

TCD201900945300



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
BUREAU OF INTERNAL REVENUE



TIN:

**245-001-843-00000**

Name:

PRAJES, KRISTINE DY

Address:

565 AYALA ACCESS ROAD HIPPODROMO 6000 CITY  
OF CEBU CEBU PHILIPPINES

Birth Date

23-MAY-1982

TIN Issuance Date

02-MAY-2006



SIGNATURE

CN: 081-2400888



# MEMBER'S DATA FORM (MDF)

WCD 899 01  
(USE 10000)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER

121184224451

REGISTRATION TRACKING NUMBER

918047204213

OCCUPATIONAL STATUS UNEMPLOYED/NOT YET EMPLOYED

MEMBERSHIP CATEGORY

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO. REG. NAME
MEMBER	PRAJES	KHRISTINE		DY	<input type="checkbox"/>
FATHER	DY	WILLIAM		SIAO	<input type="checkbox"/>
MOTHER (Maiden Name)	VILLA	ESTRELLA		MANLEGRO	<input type="checkbox"/>
SPOUSE (If Married)	PRAJES	SHALAKO		CABALLES	<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	PRAJES	KHRISTINE		DY	<input type="checkbox"/>

DATE OF BIRTH 05/23/1982	MARITAL STATUS MARRIED	TAXPAYER IDENTIFICATION NUMBER (TIN)
PLACE OF BIRTH CAGAYAN DE ORO CITY, MISAMIS ORIENTAL	CITIZENSHIP FILIPINO	SSS NUMBER 0622403195
SEX FEMALE	HEIGHT(cm.) 0.00	WEIGHT(kg.) 0.00
PROMINENT DISTINGUISHING FACIAL FEATURES	EMPLOYEE NUMBER For AFP/PNP Employee, Serial/Gadge No.	GSIS NUMBER
MEMBERSHIP REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT	For DepEd Employee, Division Code-Station Code

ADDRESS AND CONTACT DETAILS

PRESENT HOME ADDRESS	COUNTRY + AREA CODE + TELEPHONE NUMBER
House No., Floor Building Name Block No., Phase No., House No., Street Name 565 RIVERSIDE Barangay HIPODROMO Province/State/Country CEBU, PHILIPPINES	Home Cell Phone +63 (0977) 7383733 Business (Direct Line) Business (Trunk Line) Email Address kvdprajes@gmail.com

HOME ADDRESS	ZIP Code
House No., Floor Building Name Street Name 565 RIVERSIDE Lot no., Block no., Phase No. Subdivision Barangay HIPODROMO Province/State/Country CEBU, PHILIPPINES	6000

MAILING ADDRESS PRESENT HOME ADDRESS

CERTIFICATE OF LIVE BIRTH

ISSUED AND CORRECTED ACCORDING TO ACT NO. 1775 (R.A. 3541)

Register Numbers

(a) Civil Registrar General No. 4474

(b) Local Civil Registrar No. 100

Municipality: Misamis Oriental  
City or Municipality: Cagayan de Oro City

1. Name of Birth	2. Date Issued or Revised (When Not within One Year)
a. <u>Misamis Oriental</u>	a. <u>1976</u>
b. <u>Cagayan de Oro City</u>	b. <u>Cagayan de Oro City</u>
3. Name of Hospital or Physician (If Not in Hospital, Last Name of Physician)	4. Number and Street
<u>Materna And Child Hospital</u>	<u>Above 2 Subdivision, Bulua</u>
5. Is Birth in Hospital? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. Is Birth in a Family Dwelling? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

7. Name (Type of Birth)	8. Sex	9. Date of Birth
<u>MIRISTINE VILLA DY</u>	<u>F</u>	<u>May 25 1962</u>

10. Name of Parents	11. Religion	12. Nationality	13. Race
<u>WILLIAM SIAO DY</u>	<u>Catholic</u>	<u>Phil.</u>	<u>Yellow</u>

14. Address (City or Town)	15. Usual Occupation	16. Kind of Business or Occupation
<u>28 Cebu City</u>	<u>Businessman</u>	

17. Name of Parents	18. Religion	19. Nationality	20. Race
<u>ESTRELLA MANLEGRO VILLA</u>	<u>Catholic</u>	<u>Phil.</u>	<u>Brown</u>

21. Address (City or Town)	22. Usual Occupation	23. Kind of Business or Occupation
<u>29 Cagdo, Misamis Occ.</u>		

24. How many children are now living?	25. How many other children were born alive to the mother?	26. How many still living?
<u>3</u>	<u>0</u>	<u>0</u>

Place of Birth of Mother (Member, Sister, City or Municipality, Province) Above 2 Subdivision, Bulua, Cagayan de Oro City

Place of Birth of Father (Member, Sister, City or Municipality, Province) Misamis Occ. Cagayan de Oro City

Name of Person (Name of Person) MARIE LYN BALLARAO

Date June 1, 1962

27. Weight at Birth	28. Legitimacy
<u>7</u> Lbs. <u>3</u> Oz.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Place of Issuance of Parents (For Multiple Births) 12, 1976

Place of Issuance of Parents (For Multiple Births) Cagdo, Misamis Occ.

Date June 1, 1962

Place of Issuance of Parents (For Multiple Births) Cagdo, Misamis Occ.

Date June 1, 1962

Place of Issuance of Parents (For Multiple Births) Cagdo, Misamis Occ.

Date June 1, 1962

Place of Issuance of Parents (For Multiple Births) Cagdo, Misamis Occ.

Date June 1, 1962

Place of Issuance of Parents (For Multiple Births) Cagdo, Misamis Occ.

Date June 1, 1962

(SPACE FOR MEDICAL AND HEALTH STAMPS FOR SPECIAL PURPOSES)



(COPY FOR OFFICE)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
CERTIFICATE OF MARRIAGE

Province: Cebu City: Cebu City Registry No: 2024-3037

Name of Celebrating Parties	<u>ERALAO C. PRAJES</u>	<u>KRISTINE V. DY</u>
Date of Publication	<u>23 November 1987</u>	<u>27 May 1983</u>
Place of Birth	<u>Cebu City, Cebu</u>	<u>Cebu City, Cebu</u>
Sex (Male or Female)	<u>Male</u>	<u>Female</u>
Citizenship	<u>Filipino</u>	<u>Filipino</u>
Residence	<u>Sambag II, Guadalupe, Cebu City</u>	<u>343 Barangay Ripodro, Cebu City</u>
Religion	<u>Jehovah's witness</u>	<u>Roman Catholic</u>
Civil Status	<u>Single</u>	<u>Single</u>
Name of Father	<u>Lediasio B. Prajes</u>	<u>William S. Dy</u>
Citizenship	<u>Filipino</u>	<u>Filipino</u>
Name of Mother	<u>Angelina C. Caballes</u>	<u>Estrella M. Villa</u>
Citizenship	<u>Filipino</u>	<u>Filipino</u>
Person who gave consent at solemnization	<u>Angelina C. Prajes</u>	<u>X X X</u>
Relationship	<u>Mother</u>	<u>X X X</u>
Residence	<u>Sambag II, Guadalupe, Cebu City</u>	<u>X X X</u>

REMARKS/ANNOTATION

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

Place of Solemnization: At the Office of the Registrar General, Office of the House of Representatives, Church of Mosque of Capitol Bldg., Cebu City

Date: 3rd October 2008 Time: 10:30 A.M.

THIS IS TO CERTIFY THAT Shalako C. Prajes and Kristine V. Dy, both of legal age, of our own free will and accord, and in the presence of the persons solemnizing their marriage and of the witnesses named below, take each other as husband and wife and declaring further that we

- have not entered into a marriage settlement.
- have entered into a marriage settlement, a copy of which is hereto attached.

IN WITNESS WHEREOF, we signed/signed with our finger print, this certificate in quadruplicate this 3rd day of October 2008.

Shalako C. Prajes (Signature of Husband) Kristine V. Dy (Signature of Wife)

THIS IS TO CERTIFY THAT BEFORE ME, on the date and place above written, personally appeared the above-named parties, with their mutual consent, lawfully joined together in marriage which was solemnized by me in the presence of the witnesses named below, all of legal age.

I CERTIFY FURTHER THAT:

- Marriage License No. 3001796 issued on September 12, 2008 in favor of said parties, was exhibited to me.
- no marriage license was necessary, the marriage being solemnized under Act. \_\_\_\_\_ of Executive Order No. 206.
- the marriage was solemnized in accordance with the provisions of Presidential Decree No. 1533.

HON. ASTER M. VELOSO  
(Signature of Solemnizing Officer)  
**Presiding Judge**  
(Position/Designation)

(Religious Affiliation, Registry No. and Expiration Date, if Applicable)

WITNESSES  
(Print Name and Sign)  
Angelina C. Caballes  
Edgar Cabitan  
Luz Caballes

*Arnis Tomate*

RECORDED AT THE OFFICE OF THE CIVIL REGISTRAR GENERAL

*[Signature]*

City Civil Registrar

Title or Position

**OCT 06 2008**

CONTROL NO  
766-07



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

Province **CEBU** Registry No. **2018 02874**  
City/Municipality **CEBU CITY**

1. NAME (First) **PRINCESS ANIKA** (Middle) **DY** (Last) **PRAJES**

2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) **17** (Month) **JANUARY** (Year) **2018**

4. PLACE OF BIRTH (Name of Hospital, Clinic/Institution, House No., St., Barangay) **CEBU DOCTORS' UNIVERSITY HOSPITAL, OSMEÑA BOULEVARD CEBU CITY 6000**

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 the child or children live or/and including those dead) (First, Second, Third, etc.) **FIFTH** 6. WEIGHT AT BIRTH (kg) **3560**

7. MAIDEN NAME (First) **KHRISTINE** (Middle) **VILLA** (Last) **DY**

CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**

8. Total number of children born alive **05** 10b. No. of children still living including this birth **05** 10c. No. of children born alive but are now dead **00** 11. OCCUPATION **HOUSEWIFE** 12. AGE at the time of birth (complete) **35**

RESIDENCE (House No., St., Barangay) \_\_\_\_\_ (City/Municipality) **SAMBAG 2 GUADALUPE CEBU CITY** (Province) \_\_\_\_\_ (Country) \_\_\_\_\_

13. NAME (First) **SHALAKO** (Middle) **CABALLES** (Last) **PRAJES**

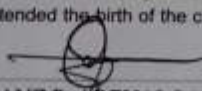
CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **SELF-EMPLOYED** 18. AGE at the time of birth (complete) **30**

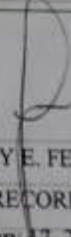
RESIDENCE (House No., St., Barangay) \_\_\_\_\_ (City/Municipality) **SAMBAG 2 GUADALUPE CEBU CITY** (Province) \_\_\_\_\_ (Country) \_\_\_\_\_

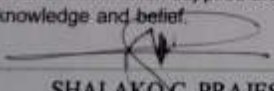
DATE OF PARENTS' MARRIAGE (Date) (Year) **October 3, 2008** 20b. PLACE (City / Municipality) (Province) (Country) **RTC BR. 16 FERNAN HALL OF JUSTICE CAPITOL BLDG., CEBU**

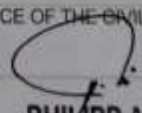
19. OCCUPATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.) \_\_\_\_\_

21. I hereby certify that I attended the birth of the child who was born alive at **11:42 A.M.** am/pm on the date of birth specified above.

Signature   
**SILVER FRANZ P. AREVALO M.D.,**  
ATTENDING PHYSICIAN  
Address **CEBU DOCTORS' UNIVERSITY HOSPITAL, OSMEÑA BOULEVARD, CEBU CITY**  
Date **January 17, 2018**

23. PREPARED BY  
Signature   
Name in Print **ANTHONY E. FERRER II**  
Title or Position **MEDICAL RECORDS CLERK**  
Date **January 17, 2018**

24. I hereby certify that all information supplied are true and correct to the best of my own knowledge and belief.  
Signature   
**SHALAKO C. PRAJES**  
Relationship to Child **FATHER**  
Address **SAMBAG 2 GUADALUPE CEBU CITY**  
Date **January 17, 2018**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature   
Name in Print **PHILIPP A. MEGAS**  
Title or Position **REGISTRATION OFFICER**  
Date **JAN 26 2018**

NOTATIONS (For LCRO/OCRG Use Only)  
**LUZ N. CUGAY**  
ADMINISTRATIVE AIDE III  
**JAN 26 2018**



# University of San Jose-Recoletos

Corners P. Lopez & Magallanes Streets, Cebu City, Philippines 6000

## OFFICE OF THE STUDENT AFFAIRS

### CERTIFICATION OF GOOD CONDUCT

TO WHOM IT MAY CONCERN

This is to certify that according to the files available in this office, **KHRISTINE V. DY, BS HRM - 4** enrolled in this school as of **2ND SEMESTER 2005 - 2006**, has no derogatory record, is not known to be a member of any subversive organization and has not, within the jurisdiction of this school, been involved in any incident contrary to law and school regulations.

This certification is issued upon the request of the abovementioned name for **Being a RETURNEE.**

Cebu City, Philippines, June 8, 2007

**MR. FRANCISCO B. OSORIO**  
Head of Student Affairs

Checked by:   
Dan Vee Amadoron  
Records Clerk

R. NO. 0214 SAO - 5281

not valid w/o usjr seal



Municipal Form No. 102  
(Revised January 1991)

(To be accomplished in quadruplicate)

(Only for DOHS)

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 13a.)

REMARKS/ANNOTATION

Province CEBU Registration No. 2011-14337  
City/Municipality CEBU CITY

1. NAME (First Middle Last)  
YUAN DY PRAES

2. SEX M 1 Male 2 Female  
3. DATE OF BIRTH (Day Month Year)  
3 JUNE 2011

4. PLACE OF BIRTH (Name of Hospital, Clinic, or Mission / House No., Street, Barangay) (City/Municipality) (Province)  
MARGARITA BIRTHING CENTER, CEBU CITY, CEBU

5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc.  
b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify

6. BIRTH ORDER (live births and fetal deaths including this delivery) (First, second, third, etc.)  
SECOND  
7. WEIGHT AT BIRTH  
4000 grams

8. MOTHER'S NAME (First Middle Last)  
KHRISTINE VELA DY

9. CITIZENSHIP FILIPINO 10. RELIGION ROMAN CATHOLIC

11. Total number of children born alive 3  
12. No. of children still being suckled this birth 2  
13. No. of children born alive but are now dead 0

14. OCCUPATION HOUSEWIFE 15. Age at the time of this birth 26 years

16. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
SANBAG II GUADALUPE, CEBU CITY, CEBU

17. NAME (First Middle Last)  
SIALAKO CABALES PRAES

18. CITIZENSHIP FILIPINO 19. RELIGION ATHOUGHTS WITNESS

20. OCCUPATION SELF-EMPLOYED 21. Age at the time of this birth 33 years

22. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment / Admission of Paternity at the back.)  
OCTOBER 3, 2008 - CEBU CITY, CEBU

23a. ATTENDANT  
3 Physician 4 Nurse 5 Midwife  
4 Other (Traditional Healer) 5 Others (Specify)

23b. CERTIFICATION OF BIRTH  
(I hereby certify that I attended the birth of the child who was born alive at 1:37 AM o'clock on/over on the date stated above.)

Signature [Signature] Address 86 J. GORDON AVENUE, KARPUKIAN, CEBU CITY, CEBU

Name in Print MARGARITA F. DUNAC  
Title or Position REGISTERED MIDWIFE Date JUNE 3, 2011

24. INFORMANT  
Signature [Signature] Address SANBAG II, GUADALUPE, CEBU CITY, CEBU

Name in Print SIALAKO C. PRAES  
Relationship to the Child FATHER Date JUNE 3, 2011

25. PREPARED BY  
Signature [Signature] Address OSCAR S. MOLO, REGISTRATION OFFICER IV

Name in Print KEVIN ENAO B. PANUNCULO  
Title or Position NURSE Date JUNE 3, 2011

26. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature] Date JUN 16 2011

Table with columns for registration details and a grid for recording information.

9-D6-400JLB-01208-BI038

GE



9999250618038

BReN  
02217-811L312-9

Documentary  
Stamp Tax Paid

Lisa Ara  
LISA GRACE  
National Statistician  
Philippine



**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.	9972
SO No.	463466
S/O Date	05/27/2024
Terms	30 Days
Amount Due	₱800.00

**PATIENT INFORMATION**

**PATIENT ID** : 100732  
**PATIENT NAME** : PRAJES, KRISTINE, DY  
**PATIENT ADDRESS** : Guadalupe, Cebu City (Capital), Cebu  
**MOBILE NO.** : 09777393733  
**EMAIL ADDRESS** :  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Female  
**BIRTHDATE** : 05/23/1982  
**AGE** : 42  
**CIVIL STATUS** : Married  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	UNIT PRICE	AMOUNT
PL27	IPLOY PSE	800.00	800.00
4PE	CHEST PA		
10000	TEST		

*(Handwritten notes: "FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.")*

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

<b>PREPARED BY:</b> Floren A. Manigos	<b>APPROVED BY:</b> <i>(Signature)</i> Signature Over Printed Name	<b>VALIDATED</b> <i>(Signature)</i> 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 ISD and agree to the charges associated with the products and services.



**TECH mahindra**

Tech Mahindra Site:  
Eblor 3  
6th Floor Eblor 3 | IT Park Laking | Cebu  
City, PHils. 6000

## CERTIFICATION

This is to certify that **Khristine Prajes** was an employee of **vCUSTOMER PHILIPPINES (CEBU) INC. (a Tech Mahindra Company)** from **11/12/2021 to 09/27/2023**. She held the position of **Associate – Customer Support**

This certification is issued upon the request of **Khristine Prajes** for employment purposes. vCustomer Cebu shall not be held liable if this certification is used other than the purpose indicated.

Issued this 27th day of May 2024, Cebu City, Philippines.

**Mayalita Infante Lopez**  
Manager, Human Resources  
[Mayalita.Lopez@TechMahindra.com](mailto:Mayalita.Lopez@TechMahindra.com)

For Employee Verification, please send an email to [EmployeeVerificationRequest@TechMahindra.com](mailto:EmployeeVerificationRequest@TechMahindra.com)