

(Copy for DCRG)



Mandatory Form No. 103
(Revised January 1993)

(To be accomplished in quadruplicate)

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 12a.)

Province CEBU Registry No. 99 33325
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
WIZNIO ALPEREZ

2. SEX 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year)
11 December 1999

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
VICTORIA BRONCO MEMORIAL HRD, CENTRAL 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) d. WEIGHT AT BIRTH
1st (first, second, third, etc.) 2490 grams

6. MAIDEN NAME (First) (Middle) (Last)
NORA VILLIA ALPEREZ

7. CITIZENSHIP Phil-ino 8. RELIGION R. Cath.

9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0

10. OCCUPATION None 11. Age at the time of this birth: 20 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
TALIMARAN CEBU CITY CEBU

13. NAME (First) (Middle) (Last)
UNKNOWN

14. CITIZENSHIP N.A. 15. RELIGION N.A.

16. OCCUPATION N.A. 17. Age at the time of this birth: N.A. years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
not applicable

19a. ATTENDANT 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 2:00PM o'clock am/pm on the date stated above.)
Signature [Signature] Address VSO-C CEBU CITY
Name in Print DR. ROSARIO ROSARIO Date 11 DECEMBER 1999
Title or Position Head Officer III

20. INFORMANT
Signature [Signature] Address TALIMARAN CEBU CITY
Name in Print NORA ALPEREZ
Relationship to the child Father Date 11 December 1999

21. PREPARED BY
Signature [Signature]
Name in Print N. R. ROSARIO
Title or Position Supervisor Date 11 December 1999
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print AGNES G. DENAPU
Title or Position CLERK I Date 11 December 1999

REMARKS/ANNOTATION

9933325

11/10/99

17178

012430

010100

293 20

22178

3 9

4 2 3 2 0

1

08438-6E-400ARM-01246-BI001

BEST POSSIBLE IMAGE



T400084384000124602072023001

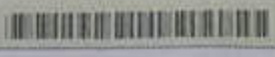
69200660254

BReN
(02217-A99YB0N-5)

Documentary
Stamp Tax Paid

CDGM

CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority





Republic of the Philippines
Department of Justice
National Bureau of Investigation



40012193

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.
A416LEKO99-ND4635220

FAMILY NAME
ALFEREZ

MIDDLE NAME

ADDRESS
MONTE ALEGRE TUBURAN CEBU

DATE OF BIRTH
December 11, 1999

CITIZENSHIP
FILIPINO

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

VALID UNTIL
May 20, 2025

FIRST NAME
EUZENIO

HUSBAND'S SURNAME

PLACE OF BIRTH
CEBU CITY

CIVIL STATUS
SINGLE



SIGNATURE

GENDER
MALE



A416LEKO99-ND4635220

Medardo de Lemos
ATTY. MEDARDO G. DE LEMOS
Director

Date Printed: Monday, 20 May 2024 12:04 pm

Agency	ND4	DATID	minguezj
CASID	minguezj	BIOID	minguezj
O.R. No.	761HRZ9F	RECID	
O.R. Date	05/20/2024 12:03:10 pm	INTID	
DST PAID		PRTID	minguezj

NATIONAL BUREAU OF INVESTIGATION



Republic of the Philippines
City of Mandaue
BARANGAY TABOK

OFFICE OF THE PUNONG BARANGAY
Tel. Nos. 345-0027/343-9489

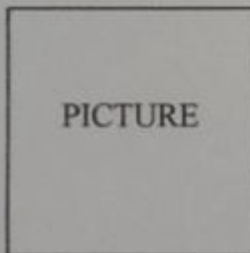
Barangay Certification

TO WHOM IT MAY CONCERN:

This is to certify that EUZENIO ALFEREZ
24 years of age, single, Filipino, is a bona fide resident of Sitio Kamanggahan, Barangay Tabok,
Mandaue City.

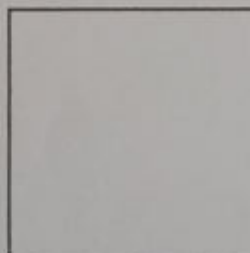
This certification is issued upon the request of the above-mentioned person for
EMPLOYMENT purposes and for whatever legal purpose this
may serve best.

Issued this 20TH day of MAY 2024

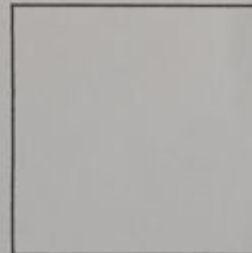


PICTURE

Signature



Left Thumb



Right Thumb

(NOT VALID WITHOUT PAYMENT)

Amount	<u>80.00</u>
Paid per OR No.	<u>10428554</u>
Date Issued	<u>05.20.2024</u>


DARIO S. TARRIMAN
Punong Barangay



BIR Form No. 2316 September 2021 (ENCS)	<h2 style="margin: 0;">Certificate of Compensation Payment/Tax Withheld</h2> <p style="font-size: small; margin: 0;">For Compensation Payment With or Without Tax Withheld</p>	<p style="font-size: x-small; margin: 0;">2316 9/21/ENCS</p>
--	--	--

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

1 For the Year (YYYY) 2 0 2 4	2 For the Period From (MMDD) 0 1 0 1 To (MMDD) 0 4 0 5
--------------------------------------	--

Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN 3 7 5 - 3 2 0 - 0 5 0 -	5 PDO Code 1 2 6	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
4 Employee's Name (Last Name, First Name, Middle Name) ALFEREZ, EUZENIO		29 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	0.00
6 Registered Address		30 Holiday Pay (MWE)	0.00
6A ZIP Code		31 Overtime Pay (MWE)	0.00
6B Local Home Address		32 Night Shift Differential (MWE)	0.00
6C ZIP Code		33 Hazard Pay (MWE)	0.00
6D Foreign Address		34 13th Month Pay and Other Benefits (maximum of P90,000)	4,370.22
7 Date of Birth (MM/DD/YYYY) 1 2 1 1 1 9 9 9	8 Contact Number	35 De Minimis Benefits	0.00
9 Statutory Minimum Wage rate per day 468.00		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	4,042.50
10 Statutory Minimum Wage rate per month		37 Salaries and Other Forms of Compensation	2,916.99
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		38 Total Non-Taxable/Exempt Compensation Income (Sum of items 29 to 37)	11,329.71

Part II - Employer Information (Present)		B. TAXABLE COMPENSATION INCOME REGULAR	
12 TIN 0 0 4 - 6 3 9 - 7 4 4 - 0 0 0		39 Basic Salary	37,600.08
13 Employer's Name TELEPHILIPPINES, INC		40 Representation	0.00
14 Registered Address 2ND FLOOR, EDSA CORNER UNITED STREET, GREENFIELD DISTRICT, Mandaluyong City		41 Transportation	0.00
14A ZIP Code 6 0 0 0		42 Cost of Living Allowance (COLA)	0.00
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		43 Fixed Housing Allowance	0.00

Part III - Employer Information (Previous)		SUPPLEMENTARY	
16 TIN		44 Others (specify)	
17 Employer's Name		44A Allowances	5,935.67
18 Registered Address		44B	0.00
18A ZIP Code		45 Commission	0.00

Part IVA - Summary			
19 Gross Compensation Income from Present Employer (Sum of items 28 and 52)		45 Commission	0.00
	60,009.05	46 Profit Sharing	0.00
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 38)		47 Fees Including Director's Fees	0.00
	11,329.71	48 Taxable 13th Month Benefits	0.00
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From item 52)		49 Hazard Pay	0.00
	48,679.34	50 Overtime Pay	5,143.59
22 Add: Taxable Compensation Income from Previous Employer, if applicable		51 Others (specify)	
	0.00	51A Bonuses and Incentives	0.00
23 Gross Taxable Compensation Income (Sum of items 21 and 22)		51B Retirement Benefits	0.00
	48,679.34	52 Total Taxable Compensation Income (Sum of items 39 to 51B)	48,679.34
24 Tax Due	0.00		
25 Amount of Taxes Withheld			
25A Present Employer	0.00		
25B Previous Employer, if applicable	0.00		
26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B)	0.00		
27 5% Tax Credit (PERA Act of 2008)	0.00		
28 Total Taxes Withheld (Item 26 less item 27)	0.00		

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, 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.

53 Present Employer/Authorized Agent Signature over Printed Name	Date Signed 0 4 2 9 2 0 2 4
CONFORME: 54 EUZENIO ALFEREZ Employee Signature over Printed Name	Date Signed _____
CTC/Valid ID No. _____ of Employee _____	Place of Issue _____ Date Issued _____

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. 55 _____ Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	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 that equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended. 56 _____ Employee Signature over Printed Name

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



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.	0012
SO No.	462935
S.O Date	05/21/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 100484
PATIENT NAME : ALFEREZ, EUZENIO, .
PATIENT ADDRESS : Alang-Alang, Mandaue City, Cebu
MOBILE NO. : 09065369821
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Male
BIRTHDATE : 12/11/1999
AGE : 24
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT



CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
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.)	1.00	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
VALIDATED

BY:

Signature Over Printed Name