

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

REMARKS/ANNOTATION
 (Copy for OCRG)

Province **Cebu** City/Municipality **Cebu City** Registry No. **90-15240**

1. NAME (First) **Jaymart** (Middle) **Pintoy** (Last) **Pintoy**

2. SEX Male Female 3. DATE OF BIRTH (day) **12** (month) **July** (year) **1994**

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
Sacred Heart Hospital Urgello St. Cebu City Cebu

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

c. BIRTH ORDER (live births and fetal deaths including this delivery) **1st** (first, second, third, etc.) d. WEIGHT AT BIRTH **3780** grams

6. MAIDEN NAME (First) **Jessica** (Middle) **Mabatic** (Last) **Pintoy**

7. CITIZENSHIP **Filipino** 8. RELIGION **R.C.**

9a. Total number of children born alive: **3** b. No. of children still living including this birth: **1** c. No. of children born alive but are now dead: **0**

10. OCCUPATION **Housewife** 11. Age at the time of this birth: **20** years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Bansu Riverside Bansu Cebu City Cebu

13. NAME (First) **Unknown** (Middle) **Unknown** (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.)
N.A.

19a. ATTENDANT Physician Nurse Midwife Hilot (Traditional Midwife) Others (Specify)

19b. CERTIFICATION OF BIRTH
 I hereby certify that I attended the birth of the child who was born alive at **3:00 P.M.** o'clock on the date stated above.
 Signature **Rosalina Umali, M.D.** Address **C/O Sacred Heart Hospital Urgello St. Cebu City**
 Name in Print **Rosalina Umali, M.D.** Date **July 12, 1994**
 Title or Position **Attending Physician**

20. INFORMANT Signature **Marg Jessica M. Pintoy** Address **Riverside, Bansu Cebu City**
 Name in Print **MARG JESSICA M. PINTOY** Date **July 12, 1994**
 Relationship to the child **Mother**

21. PREPARED BY Signature **Nida A. Nunez** Date **July 12, 1994**
 Name in Print **NIDA A. NUNEZ**
 Title or Position **CLERK IN CHARGE**

For OCRG USE ONLY:
 Population Reference No. **15**

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

9015240

1

120794

22177

1

01 3180

1 1

01 01 00

220 20

22177

9 7

290 79

0820

8-499

02258-60-400GCD-00483-BI001

BEST POSSIBLE IMAGE



T400022584000048303082006001

02217-A94NC0G-7

Carmelita N. Ericta
 ADMINISTRATOR AND CIVIL REGISTRAR GENERAL
 NATIONAL STATISTICS OFFICE

births before 3 August 1985/on or after 3 August 1985

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, _____ and JESSICA MA PANTU, parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/my knowledge and belief.

Jessica Pantu
(Signature of Mother)

Community Tax No. 4240857

Date Issued 7-14-94

Place Issued Cebu City

(Signature of Father)

Community Tax No.

Date Issued

Place Issued

SUBSCRIBED AND SWORN to before me this 1st day of August, 1994, at Cebu City, Philippines.

RAMON A. IGARA
NOTARY PUBLIC
UNTIL DECEMBER 31, 1995
PTR NO. 1-107438-1
CEBU CITY

RRP No. 416
RAC (Signature of Administering Officer)
BIDR NO. XXXV
SERIE 01 (Name in Print)

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

I, _____, of legal age, single/married and with residence and postal address at _____ after having been duly sworn to in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of my birth/of the birth of _____
2. That I/he/she was born on _____ at _____
3. That I/he/she was attended at birth by _____ who resides at _____
4. That I/he/she is a citizen of _____
5. That my/his/her parents were married on _____ at _____ not married but was acknowledge by my/his/her father whose name is _____
6. That the reason for the delay in registering my/his/her birth was due to _____
7. That a copy of my/his/her birth certificate is needed for the purpose of _____
8. (For the applicant only) That I am married to _____ of the said person. (For the father/mother/guardian) That I am the _____ of the said person.

(Signature of Affiant)

Community Tax No.

Date Issued

Place Issued

SUBSCRIBED AND SWORN to before me this _____ day of _____, Philippines.

(Signature of Administering Officer)

(Title/Designation)

(Name in Print)

(Address)

02258-60-400GCD-00483-BI001

BEST POSSIBLE IMAGE



T400022584000048303082006001

02217-A94NC0G-7

MC 800451850

Carmelita N. ERICTA
Administrator and Civil Registrar General
National Statistics Office




Certificate of Completion

is issued to

Jaymart Pintoy

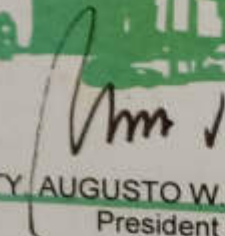
For having completed the TWO-YEAR academic requirements leading to the degree Bachelor of Science in Hotel and Restaurant Management.

Signed at Cebu City, Philippines, this 17th day of October, 2017.



Victoria S. Amadora
VICTORIA S. AMADORA, MBA
Dean

PACUCOA ACCREDITED
EXEMPTED FROM S. O.



ATTY. AUGUSTO W. GO, Ed. D.
President

CERTIFICATION

This certifies that Mr. PINTOY JAYMART was employed by CONDUENT BUSINESS SERVICES PHILIPPINES, INC. from March 21, 2022 to January 18, 2024. He held the position of CUSTOMER EXPERIENCE ASSOCIATE II until his FALSE January 18, 2024.

This certification is being issued upon the request of Mr. PINTOY as a proof of his employment with CONDUENT BUSINESS SERVICES PHILIPPINES, INC.

Given this 12 March 2024 in Pasay City, Philippines.



Zeus Laurent B. Yanguas
Manager, Global People Services

Note: Unauthorized and Fraudulent use shall not render Conduent in any way Liable.
For any inquiry, please send email to gps.ph@conduent.com



Concentrix CVG Philippines, Inc.
25F Ayala North Exchange – Tower II, Ayala
Ave. Cor. Salcedo St. Legaspi Village,
Makati City 1229
ph_employment_verification@concentrix.com
8423 - 8700 local 351092

CERTIFICATE OF EMPLOYMENT

This is to certify that Mr **Jaymart Pintoy** was an employee of Concentrix CVG Philippines, Inc. (formerly known as Convergys Philippines Inc.) an affiliate of Concentrix Corporation, the global leader in outsourced customer care. Mr Pintoy was employed as Advisor I, Sales under **Operations Group** from **June 14, 2021** up to **February 9, 2022**.

This temporary certificate is being issued upon the request of **Mr Pintoy** for whatever legal purpose it may serve but this does not constitute full clearance from any accountability from the company.

Should you have a clarification on the foregoing, you may contact **8423 - 8700 local 351092**.

Issued this 2 March 2022.

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

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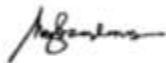
CERTIFICATE OF EMPLOYMENT

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

Date Started	Date Ended	Department	Job Title
November 09, 2018	January 31, 2021	Operations - xxx	Community Support Agent
February 01, 2021	May 03, 2021	Operations - xxx	Teammate


This certification is issued this **6th of March 2024** upon the request of **Jaymart Pintoy** 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

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.*

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

1 For the Year (YYYY) **2 0 2 1**

2 For the Period from (MM/CC) **0 1 0 1** to (MM/CC) **0 1 1 8**

Part I - Employee Information

3 TIN **3 1 5 - 6 4 2 - 2 0 8**

4 Employer's Name (Last Name, First Name, Middle Name) **Pintoy, Jaymart**

5 RDO Code

6 Registered Address **390 R. Duterte St., Banana Cebu City**

7A ZIP Code

8 Local Home Address

9C ZIP Code

10 Foreign Address

7 Date of Birth (MM/DD/YYYY) **0 7 1 2 1 9 9 4**

8 Contact Number

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

Part II - Employer Information (Present)

12 TIN **2 3 5 - 3 9 2 - 1 3 7 - 0 0 0 0 0**

13 Employer's Name **Conduent Business Services Philippines, Inc.**

14 Registered Address **7th Floor Oneecon Bldg., Wall of Asia Complex, Pasay City**

15A ZIP Code **1 3 0 0**

15 Type of Employer Main Employer Secondary Employer

16 TIN

17 Employer's Name

18 Registered Address

19A ZIP Code

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 29 and 30) **33,198.51**

20 Less: Interest Income exempt from income tax **21,203.19**

21 Taxable Compensation Income from Present Employer (Sum of Items 29 and 30) **11,995.32**

22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **11,995.32**

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 2% Tax Credit (PERA Act of 2008) **0.00**

28 Total Taxes Withheld (Sum of Items 26 and 27) **0.00**

Part IV-B Details of Compensation Income & Tax Withheld from Present Employer

Item	Amount
29 Non-Taxable/Exempt Compensation Income (Sum of Items 29(a) to (d)) or the Statutory Minimum Wage of the MWE	0.00
30 Holiday Pay (MWE)	0.00
31 Overtime Pay (MWE)	0.00
32 Night Shift Differential (MWE)	0.00
33 Hazard Pay (MWE)	0.00
34 13th Month Pay and Other Benefits (Maximum of P80,000)	16,462.50
35 De Minimis Benefits	4,035.69
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employer share only)	705.00
37 Salaries and Other Forms of Compensation	0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	21,203.19
39 Taxable Compensation Income Before RR	
39 Basic Salary	8,268.09
40 Representation	0.00
41 Transportation	0.00
42 Cost of Living Allowance (COLA)	0.00
43 Fixed Housing Allowance	0.00
44 Others (specify):	
44A	2,692.59
44B	0.00
SUPPLEMENTARY	
45 Commission	0.00
46 Profit Sharing	0.00
47 Fees Including Director's Fees	0.00
48 Taxable 13th Month Benefits	0.00
49 Hazard Pay	0.00
50 Overtime Pay	1,034.64
51 Others (specify):	
51A	0.00
51B	0.00
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	11,995.32

NOTE: Deduct the amount of primary and secondary tax credit from the total tax liability. The total tax liability shall be paid in full by the end of the month following the month in which the tax liability arises, or the date of the payment of the total tax liability, whichever is earlier, and the taxpayer shall file a return with the Bureau of Internal Revenue under the Code (RA No. 2438) for the month and year of payment.

53 
Roberto Apostol
Present Employer/Authorized Agent Signature over Printed Name

Date Signed **0 3 1 2 2 0 2 4**

CONFORME: 54 **Pintoy, Jaymart**
Employee Signature over Printed Name

Date Signed

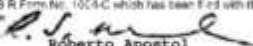
55 CTC/Valid ID No. of Employee

Date Issued

Annual Paid # CTC

To be accomplished under substituted filing

55 I declare, under the penalties of perjury that the information herein stated is reported under BIR Form No. 1005-C which has been filed with the Bureau of Internal Revenue.


Roberto Apostol
Head of Accounting/Authorized Agent Representative (Head of Accounting/ Human Resource or Authorized Representative)

56 **Pintoy, Jaymart**
Employee Signature over Printed Name