



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

YGAY, CHRISTIAN PJ LELIS

TIN: 473-782-690-000

IBAPU MACTAN LAPU-LAPU CITY CEBU

BIRTH DATE: 11/20/1998

ISSUE DATE: 11/19/2021



SIGNATURE



MEMBER'S DATA FORM (MDF)

FOR HDMF USE ONLY	
Pag-IBIG MID No.	121-116-426
Registration Tracking No.	915215289942

INSTRUCTIONS

- The Member's Data Form (MDF) shall be accomplished in two(2) copies.
- Type or print all entries in BLOCK or CAPITAL LETTERS.
- The 'NAME EXTENSION' shall refer to JR., II, III and the like.
- Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
- Accomplish only the 'PERMANENT HOME ADDRESS' if it is different with the 'PRESENT HOME ADDRESS'.
- On the 'BENEFICIARIES' portion, the provision on the intestate Succession, as Provided in the New Family Code shall be observed.
 - SINGLE - Mother, Father, Brother and/or Sister
 - MARRIED - Spouse, Son, Daughter, Mother and Father
- Submit MDF in two (2) copies and present at least one (1) valid primary ID.
- For any subsequent change of information, please secure and accomplish two (2) copies of the Member's Change of Information Form (MCIF) [FPF 110] and submit to the concerned HDMF Branch.

MEMBERSHIP CATEGORY					
<input type="checkbox"/> EMPLOYED PRIVATE	<input type="checkbox"/> SELF-EMPLOYED	<input checked="" type="checkbox"/> NOT YET EMPLOYED			
<input type="checkbox"/> EMPLOYED GOVERNMENT	<input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD				
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> INDIVIDUAL PAYOR				
	LAST NAME	FIRST NAME	NAME EXTENSION <small>(e.g. Jr., II)</small>	MIDDLE NAME	NO MIDDLE NAME <small>(check if applicable only)</small>
MEMBER	YGAY	CHRITIAN PJ		LELIS	<input type="checkbox"/>
FATHER	YGAY	BONIFACIO		SUGABO	<input type="checkbox"/>
MOTHER (Maiden Name)	YGAY	EVANGELINE		LELIS	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	YGAY	CHRISTIAN PJ		LELIS	<input type="checkbox"/>
DATE OF BIRTH NOVEMBER 20, 1998	MARITAL STATUS SINGLE		TAXPAYERS IDENTIFICATION NO.		
PLACE OF BIRTH CEBU CITY, CEBU	CITIZENSHIP FILIPINO		SSS NUMBER		
SEX MALE	PROMINENT DISTINGUISHING FACIAL FEATURES		GSIS NUMBER		
COMMON REFERENCE NUMBER (CRN) (if Available)			EMPLOYEE NUMBER		
			For AFP/PAF Employee, Serial/Badge No.		
			For DECS Employee, Division Code-Station Code		
PRESENT HOME ADDRESS			CONTACT DETAILS		
Unit/Floor/Room No.	Building		<small>(Indicate country code if abroad)</small>		
Lot No.	Block No.	Phase No.	House No.	COUNTRY + AREA CODE TELEPHONE NUMBER	
				Home	+63 3163672
Subdivision IBABAO	Barangay MACTAN			Cell Phone	+63 0922 2175603
Municipality/City LAPU-LAPU CITY (OPON)	Province/State (if abroad) CEBU			Business (Direct Line)	
Country (if abroad) PHILIPPINES	ZIP Code 6015			Business (Trunk Line)	
			Email Address christianygay@yahoo.com		

PERMANENT HOME ADDRESS



04 August 2015

Member Name : **YGAY , CHRISTIAN PJ LELIS**
Member Address : **MACTAN, LAPU-LAPU CITY (OPON), CEBU 6015**

Member Category : **INFORMAL ECONOMY INFORMAL SECTOR**

We are glad that you are now registered with the National Health Insurance Program (NHIP), a program being administered by the Philippine Health Insurance Corporation (PhilHealth).

Your lifetime PhilHealth Identification Number (PIN) is : **1225-1366-1787**

In order for you or any member of your family be entitled to the benefits of the NHIP especially during hospitalization, you or with your employer, or local government or sponsor should have paid the required number of monthly contributions to the Program.

It is important that you always use your PIN in paying your contributions and when you or any member of your family avail of NHIP benefits during hospitalization.

We would like to give you and your family continued protection on health.

Respectfully,

WILLIAM O. CHAVEZ
Regional Vice President
PRO - VII Cebu City

This is a system generated document, signature is not required

SS NUMBER

06-3725754-3

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

E-1

(Rev. 08/94)

SURNAME (APERYDO) 06-3725754-3

GIVEN NAME (PANGALAN)

MIDDLE NAME (GITNANG PANGALAN)

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

POSTAL CODE

SEX (KASARIAN)

 MALE
(LALAKI) FEMALE
(BABAE)

DATE OF BIRTH (KAPANGANAKAN)

m m d d y y

CIVIL STATUS (KATAYUANG SIBIL)

 SINGLE
(WALANG ASAWA) MARRIED
(NAYASAWA) WIDOWED
(BALDI)

BENEFICIARIES (MAKIKINABANG)

SPOUSE (ASAWA)

FATHER (AMA)

CHILDREN
(MGA ANAK)DATE OF BIRTH
(KAPANGANAKAN)

MOTHER (INA)

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

THUMBMARK

LEFT (KALIWA)

RIGHT (KANAN)

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

Signature (Lagda)

31°

Jo'

Sammy's House

Sto. Niño De
Cebu-Mactan Parish
Not too busy

LG Garden Walk
Not too busy

H Mart Asian Grocery
Not too busy

Google

200 ft
50 m



BIR Form No.
2316

**Certificate of Compensation
Payment/Tax Withheld**



September 2021 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 9/21ENCS

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

<p>1 For the Year (YYYY) 2 0 2 4</p> <p>2 For the Period From (MM/YY) 0 1 0 1 To (MM/YY) 0 5 3 1</p> <p>3 TIN 4 7 3 - 7 8 2 - 6 9 0 - 0 0 0 0</p> <p>4 Employee's Name (Last Name, First Name, Middle Name) Ygay, Christian PJ, Lelis</p> <p>5 RDO Code 0 0 0</p> <p>6 Registered Address 6A ZIP Code 6 0 1 5</p> <p>6B Local Home Address 6C ZIP Code</p> <p>6D Foreign Address</p> <p>7 Date of Birth (MM/DD/YYYY) 1 1 2 0 1 9 9 8</p> <p>8 Contact Number</p> <p>9 Statutory Minimum Wage rate per day</p> <p>10 Statutory Minimum Wage rate per month</p> <p>11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p>12 TIN 2 1 6 - 6 9 7 - 3 2 5 - 0 0 0 0</p> <p>13 Employer's Name CONCENTRIX SERVICES B.V. PHILIPPINE BRANCH</p> <p>14 Registered Address 18th, 20th, 21st Tera Tower Br 14A ZIP Code 1 1 1 0</p> <p>15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p>16 TIN</p> <p>17 Employer's Name</p> <p>18 Registered Address 18th, 20th, 21st Tera Tower Br 18A ZIP Code</p> <p>19 Gross Compensation Income from Present Employer (Sum of Items 29 and 32) 113,444.97</p> <p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 30,958.45</p> <p>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 82,486.52</p> <p>22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00</p> <p>23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 82,486.52</p> <p>24 Tax Due 0.00</p> <p>25 Amount of Taxes Withheld 0.00</p> <p>25A Present Employer 0.00</p> <p>25B Previous Employer, if applicable 0.00</p> <p>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00</p> <p>27 5% Tax Credit (PERA Act of 2008)</p> <p>28 Total Taxes Withheld (Sum of Items 26 and 27) 0.00</p>	<p>Part IV-B Details of Compensation Income & Tax Withheld from Present Employer</p> <p>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount</p> <p>29 Basic Salary (including the exempt P250.00 below) or the Statutory Minimum Wage of the MWE</p> <p>30 Holiday Pay (MWE)</p> <p>31 Overtime Pay (MWE)</p> <p>32 Night Shift Differential (MWE)</p> <p>33 Hazard Pay (MWE)</p> <p>34 13th Month Pay and Other Benefits (maximum of P90,000) 12,397.22</p> <p>35 De Minimis Benefits 10,488.57</p> <p>36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 8,072.65</p> <p>37 Salaries and Other Forms of Compensation 0.00</p> <p>38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 30,958.45</p> <p>B. TAXABLE COMPENSATION INCOME REGULAR</p> <p>39 Basic Salary 70,417.55</p> <p>40 Representation</p> <p>41 Transportation</p> <p>42 Cost of Living Allowance (COLA)</p> <p>43 Fixed Housing Allowance</p> <p>44 Others (specify)</p> <p>44A</p> <p>44B</p> <p>SUPPLEMENTARY</p> <p>45 Commission</p> <p>46 Profit Sharing</p> <p>47 Fees Including Director's Fees</p> <p>48 Taxable 13th Month Benefits 0.00</p> <p>49 Hazard Pay</p> <p>50 Overtime Pay</p> <p>51 Others (specify)</p> <p>51A OTHER TAXABLE INCOME 12,068.97</p> <p>51B</p> <p>52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 82,486.52</p>
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I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/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, (you 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.

53 EDENREY RAMOS *[Signature]*
Present Employer/Authorized Agent Signature over Printed Name

54 Ygay Christian PJ Lelis
Employee Signature over Printed Name

55 EDENREY RAMOS *[Signature]*
Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)

56 Ygay Christian PJ Lelis
Employee Signature over Printed Name

Date Signed: _____

Date Signed: _____

Date Issued: _____

Amount paid, if CTC: _____

To be accomplished under substituted filing

I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer in my behalf shall continue as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2005, as amended.

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)



Concentrix Services Corporation - Philippine Branch

18th, 20th, 21st Floor Tera Tower Bridgetown
Along C-5 road Ugong Norte,
Quezon City, 1110, Philippines
84238700 loc 351092
hr.autoresponse@concentrix.com

CERTIFICATE OF EMPLOYMENT

This is to certify that Mr. CHRISTIAN PJ LELIS YGAY was an employee of Concentrix Services Corporation - Philippine Branch. Mr. YGAY was employed as Advisor I, Customer Service under Operations from May 08, 2023 up to June 01, 2024.

Mr. YGAY is cleared from any accountability from the company.

This certification is being issued upon the request of Mr. YGAY for whatever legal purpose it may serve

Should you have a clarification on the foregoing, you may contact 84238700 loc 351092.

Issued on June 13, 2024.

This document is a system generated printout and does not require a signature

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CONCENTRIX CORPORATION



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. 98 30714
City/Municipality Cebu City

1. NAME (First) (Middle) (Last)
Christian PJ Lalis Igay

2. SEX 1 Male 2 Female
3. DATE OF BIRTH (Day) (Month) (Year)
20 November 1998

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
Cebu (Veles) General Hospital F. Ramos St., Cebu City

5a. TYPE OF BIRTH 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)
Second (first, second, third, etc.)
d. WEIGHT AT BIRTH
2,890 grams

6. MAIDEN NAME (First) (Middle) (Last)
Evangelina Ayuda Lalis

7. CITIZENSHIP Filipino RELIGION Roman Catholic

8a. Total number of children born alive: 2
b. No. of children still living including this birth: 2
c. No. of children born alive but see now dead: 0

10. OCCUPATION Operator 11. Age at the time of this birth: 25 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Sitio Sto. Nino Mahiga Riverside, Mandaus City Cebu

13. NAME (First) (Middle) (Last)
Donifacio Sugabo Igay

14. CITIZENSHIP Filipino 15. RELIGION Roman Catholic

16. OCCUPATION Security Guard 17. Age at the time of this birth: 52 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
June 4, 1998 Liloan, Cebu

19a. ATTENDANT
1 Physician 2 Nurse 3 Midwife
4 Hilot (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 10:18 A.M. o'clock am/pm on the date stated above.

Signature [Signature] Address S/O Cebu (Veles)
Name in Print Dr. Mary Lourdes F. Chan General Hospital
Title or Position H.D. Date November 20, 1998

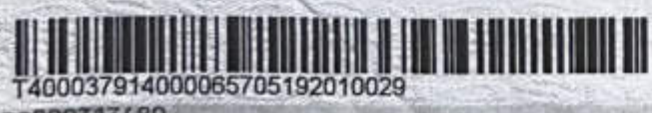
20. INFORMANT
Signature [Signature] Address Sitio Sto. Nino Mahiga
Name in Print Donifacio S. Igay Riverside, Mandaus City
Relationship to the child Father Date November 20, 1998

21. PREPARED BY
Signature [Signature]
Name in Print Fitale Ugape
Title or Position DSN - RH
Date November 20, 1998

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print LOUISIANA DEBATA
Title or Position ADMINISTRATOR
Date DEC 1 1998

9836714
201198
20178
022396
20301
25/64/98
22277
12/01/98

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BEST POSSIBLE IMAGE



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Documentary
Stamp Tax Paid

[Signature]
CARMELITA N. ERICIA
Administrator and Civil Registrar General
National Statistics Office