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REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation



12-251161067-0

MANGUBAT, SAMANTHA GEM  
RAYPAN

MARCH 29, 1997 - FEMALE  
TAYUD LILOAN, CEBU - 6002



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FORMAL ECONOMY



# UNIVERSITY OF CEBU

B A N I L A D C A M P U S

## PAYMENT SUMMARY CERTIFICATION

This is to certify that **MANGUBAT, SAMANTHA GEM R.** was officially enrolled in this institution during **FIRST SEMEMESTER S.Y 2018-2019** as **BSHRM 1** student. Below was his/her assessment and payments made.

Reference No	Date	Debit	Credit	Balance
ASSMNT	06/06/2018	22,967.00		22,967.00
CA	06/01/2018	24,402.00		47,369.00
01292663	06/05/2018		24,402.00	22,967.00
01293562	06/06/2018		500.00	22,467.00

This certify further that the above student has outstanding balance of **P22,467.00**

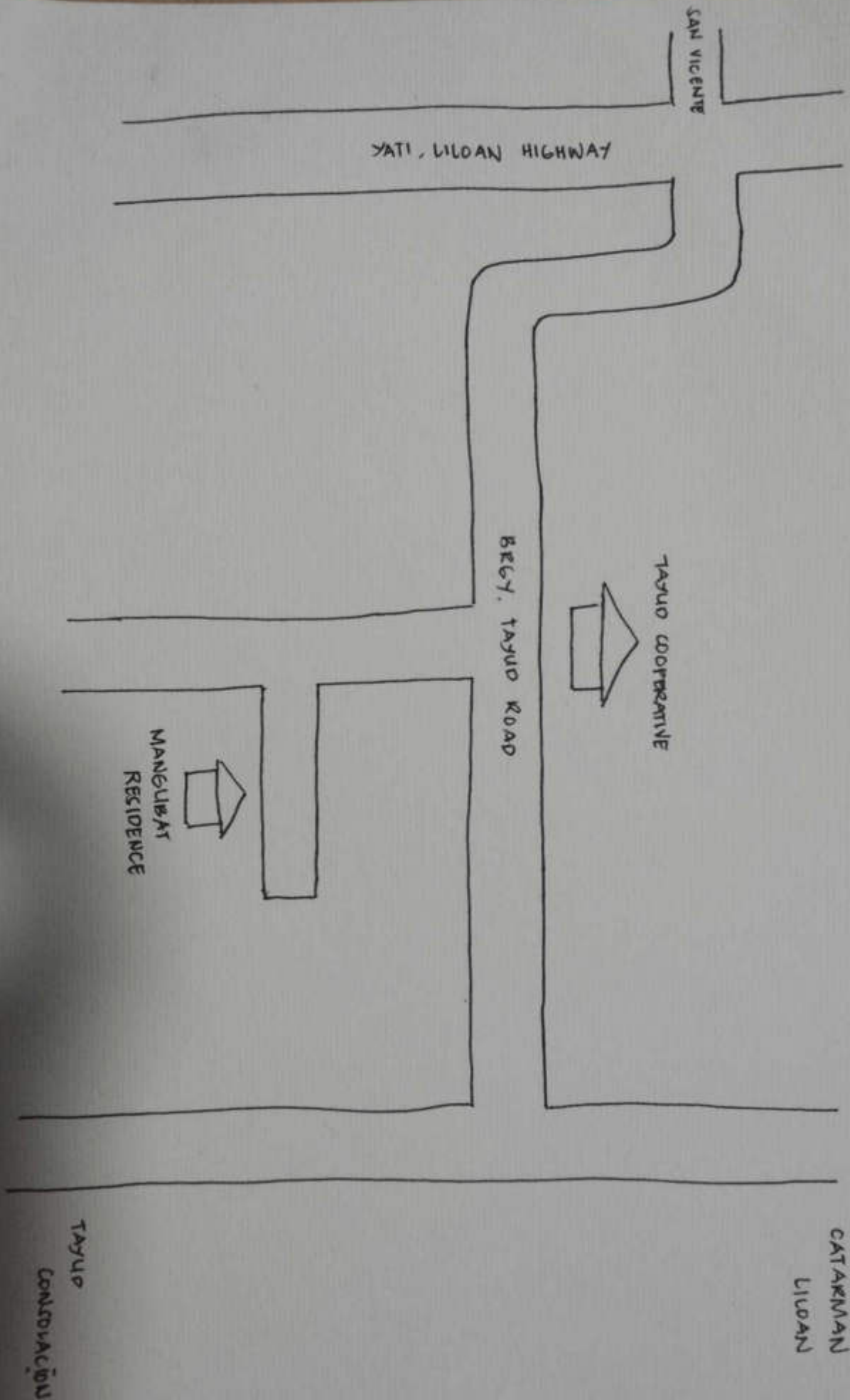
This certification is issued for whatever legal purpose this may serve.

Cebu City, Cebu, Philippines, JANUARY 31, 2023.

For check payment, please make check payable to:  
UNIVERSITY OF CEBU-BANILAD, INC.

Prepared by:

**Kharen Kaye Ferrer**  
Acctg. Staff



(Copy for OCR)



Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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

(Fill out completely, accurately and legibly. Use ink or typewriter. Make X before the appropriate answer in Items 2, 5a, 5b and 10a.)

2290

Province <u>CEBU</u>		Registry No. <u>97-7722</u>
City/Municipality <u>CEBU CITY</u>		
1. NAME (First) (Middle) (Last) <u>SAMANTHA GEM RATPAN MANGUBAT</u>		
2. SEX <u>1</u> Male <u>X</u> Female		3. DATE OF BIRTH (day) (month) (year) <u>29 MARCH 1997</u>
CHILD L O	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>CEBU PUSH CENTER &amp; MATERNITY HOUSE, INC., CEBU CITY, CEBU</u>	
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc.	
	b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify	
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>SECOND</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>5.100</u> grams
5. MAIDEN NAME (First) (Middle) (Last) <u>EMMA EMBRADO RATPAN</u>		
7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>BAPTIST</u>
M O T H E R	9a. Total number of children born alive: <u>2</u>	b. No. of children still living including this birth: <u>2</u>
	c. No. of children born alive but are now dead: <u>0</u>	
10. OCCUPATION <u>EMPLOYEE</u>		11. Age at the time of this birth: <u>34</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>40 BAHIBAYAN ST., CEBU CITY, CEBU</u>		
F A T H E R	13. NAME (First) (Middle) (Last) <u>GENESORO GETIG MANGUBAT</u>	
	14. CITIZENSHIP <u>FILIPINO</u>	
	15. RELIGION <u>ROMAN CATHOLIC</u>	
16. OCCUPATION <u>SEAMAN</u>		17. Age at the time of this birth: <u>37</u> years
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>JUNE 21, 1991 MINGLANILLA, CEBU</u>		
19a. ATTENDANT <u>X</u> 1 Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Healer (Traditional Midwife) <u>5</u> Others (Specify)		
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>4:20 P.M.</u> o'clock am/pm on the date stated above. Signature: <u>[Signature]</u> Name in Print: <u>BOLINGA PANARES, M.D.</u> Title or Position: <u>PHYSICIAN</u> Address: <u>CEBU PUSH CENTER &amp; MAT. HOUSE, INC., CEBU CITY</u> Date: <u>MARCH 29, 1997</u>		
20. INFORMANT Signature: <u>[Signature]</u> Name in Print: <u>EMMA MANGUBAT</u> Relationship to the child: <u>MOTHER</u> Address: <u>40 BAHIBAYAN ST., CEBU CITY</u> Date: <u>MARCH 29, 1997</u>		
21. PREPARED BY Signature: <u>[Signature]</u> Name in Print: <u>STANLEY E. LIBOR</u> Title or Position: <u>CLERK</u> Date: <u>MARCH 29, 1997</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: <u>[Signature]</u> Name in Print: <u>LEVELA</u> Title or Position: <u>CLERK</u> Date: <u>APR 24 1997</u>

FOR DOING USE ONLY: Population Reference No.	
FOR BEING FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
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03	3 2 3 2 7
04	4 2 1 7 2 2

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BEST POSSIBLE IMAGE

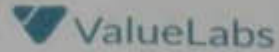


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BReN  
02217-A97FV02-9

Documentary  
Stamp Tax Paid

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



ValueLabs (Philippines) Inc.  
Cebu IT Tower 2, Corner Archbishop and Mindanao Avenue  
Cebu Business Park, Cebu City – 6000, Philippines.  
Co. Reg: CS201516408 TIN : 009 – 110- 008

## CERTIFICATION

This is to certify that **Ms. Samantha Gem R. Mangubat** was an employee of **ValueLabs (Philippines) Inc.** and has served the company under the following capacity.

Date Started	Date Ended	Department	Job Title
September 30, 2019	December 23, 2019	Operations	Customer Support Agent

This certification is being issued as part of the separation clearance completion of **Ms. Mangubat.**

Done in Cebu City, Cebu, Philippines this **7<sup>th</sup> day of January 2020.**

**Rosemarie Castro**  
Senior Executive – Human Resources

Email Address: [hr.cebuh@valuelabs.com](mailto:hr.cebuh@valuelabs.com)



## MANGUBAT, SAMANTHA GEM RAYPAN

SS Number: 06-4253218-5

*i* Your password will expire on Nov 09, 2024 | Your last login was on Jan 12, 2023 1:15:08 PM thru the SSS Website

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