



Republic of the Philippines
Province of Cebu
City of Talisay
BARANGAY POOC



OFFICE OF THE SANGGUNIANG BARANGAY
272-7809

BARANGAY CERTIFICATE

TO WHOM IT MAY CONCERN :

This is to certify that **Jelly Marie B. Surban** of legal age, is a resident of Sitio Kanipaan, Barangay Poooc, City of Talisay, Cebu who is known to me personally to be of good moral character and law-abiding citizen in this Barangay.

This certifies further that he/she has been residing for **26** year/s in our Barangay and has been cleared of any complaint with the Lupong Tagapamayapa under the Revised Katarungang Pambarangay Law.

This certification is being issued upon request of the above-mentioned person for **LOCAL EMPLOYMENT** purpose.

Given this 20th day of May 2024 at Barangay Poooc, City of Talisay, Cebu, Philippines.

Signature of Applicant

Issued by :

ROSARIO G. ABARQUEZ
Barangay Secretary

Note : Valid for six(6) months from the date of issue

HON. OSMUNDO J. MANREAL. JR.
Barangay Captain

Not valid without official seal

Republic of the Philippines
Department of Justice
National Bureau of Investigation

39428373

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
S615CJ4E89-ML12919147

FAMILY NAME
SURBAN

MIDDLE NAME
BASNILLO

ADDRESS
SITIO KANIPAAAN BRGY POOC TALISAY CITY CEBU

DATE OF BIRTH
March 30, 1998

CITIZENSHIP
FILIPINO

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

VALID UNTIL
May 20, 2025

FIRST NAME
JELLY MARIE

HUSBAND'S SURNAME

PLACE OF BIRTH
TALISAY CEBU

CIVIL STATUS
SINGLE



SIGNATURE

GENDER
FEMALE



Date Printed: Monday, 20 May 2024 11:39:am

Agency ML12 DATID peyj

CASID peyj BIOID peyj

O R No MP5KTRYPMN RECID

O R Date 20/05/2024 11:06:58 am INTID

DST PAID PRTID barrientosnr

1988
ATTY. MEDARDO G. DE LEMOS
Director



S615CJ4E89-ML12919147



Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province **CEBU** Registry No. **2020-03348**
City/Municipality **TALISAY CITY**

C H I L D
1. NAME (First) (Middle) (Last) **ZHAVIA GIANNE SURBAN**
2. SEX (Male/Female) **FEMALE** 3. DATE OF BIRTH (Day) (Month) (Year) **24 SEPTEMBER 2020**
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., St., Barangay) (City/Municipality) (Province) **CEBU SOUTH MEDICAL CENTER, SAN ISIDRO, TALISAY CITY, CEBU**
5a. TYPE OF BIRTH (Single Twin, Triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **N/A** 5c. BIRTH ORDER (Order of this birth to previous live birth including stillbirth) (First, Second, Third, etc.) **FIRST** 6. WEIGHT AT BIRTH **2,600** grams

M O T H E R
7. MAIDEN NAME (First) (Middle) (Last) **JELLY MARIE BASNILLO SURBAN**
8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**
10a. Total number of children born alive **1** 10b. No. of children still living including this birth **1** 10c. No. of children born alive but are now dead **0** 11. OCCUPATION **HOUSEKEEPER, OWN HOME** 12. AGE at the time of this birth (completed years) **22**
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) **POOC TALISAY CITY CEBU PHILIPPINES**

F A T H E R
14. NAME (First) (Middle) (Last) **N/A**
15. CITIZENSHIP **N/A** 16. RELIGION/RELIGIOUS SECT **N/A** 17. OCCUPATION **N/A** 18. AGE at the time of this birth (completed years) **N/A**
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) **N/A**

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
20a. DATE (Month) (Day) (Year) **N/A** 20b. PLACE (City/Municipality) (Province) (Country) **N/A**

21a. ATTENDANT
 1. Physician 2. Nurse 3. Midwife 4. Healer (Traditional Birth Attendant) 5. Others (Specify) _____

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, Healer, etc.)
I hereby certify that I attended the birth of the child who was born alive at **7:38 am** am/pm on the date of birth specified above

Signature _____ Address **CEBU SOUTH MEDICAL CENTER**
Name in Print **DR. MAYBELLINE R. ESTRO, MD** **SAN ISIDRO, TALISAY CITY, CEBU**
Title or Position **MEDICAL OFFICER IV** License No. **08-0711** Date **SEPTEMBER 24, 2020**

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature _____
Name in Print **JELLY MARIE B. SURBAN**
Relationship to the Child **MOTHER**
Address **POOC, TALISAY CITY, CEBU**
Date **SEPTEMBER 24, 2020**

23. PREPARED BY
Signature _____
Name in Print **JEAN C. GAPAY**
Title or Position **ADMINISTRATIVE ASSISTANT II**
Date **SEPTEMBER 24, 2020**

24. RECEIVED BY
Signature _____
Name in Print **MAE CHERYLL A. MANEJA**
Title or Position **ADMINISTRATIVE AIDE I**
Date **SEP 28 2020**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print **REBECCA LOURDES G. CABANERO**
Title or Position **CITY CIVIL REGISTRAR**
Date **SEP 28 2020**

REMARKS/ANNOTATIONS (For LCRO/ICRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
8 9 11 13 15 16 17 19



08265-37-400JMB-00209-BI001

BEST POSSIBLE IMAGE



T400082654000020908162022001
XP300674572

BReN
02250-B20TQ02-1

Documentary
Stamp Tax Paid

CDSM

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

Republika ng Pilipinas
Republic of the Philippines
KAGAWARAN NG EDUKASYON
Department of Education
REHIYON VII, GITNANG VISAYAS
Region VII, Central Visayas
SANGAY NG LUNGSOD NG TALISAY
Division of Talisay City



Pooc National High School

Paaralan
School

Pooc, Talisay City, Cebu

Direksiyon
Address

**Pinatutunayan nito na si
Jelly Marie B. Surban**

ay kasiya-siyang nakatupad sa mga kinakailangan sa pagtatapos ng
has satisfactorily completed the requirements for graduation in accordance with

Binagong Batayang Kurikulum sa Edukasyong Sekundarya na itinakda para sa
the Revised Basic Education Curriculum (Secondary) as prescribed for the

Mataas na Paaralan ng Kagawaran ng Edukasyon kaya siya ay karapat-dapat tumanggap nito
Secondary Schools of the Department of Education and is therefore entitled to this

Katibayan
Diploma

Nilagdaan sa Lungsod ng Talisay, Cebu, Pilipinas, ngayong ika- 1 ng Abril, 20 15
Signed in Talisay City, Cebu, Philippines, this 1 day of April, 20 15

LEAH P. NOVERAS, Ed. D., CESO VI

*Assistant Schools Division Superintendent &
Officer-in-Charge
Office of the Schools Division Superintendent*

CLOTE B. BAYARCAL

PUNONG-GURO
Principal



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

Province: 0875
City/Municipality: San Jose Registry No. 98-277

1. NAME (First Middle Last)
Jelly Eric Zamallo Sex: Male

2. SEX: Male 3. DATE OF BIRTH: 25 March 1998

4. PLACE OF BIRTH: San Jose Medical Clinic, Zamallo, San Jose, Cebu

5a. TYPE OF BIRTH: 1 Single b. IF MULTIPLE BIRTH, CHILD WAS: 1 First

6. BIRTH ORDER: First d. WEIGHT AT BIRTH: 3,000 grams

7. CITIZENSHIP: Filipino 8. RELIGION: Roman Catholic

9a. Total number of children being alive: 3 b. No. of children still being included in this birth: 3 c. No. of children born alive but are now dead: 0

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

12. RESIDENCE: San Jose, Cebu

13. NAME (First Middle Last)
Vecinto Alipio Lagana

14. CITIZENSHIP: Filipino 15. RELIGION: Roman Catholic

16. OCCUPATION: Driver 17. Age at the time of this birth: 48 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS: N/A

19a. ATTENDANT: Physician

19b. CERTIFICATION OF BIRTH: I hereby certify that I attended the birth of the child who was born alive at 9:15 PM on the date stated above.

Signature: [Signature] Address: _____
Name in Print: ROBERTO CARLOS Date: _____
Title or Position: Physician

20. INFORMANT: Signature: [Signature] Address: _____
Name in Print: Vecinto Lagana Date: _____
Relationship to the child: Father

21. PREPARED BY: Signature: [Signature] Address: _____
Name in Print: Lily Ann Date: March 1998
Title or Position: _____

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR: Signature: [Signature] Address: _____
Name in Print: [Name] Date: 1998
Title or Position: CIVIL REGISTRAR

60-69: 709 198 203 6
70-79: 98 2 2 9 7
80-89: 1
90-99: 2 3 1 3 9 7
100-109: 0 3 2 1 8 0
110-119: 1 1
120-129: 0 3 0 3 0 2
130-139: 2 2 0 2 9
140-149: 1 1
150-159: 9 8 5 4 9



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BEST POSSIBLE IMAGE



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(02250-A98FW03-4)

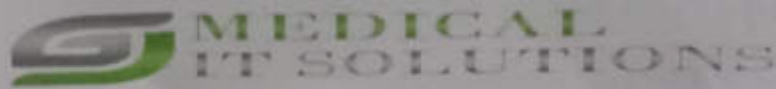
Documentary
Stamp Tax Paid

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

**Certificate of Compensation
Payment/Tax Withheld**



BIR Form No. 2316 (September 2011) (ENR)		For Compensation Payable With or Without Tax Withheld		BIR Form No. 2316	
1 For the Year (YYYY) 2013		2 For the Period From (MM/YY) 01/01 To (MM/YY) 12/31		Part B - Details of Compensation Income and Tax Withheld from Present Employer	
Part I - Employee Information					
3 TIN 743 851 886 0000		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			
4 Employer's Name (and Name, First Name, Middle Name) SURBAN, JELLY MARIE BASNILLO		8 RDO Code 083		Amount	
5 Employer's Address PUROK KANIPAPAN II POOC TALISAY CITY CEBU		9A Zip Code 6048		28 Basic Salary (including the exempt P20,000 or less or the Statutory Minimum Wage of the MWC) 140,213.75	
6 Local Home Address		9C Zip Code		29 Holiday Pay (MWC) 0.00	
7 Date of Birth (MM/DD/YYYY)		9B Telephone Number		30 Overtime Pay (MWC) 0.00	
8 Statutory Minimum Wage rate per day 461.54		9D Zip Code		31 High Shift Differential (MWC) 0.00	
9 Statutory Minimum Wage rate per month 12,000.04		10 Position Address		32 Hazard Pay (MWC) 0.00	
11 <input checked="" type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax		11 Employer's Name ALGUINAS, JENELYN CARMELOTES		33 13th Month Pay and Other Benefits (maximum of 700,000) 11,684.48	
Part II - Employer Information (Present)		12 Taxpayer 766 831 706 0000		34 De Minimis Benefits 0.00	
13 Employer's Name ALGUINAS, JENELYN CARMELOTES		14 Employer's Address PUROK 8 BAYONG CANDULAWAN MINGULAWA CEBU		35 SSS, GSIS, PHIC & PAG-IBIG Contributions and Unset Dues (Employee share only) 10,580.00	
15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		16 Zip Code 6048		36 Interest and Other Forms of Compensation 0.00	
Part III - Employee Information (Previous)		17 Employer's Name		37 Total Non-Taxable/Exempt Compensation Income (Sum of Items 28 to 37) 162,278.23	
18 Employer's Address		19 Zip Code		B. TAXABLE COMPENSATION INCOME REGULAR	
20 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		21 Employer's Name		38 Basic Salary 0.00	
22 Employer's Address		23 Zip Code		39 Representation 0.00	
24 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		25 Employer's Name		40 Transportation 0.00	
26 Employer's Address		27 Zip Code		41 Cost of Living Allowance (COLA) 0.00	
28 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		29 Employer's Name		42 Fixed Housing Allowance 0.00	
30 Employer's Address		31 Zip Code		43 Others (Specify) 0.00	
32 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		33 Employer's Name		44 44A 0.00	
34 Employer's Address		35 Zip Code		44B 0.00	
36 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		37 Employer's Name		SUPPLEMENTARY	
38 Employer's Address		39 Zip Code		45 Commission 0.00	
40 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		41 Employer's Name		46 Profit Sharing 0.00	
42 Employer's Address		43 Zip Code		47 Fees including Director's Fees 0.00	
44 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		45 Employer's Name		48 Taxable 13th Month Pay Benefits 0.00	
46 Employer's Address		47 Zip Code		49 Hazard Pay 0.00	
48 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		49 Employer's Name		50 Overtime Pay 0.00	
50 Employer's Address		51 Zip Code		51 Others (Specify)	
52 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		53 Employer's Name		51A 0.00	
54 Employer's Address		55 Zip Code		51B 0.00	
56 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		57 Employer's Name		52 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
58 Employer's Address		59 Zip Code		53 5% Tax Credit (PERRA Act of 2008) 0.00	
60 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		61 Employer's Name		54 Total Tax Withheld (sum of Items 26 and 27) 0.00	
62 Employer's Address		63 Zip Code		55 5% Tax Credit (PERRA Act of 2008) 0.00	
64 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		65 Employer's Name		56 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
66 Employer's Address		67 Zip Code		57 Total Tax Withheld (sum of Items 26 and 27) 0.00	
68 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		69 Employer's Name		58 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
70 Employer's Address		71 Zip Code		59 Total Tax Withheld (sum of Items 26 and 27) 0.00	
72 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		73 Employer's Name		60 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
74 Employer's Address		75 Zip Code		61 Total Tax Withheld (sum of Items 26 and 27) 0.00	
76 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		77 Employer's Name		62 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
78 Employer's Address		79 Zip Code		63 Total Tax Withheld (sum of Items 26 and 27) 0.00	
80 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		81 Employer's Name		64 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
82 Employer's Address		83 Zip Code		65 Total Tax Withheld (sum of Items 26 and 27) 0.00	
84 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		85 Employer's Name		66 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
86 Employer's Address		87 Zip Code		67 Total Tax Withheld (sum of Items 26 and 27) 0.00	
88 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		89 Employer's Name		68 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
90 Employer's Address		91 Zip Code		69 Total Tax Withheld (sum of Items 26 and 27) 0.00	
92 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		93 Employer's Name		70 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
94 Employer's Address		95 Zip Code		71 Total Tax Withheld (sum of Items 26 and 27) 0.00	
96 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		97 Employer's Name		72 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
98 Employer's Address		99 Zip Code		73 Total Tax Withheld (sum of Items 26 and 27) 0.00	
100 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		101 Employer's Name		74 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
102 Employer's Address		103 Zip Code		75 Total Tax Withheld (sum of Items 26 and 27) 0.00	
104 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		105 Employer's Name		76 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
106 Employer's Address		107 Zip Code		77 Total Tax Withheld (sum of Items 26 and 27) 0.00	
108 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		109 Employer's Name		78 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
110 Employer's Address		111 Zip Code		79 Total Tax Withheld (sum of Items 26 and 27) 0.00	
112 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		113 Employer's Name		80 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
114 Employer's Address		115 Zip Code		81 Total Tax Withheld (sum of Items 26 and 27) 0.00	
116 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		117 Employer's Name		82 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
118 Employer's Address		119 Zip Code		83 Total Tax Withheld (sum of Items 26 and 27) 0.00	
120 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		121 Employer's Name		84 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
122 Employer's Address		123 Zip Code		85 Total Tax Withheld (sum of Items 26 and 27) 0.00	
124 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		125 Employer's Name		86 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
126 Employer's Address		127 Zip Code		87 Total Tax Withheld (sum of Items 26 and 27) 0.00	
128 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		129 Employer's Name		88 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
130 Employer's Address		131 Zip Code		89 Total Tax Withheld (sum of Items 26 and 27) 0.00	
132 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		133 Employer's Name		90 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
134 Employer's Address		135 Zip Code		91 Total Tax Withheld (sum of Items 26 and 27) 0.00	
136 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		137 Employer's Name		92 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
138 Employer's Address		139 Zip Code		93 Total Tax Withheld (sum of Items 26 and 27) 0.00	
140 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		141 Employer's Name		94 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
142 Employer's Address		143 Zip Code		95 Total Tax Withheld (sum of Items 26 and 27) 0.00	
144 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		145 Employer's Name		96 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
146 Employer's Address		147 Zip Code		97 Total Tax Withheld (sum of Items 26 and 27) 0.00	
148 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		149 Employer's Name		98 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
150 Employer's Address		151 Zip Code		99 Total Tax Withheld (sum of Items 26 and 27) 0.00	
152 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		153 Employer's Name		100 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
154 Employer's Address		155 Zip Code		101 Total Tax Withheld (sum of Items 26 and 27) 0.00	
156 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		157 Employer's Name		102 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
158 Employer's Address		159 Zip Code		103 Total Tax Withheld (sum of Items 26 and 27) 0.00	
160 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		161 Employer's Name		104 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
162 Employer's Address		163 Zip Code		105 Total Tax Withheld (sum of Items 26 and 27) 0.00	
164 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		165 Employer's Name		106 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
166 Employer's Address		167 Zip Code		107 Total Tax Withheld (sum of Items 26 and 27) 0.00	
168 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		169 Employer's Name		108 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
170 Employer's Address		171 Zip Code		109 Total Tax Withheld (sum of Items 26 and 27) 0.00	
172 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		173 Employer's Name		110 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
174 Employer's Address		175 Zip Code		111 Total Tax Withheld (sum of Items 26 and 27) 0.00	
176 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		177 Employer's Name		112 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
178 Employer's Address		179 Zip Code		113 Total Tax Withheld (sum of Items 26 and 27) 0.00	
180 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		181 Employer's Name		114 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
182 Employer's Address		183 Zip Code		115 Total Tax Withheld (sum of Items 26 and 27) 0.00	
184 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		185 Employer's Name		116 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
186 Employer's Address		187 Zip Code		117 Total Tax Withheld (sum of Items 26 and 27) 0.00	
188 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		189 Employer's Name		118 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
190 Employer's Address		191 Zip Code		119 Total Tax Withheld (sum of Items 26 and 27) 0.00	
192 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		193 Employer's Name		120 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
194 Employer's Address		195 Zip Code		121 Total Tax Withheld (sum of Items 26 and 27) 0.00	
196 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		197 Employer's Name		122 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
198 Employer's Address		199 Zip Code		123 Total Tax Withheld (sum of Items 26 and 27) 0.00	
199 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		200 Employer's Name		124 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
201 Employer's Address		202 Zip Code		125 Total Tax Withheld (sum of Items 26 and 27) 0.00	
202 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		203 Employer's Name		126 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
204 Employer's Address		205 Zip Code		127 Total Tax Withheld (sum of Items 26 and 27) 0.00	
205 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		206 Employer's Name		128 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
206 Employer's Address		207 Zip Code		129 Total Tax Withheld (sum of Items 26 and 27) 0.00	
207 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		208 Employer's Name		130 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
208 Employer's Address		209 Zip Code		131 Total Tax Withheld (sum of Items 26 and 27) 0.00	
209 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		210 Employer's Name		132 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
210 Employer's Address		211 Zip Code		133 Total Tax Withheld (sum of Items 26 and 27) 0.00	
211 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		212 Employer's Name		134 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
212 Employer's Address		213 Zip Code		135 Total Tax Withheld (sum of Items 26 and 27) 0.00	
213 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		214 Employer's Name		136 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
214 Employer's Address		215 Zip Code		137 Total Tax Withheld (sum of Items 26 and 27) 0.00	
215 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		216 Employer's Name		138 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
216 Employer's Address		217 Zip Code		139 Total Tax Withheld (sum of Items 26 and 27) 0.00	
217 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		218 Employer's Name		140 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
218 Employer's Address		219 Zip Code		141 Total Tax Withheld (sum of Items 26 and 27) 0.00	
219 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		220 Employer's Name		142 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
220 Employer's Address		221 Zip Code		143 Total Tax Withheld (sum of Items 26 and 27) 0.00	
221 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		222 Employer's Name		144 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
222 Employer's Address		223 Zip Code		145 Total Tax Withheld (sum of Items 26 and 27) 0.00	
223 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		224 Employer's Name		146 Total Taxable Compensation Income (Sum of Items 38 to 51B) 0.00	
224 Employer's Address </					



Purok 8 Bayong, Cadulawan Minglanilla Cebu

CERTIFICATE OF EMPLOYMENT

This is to certify that

JELLY MARIE B. SURBAN

has been employed at


G&J MEDICAL I.T. SOLUTIONS

As an

AGENT

From March 22, 2021 to December 29, 2023

This certification is being issued upon the request of the aforementioned name for whatever lawful purpose it may serve her best. Issued this 17th of January 2024 at Minglanilla Cebu.


JENELYN C. ALGUNAS
GENERAL MANAGER