



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



PhilHealth
Your Partner in Health



12-051128269-7

**BASAN, BIANCA KATRINA
MONTECALVO**

JULY 27, 1987 - FEMALE

776 PG ALMENDRAS ST SUBA DANAOG CITY, CEBU - 6004



1 2 0 5 1 1 2 8 2 6 9 7

INFORMAL ECONOMY

B. Montecalvo
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



BILL TO :

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

WITHIN 15 DENSES PLEASE COME IN
 DATE SCHEDULED 5/30/24
 OTHERWISE YOU WILL HAVE TO
 PAY P

Priority No.	0002
SO No.	462924
S.O Date	05/21/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 100476
 PATIENT NAME : BASAN, BIANCA KATRINA, MONTECALVO
 PATIENT ADDRESS : Suba, Danao City, Cebu
 MOBILE NO. : 09174583679
 EMAIL ADDRESS :
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY

GENDER : Female
 BIRTHDATE : 07/27/1987
 AGE : 36
 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 DRUG TEST THE FOLLOWING TEST WITH WILL PAY IT WITH YOUR OWN AVAILMENT.)	1	800.00	800.00	TOTAL SALES : 800.00 VATABLE 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]
 5/21/24

Signature Over Printed Name

VALIDATED

BY: *[Handwritten Signature]*
 Signature Over Printed Name

Date Created: 05/21/2024 07:11 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 (SO) and agree to the changes associated with the products and services.

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



Pag-IBIG *Plus*
LOYALTY CARD



BIANCA KATRINA M. BASAN

MID No. **1210-9380-9229**

Basan



3*1510*1117*003132



B22UG01-5

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province: CEBU Registry No. 2022-3975
City/Municipality: DANAO CITY

CHILD
1. NAME (First) (Middle) (Last) FRANCIS GAVIN BASAN SINGSON
2. SEX (Male / Female) MALE 3. DATE OF BIRTH (Day) (Month) (Year) 16 OCTOBER 2022
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) DANAO LYING-IN CLINIC DANAO CITY
5a. TYPE OF BIRTH (Single Twin, Triplet, etc.) SINGLE 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) THIRD 5c. BIRTH ORDER (First, Second, Third, etc.) THIRD 5d. WORK/PLAT (Specify)

MOTHER
7. MAIDEN NAME (First) (Middle) (Last) BIANCA KATRINA MONTECALVO BASAN
8. CITIZENSHIP FILIPINO 9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
10a. Total number of children born alive 3 10b. No. of children still living including this birth 3 10c. No. of children born alive but are now dead 0 11. OCCUPATION HR STAFF 12. AGE at the time of birth (Completed years) 35
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) A DERECHO ST., SUBA DANAO CITY CEBU PHILIPPINES

FATHER
14. NAME (First) (Middle) (Last) CHRISTIAN JADE MORALES SINGSON
15. CITIZENSHIP FILIPINO 16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC 17. OCCUPATION CUSTOMER SERVICE REPRESENTATIVE 18. AGE at the time of birth (Completed years) 27
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) BANKER II, BARING CARMEN CEBU PHILIPPINES

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
20a. DATE (Month) (Day) (Year) NOT MARRIED 20b. PLACE (City / Municipality) (Province) (Country) NOT APPLICABLE

21. ATTENDANT:
1. Physician 2. Nurse 3. Midwife 4. Hilot (Traditional Birth Attendant) 5. Others (Specify):
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, Hilot, etc.)
I hereby certify that I attended the birth of the child who was born alive at 2:30 PM on the date of birth specified above.

Signature: [Signature]
Name in Print: CHITA C. ANTIPALA
Title or Position: REGISTERED MIDWIFE
Address: DANAO LYING-IN CLINIC, DANAO CITY, CEBU
Date: OCTOBER 16, 2022

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature: [Signature]
Name in Print: BIANCA KATRINA M. BASAN
Relationship to the Child: MOTHER
Address: A DERECHO ST., SUBA DANAO CITY CEBU
Date: OCTOBER 17, 2022

23. PREPARED BY
Signature: [Signature]
Name in Print: MARK LESTER C. GELLO-ANO
Title or Position: CLINIC CLERK
Date: OCTOBER 17, 2022

24. RECEIVED BY
Signature: [Signature]
Name in Print: MARLENE L. MONTALBA
Title or Position: REGISTRATION OFFICER IV
Date: OCTOBER 18, 2022

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [Signature]
Name in Print: ROLAND M. PEREZ
Title or Position: CITY CIVIL REGISTRAR
Date: OCTOBER 18, 2022

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
8 9 11 13 15 16 17 19



08900-HD-400MTB-00476-BJ001
BEST POSSIBLE IMAGE
150-0888/04000047605142024001



[Signature]
CLARE DENNIS S. MARA, JR.
National Statistician III
Office of the Civil Registrar General



GRUPPO EMS, INC.
(Formerly EMS Components Assembly, Inc.)
(Solely Proprietorship)
and
Allanca Mitsumi, Inc. and EMS Land Services, Inc.
(Absorbed Corporations)

CERTIFICATE OF EMPLOYMENT

This is to certify that **Ms. BIANCA KATRINA M. BASAN** is an employee of **GRUPPO EMS, INC (formerly EMS Components Assembly, Inc.)** from **May 8, 2023** up to **September 16, 2023**. She held the position of a **Sr. Recruitment Associate** assigned in **Cebu Mitsumi Business Unit**.

This certificate is being issued upon the personal request of **Ms. Basan** for employment purposes only.

Issued this 19th day of April 2024 at Cor. 2nd Street and 2nd Avenue MEZ 1, Lapu-Lapu City, Cebu.

Joy Arlene C. Ordoño
HR Manager

* Any alteration made will deem this document invalid.

NOT VALID WITHOUT SEAL



Republic of the Philippines
Department of Justice
National Bureau of Investigation



39989457

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
B250GB1A78-L011653213

FAMILY NAME
BASAN

MIDDLE NAME
MONTECALVO

ADDRESS
PG ALMENDRAS ST SUBA DANAO CITY CEBU

DATE OF BIRTH
July 27, 1987

CITIZENSHIP
FILIPINO

VALID UNTIL
April 11, 2025

FIRST NAME
BIANCA KATRINA

HUSBAND'S SURNAME

PLACE OF BIRTH
DANAO CITY CEBU

CIVIL STATUS
SINGLE



SIGNATURE

GENDER
FEMALE

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE



B250GB1A78-L011653213

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

Date Printed: April 11, 2024 09:37 AM

Agency L01 DATED requirement

CASID requirement BIOD requirement

O.R. No. 49VQCHLY REGID

O.R. Date 04/11/2024 9:25:06 AM INTID

DST PAID PRTRD requirement



Republic of the Philippines
Department of Justice
National Bureau of Investigation



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BASAN

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MONTECALVO

ADDRESS
PG ALMENDRAS ST SUBA DANAO CITY CEBU

DATE OF BIRTH
July 27, 1987

CITIZENSHIP
FILIPINO

VALID UNTIL
April 11, 2025

FIRST NAME
BIANCA KATRINA

HUSBAND'S SURNAME

PLACE OF BIRTH
DANAO CITY CEBU

CIVIL STATUS
SINGLE



SIGNATURE

GENDER
FEMALE

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

PERSONAL COPY



B250GB1A78-L011653213

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

Date Printed: April 11, 2024 09:37 AM

Agency L01 DATED requirement

CASID requirement BIOD requirement

O.R. No. 49VQCHLY REGID

O.R. Date 04/11/2024 9:25:06 AM INTID

DST PAID PRTRD requirement



REPUBLIC OF THE PHILIPPINES
PROVINCE OF CEBU
CITY OF DANAO
OFFICE OF THE PUNONG BARANGAY
BARANGAY SUBA




BARANGAY CLEARANCE

This is to certify that BIANCA KATRINA MONTECALVO BASAN, 36 years old is a bona fide resident of P.G. ALMENDRAS STREET, Barangay Suba, Danao City, Cebu.

BIANCA KATRINA MONTECALVO BASAN is known to me to be person of good moral character and integrity, a law abiding citizen and has no criminal record or pending case before this Office and the Office of the Lupong Tagapamayapa of this Barangay.

This Certificate is issued for whatever legal purpose it may serve. Specifically, for EMPLOYMENT.

Done this 13th day of May, 2024 at Suba, Danao City, Cebu, Philippines.


HON. AGRIPINO B. CASIA JR.

Punong Barangay

Official Receipt No. 3718211

Date Issued : May 13, 2024

NOT VALID WITHOUT SEAL

SS NUMBER

06-2402111-9

SOCIAL SECURITY SYSTEM
PERSONAL RECORD

(Please Use Black Ink Only)
(Gumamit ng Itim na Tinta Lamang)



E-1

(Rev. 08/94)

SURNAME (APELYIDO)

Baran

GIVEN NAME (PANGALAN)

Bianca Katrina

MIDDLE NAME (GITNANG PANGALAN)

Montecalvo Jr.

ADDRESS (NO. & STREET; CITY/TOWN & PROVINCE) (TIRAHAN, BILANG AT KALYE, LUNGSOD/BAYAN AT LALAWIGAN)

St. Derecho St. Suba Bazar City Cebu

POSTAL CODE

6104

SEX (KASARIAN)

MALE (LALAKI)

FEMALE (BABAE)

DATE OF BIRTH (KAPANGANAKAN)

m m d d y y
0 7 2 3 5 7

CIVIL STATUS (KATAYUANG SIBIL)

SINGLE (WALANG ASAWA)

MARRIED (MAY ASAWA)

WIDOWED (BALO)

BENEFICIARIES (MAKIKINABANG)

SPOUSE (ASAWA)

FATHER (AMA)

Livimi Baran

CHILDREN (MGA ANAK)

DATE OF BIRTH (KAPANGANAKAN)

MOTHER (INA)

Jurita Baran

RECEIVED
MEMBERSHIP DIVISION
SSS LAPU-LAPU BRANCH
MAY 28 2007
BY: _____

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

NAME (PANGALAN)

RELATIONSHIP (RELASYON)

1 Sherinaia Brillan

2 Bianca Katrina Baran

3 Ruffa Rene Baran

THUMBMARK



LEFT (KALIWA)



RIGHT (KANAN)

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

Signature

(Lagda)

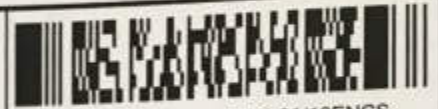
PLEASE READ REMINDERS AT THE BACK (BASAHIN ANG PAALALAN SA LIKOD)

multi-forms corporation 13-15 g.h. del pilar st., edcm, q.c.



BIR Form No.
2316
January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**
For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

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

1 For the Year (YYYY) **2022**

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

Part I - Employee Information

3 TIN: **504 288 946 0000**

4 Employee's Name (Last Name, First Name, Middle Name): **BASAN, BIANCA KATRINA MONTECALVO**

5 RDO Code: **080**

6 Registered Address: _____ 6A Zip Code: _____

6B Local Home Address: _____ 6C Zip Code: _____

6D Foreign Address: _____ 6E Zip Code: _____

7 Date of Birth (MM/DD/YYYY): _____ 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)	0.00
33 De Minimis Benefits	189.38
34 SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only)	6,238.49
35 Salaries & Other Forms of Compensation	0.00
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	6,427.87

Part II - Employer Information (Present)

12 Taxpayer: **209 914 492 0000**

13 Employer's Name: **GONZALDO, MARY ANN MANINGO**

14 Employer's Address: **CONSOLACION CEBU** 14A Zip Code: **6001**

Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR	Amount
37 Basic Salary	69,770.74
38 Representation	
39 Transportation	
40 Cost of Living Allowance (COLA)	
41 Fixed Housing Allowance	
42 Others (Specify)	
42A	14,598.65
42B	

Part III - Employer Information (Previous)

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)	90,797.26
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	6,427.87
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	84,369.39
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	84,369.39
24 Tax Due	0.00
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

SUPPLEMENTARY

43 Commission	
44 Profit Sharing	
45 Fees Including Director's Fees	
46 Taxable 13th Month Pay Benefits	0.00
47 Hazard Pay	
48 Overtime Pay	
49 Others (Specify)	
49A	
49B	
50 Total Taxable Compensation Income (Sum of Items 37 and 49B)	84,369.39

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 GLEMARIE CELIS
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed **02 22 2023**

CONFORME:



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

PROVINCE Cebu

CITY/MUNICIPALITY Danao City

LOCAL CIVIL REGISTRY NO. 1459

1. NAME (First) BIANCA KATRINA (Middle) MONTECALVO (Last) BASAN

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

3. DATE OF BIRTH (Day) 27 (Month) July (Year) 1987
(City/Municipality) Danao City (Province) Cebu

4. PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street/barangay)
Danao General Hospital

5a. TYPE OF BIRTH (Place 'X' on appropriate answer)
X 1 Single 2 Twin 3 Three or more

5b. IF MULTIPLE BIRTH, CHILD WAS
1 First 2 Second 3 Third, 4th, etc.

6. MAIDEN NAME (First) Josie (Middle) Enriques (Last) Montecalvo

7. NATIONALITY Fil.

8. RELIGION R.C.

9. NAME (First) Luvimie (Middle) Alerta (Last) Basan

10. NATIONALITY Fil.

11. RELIGION R.C.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment of the Facts)
May 16, 1981 Danao City

13. CERTIFICATE OF ATTENDANT AT BIRTH

I hereby certify that I attended the birth of the child who was born alive at 11:25 o'clock a.m./p.m. on the date stated above.

Signature [Signature]
Name in print MARCEL L. SAGA-ANAN, M.D.
Title or position Resident Physician

Address Danao General Hospital
Danao City
Date July 29, 1987

14. INFORMANT

Signature [Signature]
Name in print JOSIE M. BASAN
Relationship to child mother

Address P.G. Almendras St., Danao City
Date July 29, 1987

15. PREPARED BY

Signature [Signature]
Name in print TERESITA B. VENTES
Title or position Senior Clerk
Date July 29, 1987

16. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

Signature [Signature]
Name in print CESAR E. LLEVA, M.D.
Title or position Local Civil Registrar
Date July 29, 1987

17. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

18. DATE WHEN INFORMATION WAS SUPPLIED

RECEIVED
8/29/87
INFORMANT SHOULD ALSO PROVIDE INFORMATION FOR ITEMS 17 TO 25. THE CODE BOXES ARE TO BE FILLED IN AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

3250

PROVINCE Cebu
CITY/MUNICIPALITY Danao City

Local Civil Registry No. 8701459

Registration Status

17. Weight at Birth



Office of the Registrar

OFFICIAL TRANSCRIPT OF RECORDS

School Code: 07120 (CHED)
 School Code: 1873 (PRC)

PERSONAL DATA

Student Name : BASAN, BIANCA KATRINA MONTECALVO
 ID No. : 1710145
 Gender : Female
 Civil Status : Single
 Spouse :
 Birth Date : July 27, 1987
 Birth Place : Danao City, Cebu
 Religion : Roman Catholic
 Citizenship : Filipino
 ACR No. :
 Parent/Guardian : Josie Basan
 Permanent Address : Suba, Danao City, Cebu
 Contact No. : 0992-510-2035



PRELIMINARY EDUCATION

	School	Year
Elementary	: Severo Duterte Memo. Elementary School	1999-2000
Secondary	: Manto Memorial Foundation College	2003-2004
Higher Education	: Northeastern Cebu Colleges, Inc.	
Course	: Bachelor of Science in Business Administration	2020-2021
	Major: Human Resources Development Management	

GRADING SYSTEM

Grade	EQUIVALENT	INDICATION
1.0	100-95%	Excellent
1.1 - 1.5	94-90%	Very Good
1.6 - 2.5	89-80%	Good
2.6 - 3.0	79-75%	Fair
3.1 - 5.0	74-0%	Failure
INC	-	Incomplete
DR	-	Drop
W	-	Withdrawn

One collegiate unit of credit is one hour lecture or recitation each week or a total of 18 hours in a semester. Three hours of laboratory work, drafting, or a shop work each week or a total of 54 hours a semester are regarded as equivalent also to one unit of credit.

The semestral average grade of a student is computed by multiplying the number of units assigned to a course by the grade earned and the product divided by the total units earned for the semester.

Remarks: *For Civil Service purposes.*

Prepared By: LOURDES B. GIANGO

Not Valid
 Without NCC Seal
 OR No/Date: 0124511/02-28-2022
 Date Released: 09-14-22
 Page No: 1 of 3

FE T. YUBALADO, MBA
 Registrar