



Republic of the Philippines
Barangay Tejero
Cebu City



BARANGAY CLEARANCE

To Whom It May Concern:

THIS IS TO CERTIFY that according to the records available in the aforementioned office, Mrs./Mr./Ms. **ROXANNE E. DEL MAR 23 / FEMALE / JUNE 11, 2000** Filipino **SINGLE** and a resident at **74-D VILLAGONZALO 11**, Barangay Tejero, Cebu City has the following records;

() has pending case filed against him/her
(X) has no pending case filed against him/her

Issued on this **13TH** day of **MAY, 2024** at Barangay Tejero, Cebu City, Philippines for the purpose of **EMPLOYMENT.**

THUMBMARK

THUMBMARK



Applicant's Signature

Issued on _____
Issued at _____


HON. HAROLD S. SENO
Barangay Captain

Not valid without barangay seal



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.	0003
SO No.	462926
S.O Date	05/21/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 100477	GENDER : Female
PATIENT NAME : DEL MAR, ROXANNE, ESTENDER	BIRTHDATE : 06/11/2000
PATIENT ADDRESS : MJ CUENCO AVE., Tejero (Villa Gonzalo), Cebu City (Capital), Cebu	AGE : 23
MOBILE NO. : 09608037602	CIVIL STATUS : Single
EMAIL ADDRESS : roxannedelmar@gmail.com	SC/PWD ID :
REQUESTING PHYSICIAN :	HMO CARD NO. :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS	PATIENT STATUS : WALK-IN



RESULT DELIVERY CODE	PARTICULARS/PROCEDURE	DELIVERY	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES	
P127	IPLOY PEME PE, CHEST PA, CBC, UA, SE DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)		1.0	800.00	800.00	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: <i>Roxanne Delmar</i> ROXANNE DELMAR Signature Over Printed Name	VALIDATED BY: <i>[Signature]</i> 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 ****

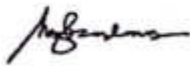
CERTIFICATE OF EMPLOYMENT

This is to certify that **Roxanne Estender Del Mar** been employed at **ePerformax Contact Centers (Cebu) Corp.** and has served the company under the following capacity.

Date Started	Date Ended	Department	Job Title
October 12, 2023	November 19, 2023	Operations - xxx	Global Communications Teammate
November 20, 2023	March 01, 2023	Operations - xxx	Teammate

This certification is issued this **24th of April 2024** upon the request of **Roxanne Estender Del Mar** for future employment purposes. For inquiries, please contact the undersigned.

Prepared by:



Hazel B. Cardenas
Process and Policy Compliance Specialist
Email Address: e3ppccebu@eperformax.com

Not valid without a seal

Noted by:



Velika Nikole M. Sacilioc
E3 Assistant Director

*Note: For verification purposes you may send a message to employeecheck@eperformax.com.
Kindly support your verification with attached Letter of Authorization AND scanned copy of this document.*

Scape Building – Central Business Park 1 ▪ Macapagal Ave. cor. Pearl Dr. ▪ Pasay City, Philippines 1302
JY Square IT Center 1 – 3rd Floor ▪ Salinas Drive ▪ Lahug, Cebu City, Philippines 6000
ePERFORMAX Center ▪ Sacred Heart of Jesus Blvd. ▪ Pueblo de Panay TechnoPark ▪ Roxas City, Philippines 5800



UC
University of cebu

to all persons to whom these presents shall come

Greetings

Be it known that the Board of Trustees, by authority of the Republic of the Philippines, and on recommendation of the Faculty, has conferred upon

Roxanne E. Del Mar

Cum Laude

who has fulfilled all the requirements therefore, the degree of
BACHELOR OF SECONDARY EDUCATION

with all the rights, honors, and privileges as well as the obligations and responsibilities thereunto appertaining.

In testimony whereof, we have hereto subscribed our names and affixed the seal of the School in Cebu City, Philippines, this 27th day of May, 2023.



[Signature]
REX T. ARCATE, Ed. D.
Dean

[Signature]
ATTY. AUGUSTO W. GO, Ed. D.
President

AUTONOMOUS STATUS
EXEMPTED FROM S. O.



Republic of the Philippines
Department of Justice
National Bureau of Investigation

365529330N

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. D456FRKE00-R71474037

FAMILY NAME
DEL MAR
MIDDLE NAME
NATIONAL BUREAU OF INVESTIGATION

ADDRESS

SITIO SAMPAGUITA BRGY TEJERO CEBU CITY

DATE OF BIRTH

June 11, 2000

CITIZENSHIP

A FILIPINO

PURPOSE

MULTI-PURPOSE CLEARANCE

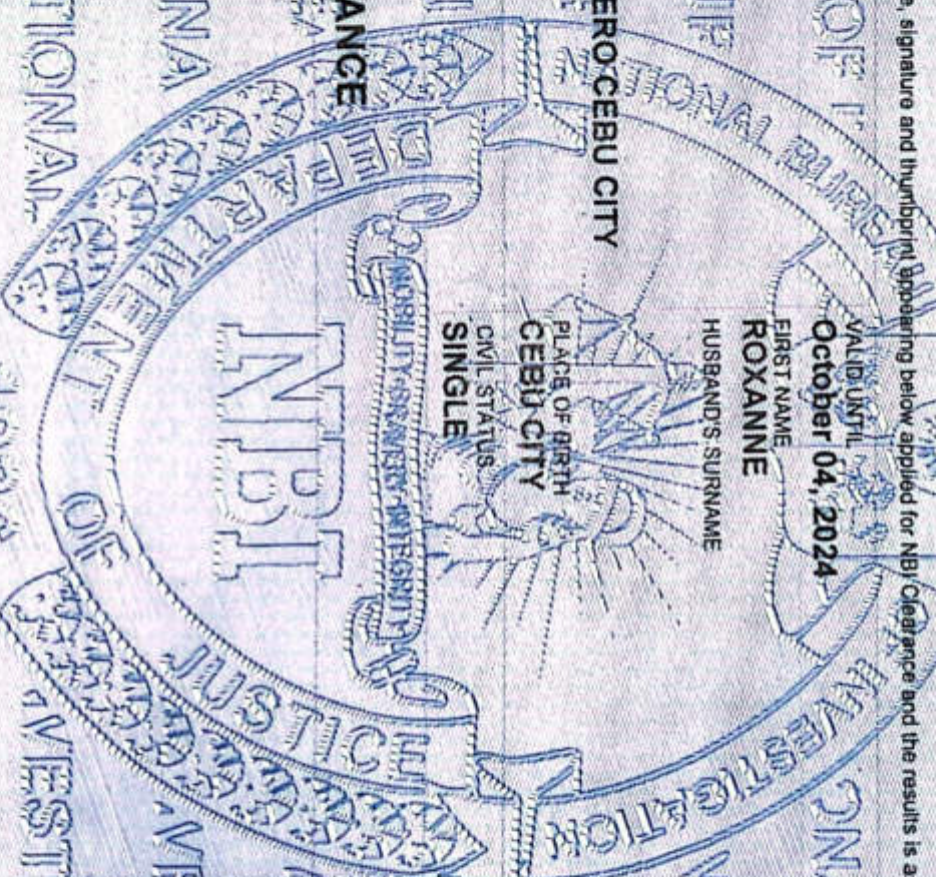
REMARKS

NO RECORD ON FILE

INVESTIGATION NA

INVESTIGATION NA

1933



VALID UNTIL
October 04, 2024

FIRST NAME
ROXANNE

HUSBAND'S SURNAME

PLACE OF BIRTH
CEBU CITY

CIVIL STATUS
SINGLE



SIGNATURE

GENDER

FEMALE



Date Printed: Wednesday, October 04, 2023 02:40 PM

Agency R7

DATE villarinn

CASID villarinn

BIOD villarinn

o.P. No. FREEPNM65SL

RECID

O.R. Date 10/04/2023 2:44:46 PM

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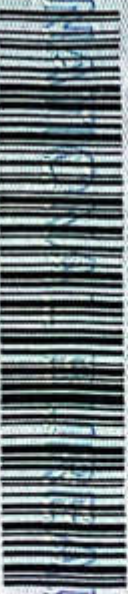
DST PAID

PRTID villarinn

ATTY. MEDARDO G. DE LEMOS

Director

D456FRKE00-R71474037



(Copy for OCRG)



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.
Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)

Province CEBU Registry No. 2000 17300
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
ROXANNE ESTERER DEL MAR
2. SEX 1 Male X 2 Female
3. DATE OF BIRTH (day) (month) (year)
11 JUNE 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
CEBU CITY MEDICAL CENTER, CEBU CITY, CEBU

5a. TYPE OF BIRTH X 1 Single 2 Twin
3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS
1 First 2 Second
3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) 5TH
(first, second, third, etc.)
d. WEIGHT AT BIRTH 3400 grams

6. MAIDEN NAME (First) (Middle) (Last)
BONIFACIA ROSALIS ESTERER

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 5
b. No. of children still living including this birth: 5
c. No. of children born alive but are now dead: 0

10. OCCUPATION NONE 11. Age at the time of this birth: 37 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
54- K. VILLAGONZALO II, CEBU CITY, CEBU

13. NAME (First) (Middle) (Last)
ROBERTO BALLOD DEL MAR

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION LABORER 17. Age at the time of this birth: 45 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
OCTOBER 11, 1982 - CEBU CITY

19a. ATTENDANT
X 1 Physician 2 Nurse 3 Midwife
4 Healer (Traditional Midwife) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 9:38 o'clock
am/pm on the date stated above.

Signature [Signature] Address N. BACALSO AVENUE,
Name in Print LOVELLA B. SEPARDIAS CEBU CITY
Title or Position M.D. Date JUNE 11, 2000

20. INFORMANT
Signature [Signature] Address 54- K. VILLAGONZALO II,
Name in Print BONIFACIA DEL MAR CEBU CITY
Relationship to the child MOTHER Date JUNE 11, 2000

21. PREPARED BY
Signature [Signature]
Name in Print MUSTINA M. CLAUDIO
Title or Position Nurse
Date JUNE 11, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print ADYEN C. DENAPO
Title or Position CLERK I
Date JUNE 11, 2000

For OCRG USE ONLY:
Population Reference No.
1217- B00M B50-1

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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000101

07058-AB-400JCT-01089-BI001
BEST POSSIBLE IMAGE



T400070584000108904292019001

IN500853665

BReN
02217-B00MB0H-5

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 MID NUMBER	121329423852
REGISTRATION TRACKING NUMBER	923272451171

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED	
MEMBERSHIP CATEGORY			
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	NAME EXTENSION MIDDLE NAME NO MIDDLE NAME
MEMBER	DEL MAR	ROXANNE	ESTENDER <input type="checkbox"/>
FATHER	DEL MAR	ROBERTO	BALLON <input type="checkbox"/>
MOTHER (Maiden Name)	ESTENDER	BONIFACIA	ROSALES <input type="checkbox"/>
SPOUSE (if Married)			<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	DEL MAR	ROXANNE	ESTENDER <input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)
06/11/2000	Single/Unmarried		
PLACE OF BIRTH	CITIZENSHIP		SSS NUMBER
CEBU CITY, CEBU	FILIPINO		GSIS NUMBER
SEX	HEIGHT(cm)	WEIGHT(kg)	PROMINENT DISTINGUISHING FACIAL FEATURES
FEMALE	157.00	73.00	
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER
			For AFP/PAF 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
74-D	VILLAGONZALO II		
Lot No.	Block No.	Phase No.	Cell Phone
			+63 (0945) 4306296
Sub-division	Barangay		Business (Direct Line)
	TEJERO		
Municipality/City	Province/State/Country		Business (Trunk Line)
CEBU CITY	CEBU, PHILIPPINES		
ZIP Code			Email Address
6000			roxanmedimar@gmail.com
PRESENT HOME ADDRESS			
Unit/Room No., Floor	Building Name	Lot no.	Block no.
74-D	VILLAGONZALO II		
House No.	Street Name	Sub-division	Barangay
	TEJERO ST		TEJERO
Municipality/City	Province/State/Country		ZIP Code
CEBU CITY	CEBU, PHILIPPINES		6000
PREFERRED MAILING ADDRESS		PRESENT HOME ADDRESS	

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

DAVIES

HOUSES

SUICERS BAKERY

M. J CUENCO AVENUE ST.

LAND MARK

MUSEO SUGBO
(OLD CPDRG)

PUSH-AN
(car wash)

LIBERTY LUMBER

CHAPPEL



HOUSES

SMALL ALLEY

CHURCH

our house

HOUSES



Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID
(UMID) CARD APPLICATION (E-1/E-6)

MO0366IW202309299139 Date/Time Generated: 29 September 2023 04:37:26 PM

SS NUMBER 06-4678223-2						
NAME						
(LAST NAME) DEL MAR	(FIRST NAME) ROXANNE	(MIDDLE NAME) ESTENDER	(SUFFIX)			
FACTS OF BIRTH						
DATE OF BIRTH (MMDDYYYY) 06112000	PLACE OF BIRTH (CITY/MUNICIPALITY) CEBU CITY (CAPITAL)	(PROVINCE/STATE) CEBU	(COUNTRY) PHILIPPINES	SEX FEMALE		
FATHER'S NAME (LAST NAME) DEL MAR	(FIRST NAME) ROBERTO	(MIDDLE NAME) BALLON	(SUFFIX) SR			
MOTHER'S MAIDEN NAME (LAST NAME) ESTENDER	(FIRST NAME) BONIFACIA	(MIDDLE NAME) ROSALES	(SUFFIX)			
DEMOGRAPHIC DATA						
HOME ADDRESS (RM, FLR, UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION) 74-D VILLAGONZALO 2 TEJERO ST.						
(BARANGAY/DISTRICT/LOCALITY) TEJERO (VILLA GONZALO)	(CITY/MUNICIPALITY) CEBU CITY (CAPITAL)	(PROVINCE) CEBU	POSTAL CODE 6000	COUNTRY CODE 0063		
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 157	WEIGHT (IN KILOGRAMS) 73	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION CHRISTIAN	
OTHER CARD APPLICANT DATA						
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER (0945) 430-6286	EMAIL ADDRESS roxannedelmar@gmail.com				
DEPENDENT(S)/BENEFICIARY/IES						
SPOUSE	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
CHILDREN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
1						
2						
3						
4						
5						
OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased)						
	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1	DEL MAR	REY	ESTENDER		Brother	18181988
2	DEL MAR	PAUL JOVEN	ESTENDER		Nephew	11112088
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE						
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)		
Profession/Business		Foreign Address		SS No./Common Reference No. of Working Spouse		
Year Prof./Business Started				_____		
Monthly Earnings		Monthly Earnings		Monthly Income of Working Spouse (P) _____		
		Are you applying for membership in the Fixed-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO				
PURPOSE OF APPLICATION						
PURPOSE FOR EMPLOYMENT / PRIOR REGISTRANT		PROFESSION/BUSINESS			ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION						
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME) (BANK BRANCH)						
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION						
1. I certify that the information provided are true and correct. 2. I hereby consent to: - the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updating of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits; - sharing of these data with SSS service providers to carry out the purposes stated above; and - disposal of this application in the manner consistent with the Data Privacy Act. 3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank. 4. I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.						