



REPUBLIKA NG PILIPINAS

Republic of the Philippines

PAMBANSANG PAGKAKAKILANLAN

Philippine Identification Card



2906-1260-7480-3985

Apelyido/*Last Name*

DE LOS SANTOS

Mga Pangalan/*Given Names*

LLOYD KIT

Gitnang Apelyido/*Middle Name*

MOSQUEDA

Petsa ng Kapanganakan/*Date of Birth*

OCTOBER 06, 1979

Tirahan/*Address*

SITIO STA. CRUZ, POBLACION, ALCOY, CEBU

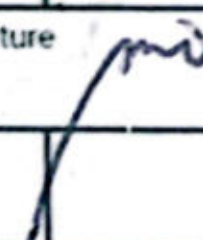
COVID-19 Vaccination Card



Please keep this record card, which includes medical information about the vaccines you have received.

ID No. **ALY-01-284**

Surname **DE LOS SANTOS** First Name **LLOYD KIT** M.I. **M** Suffix
 Address **POB. Alcoy, Cebu** Contact No.
 Date of Birth **10/6/79** PhilHealth No. Category **A3**

Dosage Seq.	Date (mm/dd/yy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose	08/12/21	JANSSSEN	212021A	
	Vaccinator Name Roda Mae B. Ebreo, RN		Signature 	
2nd Dose (Schedule: / /)	/ /	License No. 0538170		
	Vaccinator Name		Signature	

Health Facility Name **Alcoy RHU** Contact No. **4839186**

Official DOHgov DOHgovph DOHgovph (632) 8561-7900 loc. 1936 covid19c@doh.gov.ph



MUNICIPAL FORM NO. 148 - (Revised Feb. 1, 1968)

(TO BE ACCOMPLISHED IN DUPLICATES)

REPUBLIC OF THE PHILIPPINES

LCR-NO _____

CERTIFICATE OF LIVE BIRTH

FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER

Register Number:

(Municipality or City)

Province: _____
City or Municipality: _____

(a) Civil Registrar-Censor No. _____
(b) Local Civil Registrar No. 227 (1-79)

1. PLACE OF BIRTH a. Province _____ b. City or Municipality _____		2. SOCIAL RESIDENCE OF MOTHER (When born outside birth) a. Province _____ b. City or Municipality _____		1. (a) _____ 1. (b) _____ 1. (c) _____ 2. _____ 2. (a) _____ 3. (a) _____ 3. (b) _____ 4. _____ 4. (a) _____ 4. (b) _____ 5. _____ 5. (a) _____ 5. (b) _____ 6. _____ 6. (a) _____ 6. (b) _____ 7. _____ 7. (a) _____ 7. (b) _____ 8. _____ 8. (a) _____ 8. (b) _____ 9. _____ 9. (a) _____ 9. (b) _____ 10. _____ 10. (a) _____ 10. (b) _____ 11. _____ 11. (a) _____ 11. (b) _____ 12. _____ 12. (a) _____ 12. (b) _____ 12. (c) _____ 13. _____ 13. (a) _____ 13. (b) _____ 13. (c) _____ 14. _____ 14. (a) _____ 14. (b) _____ 14. (c) _____ 15. _____ 15. (a) _____ 15. (b) _____ 15. (c) _____ 16. _____ 16. (a) _____ 16. (b) _____ 16. (c) _____ 17. _____ 17. (a) _____ 17. (b) _____ 17. (c) _____ 18. _____ 18. (a) _____ 18. (b) _____ 18. (c) _____ 19. _____ 19. (a) _____ 19. (b) _____ 19. (c) _____ 20. _____ 20. (a) _____ 20. (b) _____ 20. (c) _____ 21. _____ 21. (a) _____ 21. (b) _____ 21. (c) _____ 22. _____ 22. (a) _____ 22. (b) _____ 22. (c) _____ 23. _____ 23. (a) _____ 23. (b) _____ 23. (c) _____ 24. _____ 24. (a) _____ 24. (b) _____ 24. (c) _____ 25. _____ 25. (a) _____ 25. (b) _____ 25. (c) _____ 26. _____ 26. (a) _____ 26. (b) _____ 26. (c) _____ 27. _____ 27. (a) _____ 27. (b) _____ 27. (c) _____ 28. _____ 28. (a) _____ 28. (b) _____ 28. (c) _____ 29. _____ 29. (a) _____ 29. (b) _____ 29. (c) _____ 30. _____ 30. (a) _____ 30. (b) _____ 30. (c) _____ 31. _____ 31. (a) _____ 31. (b) _____ 31. (c) _____ 32. _____ 32. (a) _____ 32. (b) _____ 32. (c) _____ 33. _____ 33. (a) _____ 33. (b) _____ 33. (c) _____ 34. _____ 34. (a) _____ 34. (b) _____ 34. (c) _____ 35. _____ 35. (a) _____ 35. (b) _____ 35. (c) _____ 36. _____ 36. (a) _____ 36. (b) _____ 36. (c) _____ 37. _____ 37. (a) _____ 37. (b) _____ 37. (c) _____ 38. _____ 38. (a) _____ 38. (b) _____ 38. (c) _____ 39. _____ 39. (a) _____ 39. (b) _____ 39. (c) _____ 40. _____ 40. (a) _____ 40. (b) _____ 40. (c) _____ 41. _____ 41. (a) _____ 41. (b) _____ 41. (c) _____ 42. _____ 42. (a) _____ 42. (b) _____ 42. (c) _____ 43. _____ 43. (a) _____ 43. (b) _____ 43. (c) _____ 44. _____ 44. (a) _____ 44. (b) _____ 44. (c) _____ 45. _____ 45. (a) _____ 45. (b) _____ 45. (c) _____ 46. _____ 46. (a) _____ 46. (b) _____ 46. (c) _____ 47. _____ 47. (a) _____ 47. (b) _____ 47. (c) _____ 48. _____ 48. (a) _____ 48. (b) _____ 48. (c) _____ 49. _____ 49. (a) _____ 49. (b) _____ 49. (c) _____ 50. _____ 50. (a) _____ 50. (b) _____ 50. (c) _____ 51. _____ 51. (a) _____ 51. (b) _____ 51. (c) _____ 52. _____ 52. (a) _____ 52. (b) _____ 52. (c) _____ 53. _____ 53. (a) _____ 53. (b) _____ 53. (c) _____ 54. _____ 54. (a) _____ 54. (b) _____ 54. (c) _____ 55. _____ 55. (a) _____ 55. (b) _____ 55. (c) _____ 56. _____ 56. (a) _____ 56. (b) _____ 56. (c) _____ 57. _____ 57. (a) _____ 57. (b) _____ 57. (c) _____ 58. _____ 58. (a) _____ 58. 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(b) _____ 77. (c) _____ 78. _____ 78. (a) _____ 78. (b) _____ 78. (c) _____ 79. _____ 79. (a) _____ 79. (b) _____ 79. (c) _____ 80. _____ 80. (a) _____ 80. (b) _____ 80. (c) _____ 81. _____ 81. (a) _____ 81. (b) _____ 81. (c) _____ 82. _____ 82. (a) _____ 82. (b) _____ 82. (c) _____ 83. _____ 83. (a) _____ 83. (b) _____ 83. (c) _____ 84. _____ 84. (a) _____ 84. (b) _____ 84. (c) _____ 85. _____ 85. (a) _____ 85. (b) _____ 85. (c) _____ 86. _____ 86. (a) _____ 86. (b) _____ 86. (c) _____ 87. _____ 87. (a) _____ 87. (b) _____ 87. (c) _____ 88. _____ 88. (a) _____ 88. (b) _____ 88. (c) _____ 89. _____ 89. (a) _____ 89. (b) _____ 89. (c) _____ 90. _____ 90. (a) _____ 90. (b) _____ 90. (c) _____ 91. _____ 91. (a) _____ 91. (b) _____ 91. (c) _____ 92. _____ 92. (a) _____ 92. (b) _____ 92. (c) _____ 93. _____ 93. (a) _____ 93. (b) _____ 93. (c) _____ 94. _____ 94. (a) _____ 94. (b) _____ 94. (c) _____ 95. _____ 95. (a) _____ 95. (b) _____ 95. (c) _____ 96. _____ 96. (a) _____ 96. (b) _____ 96. (c) _____ 97. _____ 97. (a) _____ 97. (b) _____ 97. (c) _____ 98. _____ 98. (a) _____ 98. (b) _____ 98. (c) _____ 99. _____ 99. (a) _____ 99. (b) _____ 99. (c) _____ 100. _____ 100. (a) _____ 100. (b) _____ 100. (c) _____	
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RESERVE FOR SCANNING



Republic of the Philippines
Department of Justice
National Bureau of Investigation



29854671

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
D422JLFT97-R71368807

FAMILY NAME
DE LOS SANTOS

MIDDLE NAME
MOSQUEDA

ADDRESS
POBLACION ALCOY CEBU

DATE OF BIRTH
October 06, 1979

CITIZENSHIP
FILIPINO

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

VALID UNTIL
December 22, 2023

FIRST NAME
LLOYD KIT

HUSBAND'S SURNAME

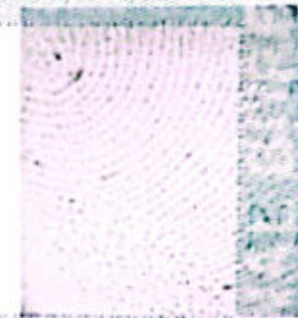
PLACE OF BIRTH
ALCOY CEBU

CIVIL STATUS
SINGLE



SIGNATURE

GENDER
MALE



D422JLFT97-R71368807

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

Date Printed: Thursday, December 22, 2022 02:21 PM

Agency	R7	DATID	dupag
CASID	dupag	BIOID	dupag
O.R No	9WMLBGS7	RECID	
O.R Date	12/22/2022 2:16:37 PM	INTID	
DST PAID		PRTID	villarinn



Republic of the Philippines
Province of Cebu
Municipality of Alcoy
BARANGAY POBLACION
-ooOoo-

OFFICE OF THE BARANGAY CAPTAIN

BARANGAY CLEARANCE

TO WHOM IT MAY CONCERN:

This is to certify that **LLOYD KIT MOSQUEDA DE LOS SANTOS**, Filipino Citizen, male, single, 44 years old, a bonafide resident of Barangay Poblacion, Alcoy, Cebu. As per records available;

"NO DEROGATORY RECORDS"

This clearance is being issued to the above-mentioned name for whatever legal purpose/s it may serve.

Issued this **9th** day of **May, 2024** at Barangay Poblacion, Alcoy, Cebu, Philippines.

Paid:
OR NO.:
Issued on: 05/09/2024
at Poblacion, Alcoy, Cebu


HON. VIOLETA D. SESTOSO
Punong Barangay





Medgrupe 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

Priority No.	0004
SO No.	462927
S.O Date	05/21/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID :	100478	GENDER :	Male
PATIENT NAME :	DE LOS SANTOS, LLOYD KIT, MOSQUEDA	BIRTHDATE :	10/06/1979
PATIENT ADDRESS :	Sambag I (Pob.), Cebu City (Capital), Cebu	AGE :	44
MOBILE NO. :	09054027528	CIVIL STATUS :	Single
EMAIL ADDRESS :	.	SC/PWD ID :	.
REQUESTING PHYSICIAN :	.	HMO CARD NO. :	.
COMPANY/REFERRED BY :	IPLOY STAFFING SOLUTIONS	PATIENT STATUS :	FOR EMPLOYMENT
RESULT DELIVERY :	DELIVERY		

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME »PE _____, CHEST PA _____, CBC _____, UA _____, SB _____ 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	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: Signature Over Printed Name	VALIDATED BY: Signature Over Printed Name
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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 ***

12050544/325

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PHILHEALTH IDENTIFICATION NUMBER (PIN)

REMINDERS:

1. Your PhilHealth Identification Number (PIN) is your unique and permanent number.
2. Always use your PIN in all transactions with PhilHealth.
3. For Updating/Amendment check the appropriate box and provide details to be accomplished and submit corresponding supporting documents.
4. Please read instructions at the back before filling-out this form.

PURPOSE:

- REGISTRATION UPDATING/AMENDMENT

Preferred KonSulTa Provider

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I. PERSONAL DETAILS

	LAST NAME	FIRST NAME	NAME EXTENSION (Jr./Sr./III)	MIDDLE NAME	NO MIDDLE NAME	MONONYM
MEMBER	de los Santos	Lloyd Kit		Mosqueda	<input type="checkbox"/>	<input type="checkbox"/>
MOTHER'S MAIDEN NAME	Mosqueda	Lucita			<input type="checkbox"/>	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>	<input type="checkbox"/>

DATE OF BIRTH 10 06 1979 mm dd yy yy	PLACE OF BIRTH (City/Municipality/Provincial/Country) (Please indicate country if born outside the Philippines) Alcoy	PHILSYS ID NUMBER (Optional)
SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Annulled <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widow/er	TAX PAYER IDENTIFICATION NUMBER (TIN) (Optional)
	CITIZENSHIP <input checked="" type="checkbox"/> FILIPINO <input type="checkbox"/> DUAL CITIZEN <input type="checkbox"/> FOREIGN NATIONAL	

II. ADDRESS and CONTACT DETAILS

PERMANENT HOME ADDRESS Unit/Room No./Floor Building Name Lot/Block/Phase/House Number Street Name poblacion Alcoy Cebu 6023	Home Phone Number
Subdivision Barangay Municipality/City Province/State/Country (If abroad) ZIP Code	(COUNTRY CODE + AREA CODE + TELEPHONE NUMBER)
MAILING ADDRESS <input type="checkbox"/> SAME AS ABOVE Unit/Room No./Floor Building Name Lot/Block/Phase/House Number Street Name	Mobile Number (Required) 09054027528
Subdivision Barangay Municipality/City Province/State/Country (If abroad) ZIP Code	Business (Direct Line)
	E-mail Address (Required for OFW) Kit-21@yahoo.com

III. DECLARATION OF DEPENDENTS

(Use additional form if necessary)

LAST NAME	FIRST NAME	NAME EXTENSION (Jr./Sr./II)	MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH (mm-dd-yyyy)	CITIZENSHIP	NO MIDDLE NAME	MONONYM	Check # with Permanent Disability
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. MEMBER TYPE

<p>DIRECT CONTRIBUTOR</p> <input checked="" type="checkbox"/> Employed Private <input type="checkbox"/> Employed Government <input type="checkbox"/> Professional Practitioner <input type="checkbox"/> Self-Earning Individual <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Group Enrollment Scheme	<p>INDIRECT CONTRIBUTOR</p> <input type="checkbox"/> Listahanan <input type="checkbox"/> 4Ps/MCCT <input type="checkbox"/> Senior Citizen <input type="checkbox"/> PAMANA <input type="checkbox"/> KIA/KIPO <input type="checkbox"/> Bangsamoro/Normalization	<input type="checkbox"/> Kasambahay <input type="checkbox"/> Migrant Worker <input type="checkbox"/> Land-Based <input type="checkbox"/> Lifetime Member <input type="checkbox"/> Filipinos with Dual Citizenship / Living Abroad <input type="checkbox"/> Foreign National <input checked="" type="checkbox"/> Family Driver <input type="checkbox"/> Sea-Based	<input type="checkbox"/> LGU-sponsored <input type="checkbox"/> NGA-sponsored <input type="checkbox"/> Private-sponsored <input type="checkbox"/> Person with Disability PWD ID No. _____
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For PhilHealth Use only:



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO	167001847627
REGISTRATION TRACKING NO	915059362613

OCCUPATIONAL STATUS		EMPLOYED	
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE Please specify	
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	NO MIDDLE NAME
MEMBER	DE LOS SANTOS	LLOYD KIT	MOSQUEDA <input type="checkbox"/>
FATHER	DE LOS SANTOS	BENIGNO	ANTIG <input type="checkbox"/>
MOTHER (Maiden Name)	MOSQUEDA	LUCITA	<input checked="" type="checkbox"/>
SPOUSE (if Married)			<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	DE LOS SANTOS	LLOYD KIT	MOSQUEDA <input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)
10/06/1979	Single/Unmarried		302308979
PLACE OF BIRTH	CITIZENSHIP	SSS NUMBER	
ALCOY, CEBU	FILIPINO	0625979655	
SEX	HEIGHT(cm)	WEIGHT(kg)	GSIS NUMBER
MALE	0 00	0 00	20140923002
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT	
		For AFP/PNP Employee, Senal/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.	+63 (032) 4839522
House No.	Street Name		Cell Phone
Subdivision	Barangay		+63 (0933) 9184656
Municipality/City	Province/State/Country		Business (Direct Line)
ALCOY	CEBU, PHILIPPINES		Business (Trunk Line)
ZIP Code			Email Address
9023			kit_21@yahoo.com
PRESENT HOME ADDRESS			
Unit/Room No. Floor	Building Name	Lot No.	Block No.
House No.	Street Name	Subdivision	Phase No.
	SALVADOR EXT		Barangay
Municipality/City	Province/State/Country		ZIP Code
CEBU CITY	CEBU, PHILIPPINES		6000
PREFERRED MAILING ADDRESS	PERMANENT HOME ADDRESS		

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.



BUREAU OF INTERNAL REVENUE
RDO #082 CEBU CITY - SOUTH

TIN VERIFICATION QUERY RESULTS

TIN NO. 302-308-979

LAST NAME: DE LOS SANTOS

FIRST NAME: LLOYD KIT

MIDDLE NAME: MOSQUEDA

ADDRESS: Poblacion Alcov, Cebu

BIRTHDAY: October 04, 1979

PROFESSIONAL

LOCAL EMPLOYEE

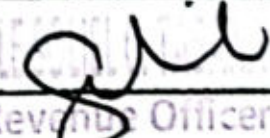
TAXPAYER CLASSIFICATION:

SINGLE PROP.

E.O. 98

ONETT

RDO CODE: 80 - Mandave City

VERIFIED BY:  6/7/2024

CARMILLE
Revenue Officer