 6797 AYALA AVE, BEL-AIR, MAKATI CITY, FOURTH DIST.
 Telephone Number : 91655670
 Tax Identification Number : 205366921000

DEPENDENT INFORMATION

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

*** NOTHING FOLLOWS ***

SS NUMBER
 02-1780
 SURNAME (PELAKO)
 Esp
 ADDRESS (NO. &)
 #169 8th
 SEX (KABURIAN)
 MALE
 FEMALE
 SPOUSE
 CHILDREN (MGA)
 1
 2



MEMBER'S DATA FORM (MDF)

HQP-PFF-039
(V07, 10/2017)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121113161846
REGISTRATION TRACKING NUMBER	914077088172

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED		
MEMBERSHIP CATEGORY				
	LAST NAME	FIRST NAME	MIDDLE NAME	NO MIDDLE NAME
MEMBER	ESPIRITU	JOHN MICHAEL	BACOLOD	<input type="checkbox"/>
FATHER	ESPIRITU	CESAR	ABSIN	<input type="checkbox"/>
MOTHER (Mother Name)	BACOLOD	ESTHER	UY	<input type="checkbox"/>
SPOUSE (If Married)				<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ESPIRITU	JOHN MICHAEL	BACOLOD	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	293641640
03/20/1993	SINGLE		SSS NUMBER	817852567
PLACE OF BIRTH	CITIZENSHIP		OSIS NUMBER	
CAGAYAN DE ORO CITY, MISAMIS ORIENTAL, PHILIPPINES	FILIPINO		EMPLOYEE NUMBER	
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES	
MALE	0.00	0.00		
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		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	
			169	8TH ST		
Subdivision		Barangay			BUSINESS (DIRECT LINE)	
		NAZARETH				
Municipality/City		Province/State/Country			BUSINESS (TRUNK LINE)	
CAGAYAN DE ORO CITY		MISAMIS ORIENTAL, PHILIPPINES				
ZIP Code					E-MAIL ADDRESS	
9000					mykah_espiritu123@yahoo.com	

PRESENT HOME ADDRESS						
Unit/Room No., Floor		Building Name		Lot no.	Block no.	Phase No.
House No.		Street Name		Subdivision	Barangay	
169		8TH ST		NAZARETH	NAZARETH	
Municipality/City		Province/State/Country		Zip Code		
CAGAYAN DE ORO CITY		MISAMIS ORIENTAL, PHILIPPINES		9000		

PREFERRED MAILING ADDRESS PERMANENT HOME ADDRESS

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

UNRECORDED
DEC 02 2018
DATE: DEC 02 2018



Form No. 108
(Revised 2003)

(To be accomplished in triplicate)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE Misamis Oriental LOCAL CIVIL REGISTRY NO. 93-4399

CITY/MUNICIPALITY Cagayan de Oro City

1. NAME (First) JOHN MICHAEL (Middle) BACOLOD (Last) ESPIRITU

2. SEX (Place X on appropriate answer) Male Female

3. DATE OF BIRTH (Day) 20 (Month) March (Year) 1993

4. PLACE OF BIRTH (Name of Hospital/Institution, if not in hospital give street/barangay) Northern Mindanao Regional Hospital (City/Municipality) Cagayan de Oro City (Province) Misamis Oriental

5. TYPE OF BIRTH (Place X on appropriate answer) Single Twin Three or more

6. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Third, 4th, etc.

6. MAIDEN NAME (First) (Middle) (Last) Heter By Bacolod

7. NATIONALITY Filipino

8. RELIGION Roman Catholic

9. NAME (First) (Middle) (Last) Cesar Abein Espiritu

10. NATIONALITY Filipino

11. RELIGION Roman Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important if not applicable, fill Affidavit of Acknowledgment at the back)
May 20, 1991, Cagayan de Oro City

13. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born alive at 5:12 am o'clock am on the date stated above, Northern Mindanao Regional Hospital, Cagayan de Oro City, Misamis Oriental.

Signature Edna L. Alava, MD Date March 21, 1993
Name in print Edna L. Alava, MD
Title or position Medical Officer III

14. INFORMANT
Signature Cesar A. Espiritu Address Kanuvagan, Cagayan de Oro City
Name in print Cesar A. Espiritu Date March 21, 1993
Relationship to child Father

15. PREPARED BY
Signature Mrs. Palisa M. Dajes Date March 21, 1993
Name in print Mrs. Palisa M. Dajes
Title or position Clerk
Date March 21, 1993

16. INFORMATION GIVEN IN SUPPLEMENTAL REPORT a. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR b. DATE WHEN INFORMATION WAS SUPPLIED APR 16 1993

Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar.

PROVINCE Misamis Oriental Local Civil Registrar No. 93804399 Registration Status 15

CITY/MUNICIPALITY Cagayan de Oro City

17. Weight at Birth (in grams) 2,300 2300 16

18. Birth Order of Child (x) first, second, etc. 1st 1 20

19. a. Total Number of Children Born Alive 1 22

b. How many children are now living including this birth? 1 24

c. How many children were born alive but are now dead? 0 26

20. Usual Occupation Housekeeper 28

21. Age at the time of this Birth 28 31

22. Usual Residence (Barangay) Kanuvagan, Cagayan de Oro City (City/Municipality) Misamis Oriental (Provincial) 931085 33

23. Usual Occupation Businessman 38

24. Age at the time of this Birth 24 41

25. Attendant at Birth (Place X on appropriate answer) 1 Physician 2 Nurse 3 Midwife 4 Healer 5 Other

Sex 1 44

Date of Birth 200393 45

Place of Birth 43059 51

Mother's Nationality 1 56

Father's Nationality 1 57

NAME OF CHILD
First JOHN MICHAEL M.I. B Last ESPIRITU
58 70 71

03399-FF-701MOV-00421-B10-11

BRn
04305-A93ELON-0

Carmelita N. Erica
CARMELITA N. ERICA

Administrator and Civil Registrar General
National Statistics Office

BEST POSSIBLE IMAGE



701033997010042104222009001
BF200457551

Documentary
Stamp Tax Paid



Republika ng Pilipinas
 Republika ng Pilipinas
 Kawanihan ng Rentas Internal

Application for Registration

BIR Form No. **1902**
 (EFFECTIVE 01/01/2010)

For Individuals Earning Purely Compensation Income and Non-Resident Citizens / Resident Alien Employees

Fill in all applicable white spaces. Mark all appropriate boxes with an "X".
 New TIN to be issued if applicable (to be filed up by BIR)

1 Taxpayer Type: Local Employee Resident Alien Employee

2 Date of Registration (To be filed up by BIR): **MAY 21 2010**

3 RDO Code (To be filed up by BIR): **0018**

4 TIN (For Taxpayer of existing TIN): **0000**

5 Taxpayer / Employee Information

6 Taxpayer's Name: **ESPIRITU, JOHN MICHAEL**

7 Sex: Male Female

8 Citizenship: **Filipino**

9 Local Residence Address: **# 169 8th Nazareth Cagayan de Oro City**

10 Date of Birth: **03 20 19 73**

11 Telephone No.

12 Municipality Code

13 Foreign Residence Address

14 Tax Type: Income Tax Form Type: BIR Form 1700 - (For Individual Earning Compensation Income/Resident Alien Employee)

15 Personal Exemptions

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

17 Claims for Additional Exemptions/Premium Deductions for husband and wife whose aggregate family income does not exceed P250,000 per annum

18 Spouse Information

18A Spouse Taxpayer Identification Number

18B Spouse Name

18C Spouse Employer's Taxpayer Identification Number

18D Last Name, First Name, Middle Name, Spouse Employer's Name

19 Names of Qualified Dependent Children (refers to a legitimate, illegitimate, or legally adopted child chiefly dependent upon & living with the taxpayer, not more than 21 years of age, unmarried, and not gainfully employed; or regardless of age, is incapable of self-support due to mental or physical defect)

Last Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)	Mark if Mentally / Physically Incapacitated
19A	19B	19C	19D	19E
20A	20B	20C	20D	20E
21A	21B	21C	21D	21E
22A	22B	22C	22D	22E

23 Type of multiple employments

Successive employments (With previous employer(s) within the calendar year)

Concurrent employments (With two or more employers at the same time within the calendar year)

If successive, enter previous employer(s); if concurrent, enter secondary employer(s)

TIN	Name of Employer/s

24 Declaration: I declare, under the penalties of perjury, that this form has 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.

ESPIRITU JOHN MICHAEL
 TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT
 (Signature over printed name)

25 Type of Registered Office: HEAD OFFICE BRANCH OFFICE

26 Taxpayer Identification Number: **001 491 752 000**

27 RDO Code: **0018**

28 Employer's Name (Last Name, First Name, Middle Name, if Individual/ Registered Name, if Non-Individual): **GOLDEN CITY FOOD CORP. INC.**

29 Employer's Business Address: **LIMULAKAN COMMON CAPADIAN CAG DE ORO CITY**

30 Zip Code

31 Municipality Code

32 Telephone Number

33 Effectivity Date (Date when Exemption Information is applied)

34 Date of Certification (Date of Certification of the Accuracy of the Exemption Information)

35 Declaration: I declare, under the penalties of perjury, that this form has 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.

NILDA COMBACA
 EMPLOYER / AUTHORIZED AGENT
 (Signature over printed Name)

ADAM APPE
 Title / Position of Signatory

Stamp of BIR Receiving Office and Dating Receipt
RECEIVED
MAY 21 2010
 Attachments Complete? Yes No

ATTACHMENTS: (Photocopy only)

- For Individuals Earning Purely Compensation Income
- Birth Certificate or any valid identification card of applicant showing complete name, address, birth date and signature (Driver's license, PRC ID or passport)
- Marriage Contract, if applicable
- Waiver of husband to claim additional exemption, if applicable
- Birth Certificate/s of dependents, if applicable
- Employment Certificate or valid company ID with picture and signature, if applicable



BEST P
 1701
 8F20