



REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation



PhilHealth  
Your Partner in Health



12-051320554-1

GALVEZ, DEXTER GABRAL

AUGUST 15, 1991 - MALE

PUROK 2 VILLA SAN JOSE SUBD TALAMBAN CEBU

CITY, CEBU - 6000



1 2 0 5 1 3 2 0 5 5 4 1

FORMAL ECONOMY



## Home Development Mutual Fund

Sa Pag-IBIG ang pinaghihirapan may katugohan

### Pag-IBIG FUND

CEBU AYALA BRANCH

Member's Name: GALVEZ, DEXTELL GABRAL

To our valued member,

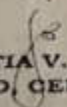
You are now registered with Pag-IBIG Fund.

Your Tracking No. (RTN) 919066197843

Membership Identification no. (MID) PLI - 178 - 6954

The No. is to be used in all your transactions with the Fund. Thank you for your continued support to the Fund.

Very truly yours,

  
MS. PORTIA V. BACALSO  
BRANCH HEAD, CEBU AYALA MSB

Pag-ibig number

12111786954



**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. |            |
| SO No.       | 0025       |
| S.O Date     | 463417     |
| Terms        | 05/27/2024 |
| Amount Due   | 30 Days    |
|              | P800.00    |

**PATIENT INFORMATION**

|                               |                                     |                         |              |
|-------------------------------|-------------------------------------|-------------------------|--------------|
| <b>PATIENT ID</b> :           | 066524                              | <b>GENDER</b> :         | Male         |
| <b>PATIENT NAME</b> :         | GALVEZ, DEXTER , GABRAL             | <b>BIRTHDATE</b> :      | 08/16/1991   |
| <b>PATIENT ADDRESS</b> :      | Talamban, Cebu City (Capital), Cebu | <b>AGE</b> :            | 32           |
| <b>MOBILE NO.</b> :           | 09691209768                         | <b>CIVIL STATUS</b> :   | Single       |
| <b>EMAIL ADDRESS</b> :        |                                     | <b>SC/PWD ID</b> :      |              |
| <b>REQUESTING PHYSICIAN</b> : |                                     | <b>HMO CARD NO.</b> :   |              |
| <b>COMPANY/REFERRED BY</b> :  | IPLOY STAFFING SOLUTIONS            | <b>PATIENT STATUS</b> : | CONSULTATION |
| <b>RESULT DELIVERY</b> :      | DELIVERY                            |                         |              |



| CODE | PARTICULARS/PROCEDURE                                                                                                                                                                                | QTY  | UNIT PRICE | AMOUNT |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------|--------|
| P127 | IPLOY PEME<br>»PE, CHEST PA, CBC, UA, SERUM<br>DRUG TEST (NOTE: PLEASE COMPLY ALL<br>THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU<br>WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT<br>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 |

**PRIME CARE**  
**BIOMETRICS DONE**  
**DATE: MAY 27 2024**

|                                          |                                                        |                                                                        |
|------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------|
| <b>PREPARED BY:</b><br>Floren A. Manigos | <b>ACKNOWLEDGED BY:</b><br>Signature Over Printed Name | <b>VERIFIED BY:</b><br><b>VALIDATED</b><br>Signature Over Printed Name |
|------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------|

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.

BY:   
 Date Created: 05/27/2024 09:40 AM

\*\*\*\* THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM \*\*\*\*



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



36503869

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.



SIGNATURE

*[Signature]*

|                                                                    |                                              |
|--------------------------------------------------------------------|----------------------------------------------|
| NBI ID NO.<br><b>G412HDPR19</b>                                    | VALID UNTIL<br><b>January 29, 2025</b>       |
| FAMILY NAME<br><b>GALVEZ</b>                                       | FIRST NAME<br><b>DEXTER</b>                  |
| MIDDLE NAME<br><b>GABRAL</b>                                       | HUSBAND'S SURNAME                            |
| ADDRESS<br><b>SAN JOSE VILLAGE PUROK 2 BRGY TALAMBAN CEBU CITY</b> | PLACE OF BIRTH<br><b>TACLOBAN CITY LEYTE</b> |
| DATE OF BIRTH<br><b>August 16, 1991</b>                            | CIVIL STATUS<br><b>SINGLE</b>                |
| CITIZENSHIP<br><b>FILIPINO</b>                                     | GENDER<br><b>MALE</b>                        |

PURPOSE  
**MULTI-PURPOSE CLEARANCE**

REMARKS  
**NO DEROGATORY RECORD**



Date Printed: Tuesday, February 06, 2024 02:07 PM

|          |                        |       |           |
|----------|------------------------|-------|-----------|
| Agency   | R7                     | DATIO | villarinn |
| CASID    | villarinn              | BIOD  | villarinn |
| O R No   | MP82TSIMZG             | RECD  | angelousa |
| O R Date | 01/29/2024 10:50:38 AM | INTID |           |
| DST PAID |                        | PRTID | villarinn |

*[Signature]*  
ATTY. MEDARDO G. DE LEMOS  
Director



G412HDPR19



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



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PURPOSE  
**MULTI-PURPOSE CLEARANCE**

REMARKS  
**NO DEROGATORY RECORD**

**PERSONAL COPY**



Date Printed: Tuesday, February 06, 2024 02:07 PM

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*[Signature]*  
ATTY. MEDARDO G. DE LEMOS  
Director



G412HDPR19



For Use 1 of 1



Republic of the Philippines  
Department of Finance  
Bureau of Internal Revenue

**2316**

**Certificate of Compensation  
Payment/Tax Withheld**



For Compensation Payment With or Without Tax Withheld

2316 (2019) (ENCS)

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

|                                                                                                                                       |  |                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------|--|
| 1 For the Year (YYYY) <b>2022</b>                                                                                                     |  | 2 For the Period From (MMDD) <b>0101</b> To (MMDD) <b>1231</b>                                   |  |
| <b>Part I - Employee Information</b>                                                                                                  |  |                                                                                                  |  |
| 3 TIN <b>754-987-023-000000</b>                                                                                                       |  | <b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>                                                 |  |
| 4 Employee's Name (Last Name, First Name, Middle Name)<br>GALVEZ, DEXTER GABRAL                                                       |  | 29 Basic Salary (including the exempt P500,000 & below) or the Statutory Minimum Wage of the MWE |  |
| 5 PRCO Code                                                                                                                           |  | Amount <b>0.00</b>                                                                               |  |
| 6 Registered Address<br>C/O SYKES ASIA, INC.                                                                                          |  | 30 Holiday Pay (MWE) <b>0.00</b>                                                                 |  |
| 6A ZIP Code                                                                                                                           |  | 31 Overtime Pay (MWE) <b>0.00</b>                                                                |  |
| 6B Local Home Address<br>C/O SYKES ASIA, INC.                                                                                         |  | 32 Night Shift Differential (MWE) <b>0.00</b>                                                    |  |
| 6C ZIP Code                                                                                                                           |  | 33 Hazard Pay (MWE) <b>0.00</b>                                                                  |  |
| 6D Foreign Address                                                                                                                    |  | 34 13th Month Pay and Other Benefits (maximum of P50,000) <b>0.00</b>                            |  |
| 7 Date of Birth (MM/YY/YYYY)<br>08/16/1991                                                                                            |  | 35 Do Minimis Benefits <b>0.00</b>                                                               |  |
| 8 Contact Number                                                                                                                      |  | 36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <b>0.00</b>     |  |
| 9 Statutory Minimum Wage rate per day                                                                                                 |  | 37 Salaries and Other Forms of Compensation <b>0.00</b>                                          |  |
| 10 Statutory Minimum Wage rate per month                                                                                              |  | 38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) <b>0.00</b>              |  |
| 11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax |  | <b>B. TAXABLE COMPENSATION INCOME REGULAR</b>                                                    |  |
| 12 TIN <b>005-057-181-000000</b>                                                                                                      |  |                                                                                                  |  |
| 13 Employer's Name<br>SYKES ASIA, INC.                                                                                                |  |                                                                                                  |  |
| 14 Registered Address<br>10th F, Glorietta Corporate Tower 1, Palm Drive, Ayala Center, Makati City, Philippines                      |  |                                                                                                  |  |
| 15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer                     |  |                                                                                                  |  |
| 16 Type of Employer (Previous)                                                                                                        |  |                                                                                                  |  |
| 17 TIN                                                                                                                                |  |                                                                                                  |  |
| 18 Employer's Name                                                                                                                    |  |                                                                                                  |  |
| 19 Registered Address                                                                                                                 |  |                                                                                                  |  |
| 18A ZIP Code                                                                                                                          |  |                                                                                                  |  |
| <b>Part IVA - Summary</b>                                                                                                             |  |                                                                                                  |  |
| 19 Gross Compensation Income from Present Employer (Sum of items 39 and 40)                                                           |  | 0.00                                                                                             |  |
| 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)                                            |  | 0.00                                                                                             |  |
| 21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)                                            |  | 0.00                                                                                             |  |
| 22 Add: Taxable Compensation Income from Previous Employer, if applicable                                                             |  | 0.00                                                                                             |  |
| 23 Gross Taxable Compensation Income (Sum of Items 21 and 22)                                                                         |  | 0.00                                                                                             |  |
| 24 Tax Due                                                                                                                            |  | 0.00                                                                                             |  |
| 25 Amount of Taxes Withheld                                                                                                           |  | 0.00                                                                                             |  |
| 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                                                                                             |  |
| 29                                                                                                                                    |  | 39 Basic Salary <b>0.00</b>                                                                      |  |
| 30                                                                                                                                    |  | 40 Representation <b>0.00</b>                                                                    |  |
| 31                                                                                                                                    |  | 41 Transportation <b>0.00</b>                                                                    |  |
| 32                                                                                                                                    |  | 42 Cost of Living Allowance (COLA) <b>0.00</b>                                                   |  |
| 33                                                                                                                                    |  | 43 Fixed Housing Allowance <b>0.00</b>                                                           |  |
| 34                                                                                                                                    |  | 44 Others (specify)                                                                              |  |
| 35                                                                                                                                    |  | 44A <b>0.00</b>                                                                                  |  |
| 36                                                                                                                                    |  | 44B <b>0.00</b>                                                                                  |  |
| 37                                                                                                                                    |  | <b>SUPPLEMENTARY</b>                                                                             |  |
| 38                                                                                                                                    |  | 45 Commission <b>0.00</b>                                                                        |  |
| 39                                                                                                                                    |  | 46 Profit Sharing <b>0.00</b>                                                                    |  |
| 40                                                                                                                                    |  | 47 Fees including Director's Fees <b>0.00</b>                                                    |  |
| 41                                                                                                                                    |  | 48 Taxable 13th Month Benefits <b>0.00</b>                                                       |  |
| 42                                                                                                                                    |  | 49 Hazard Pay <b>0.00</b>                                                                        |  |
| 43                                                                                                                                    |  | 50 Overtime Pay <b>0.00</b>                                                                      |  |
| 44                                                                                                                                    |  | 51 Others (specify)                                                                              |  |
| 45                                                                                                                                    |  | 51A Salaries and other forms of compensation <b>0.00</b>                                         |  |
| 46                                                                                                                                    |  | 51B <b>0.00</b>                                                                                  |  |
| 47                                                                                                                                    |  | 52 Total Taxable Compensation Income (Sum of Items 39 to 51B) <b>0.00</b>                        |  |

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, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012" (RA No. 10173) for legitimate and lawful purposes.

|                                                                                                                         |                |                             |
|-------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 53 <u>VALDEZ, NOEL</u> <small>Authorized Agent</small><br>Present Employer/Authorized Agent Signature over Printed Name |                | Date Signed <b>01302023</b> |
| 54 <u>GALVEZ, DEXTER GABRAL</u><br>Employee Signature over Printed Name                                                 |                | Date Signed                 |
| CTC/Valid ID No. of Employee                                                                                            | Place of Issue | Date Issued                 |
|                                                                                                                         |                | Amount paid, if CTC         |

|                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>To be accomplished under substituted filing</b>                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 55 I/We 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. | 56 I declare, under the penalties of perjury that I am qualified under substituted filing of income tax returns (BIR Form No. 1700), since I received purely compensation or income from only one employer in the Philippines for the calendar year that taxes have been correctly withheld by my employer (the date 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. 2217 shall serve the same purpose as I BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-75(2), as amended. |
| 55 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resources or Authorized Representative)                                                 | 56 Employee Signature over Printed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

NOTE: The BIR Data Privacy is in the BIR website ([www.bir.gov.ph](http://www.bir.gov.ph))





5F Ortigas Techno Point One,  
Doña Julia Vargas Ave,  
Pasig City, Philippines  
+632.2.8860.0000  
Local: 00621 / 04250  
[www.foundever.com](http://www.foundever.com)

## CERTIFICATE OF CLEARANCE

March 08, 2024

This is to certify that **Dexter Galvez** was a regular employee of Foundever Philippines Corporation from **September 16, 2019 to February 03, 2024** as a/an **Employee**.

This further certifies that she has been cleared of all claims and accountabilities from the Company.

This certification is issued upon request for **whatever legal purpose it may serve**.

  
**Cherryne S. Daez**  
HR Shared Services Manager

STLCOE2024-019281

This electronically generated document shall be valid for all intents and purposes under the Rules on Electronic Evidence. It shall have the same force and effect as that of an original document. Any electronic or digital signature appearing on this document shall be admissible in evidence as the functional equivalent of the signature of a person on a written document.