




Republic of the Philippines
Department of Justice
National Bureau of Investigation



39452615

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 A110JMJE20-R71620132	VALID UNTIL May 27, 2025
FAMILY NAME APA AP	FIRST NAME MARY PAULINE
MIDDLE NAME LANGUITA	HUSBAND'S SURNAME
ADDRESS 55 KAWIT ST BRGY ERMITA CEBU CITY	
DATE OF BIRTH October 10, 2002	PLACE OF BIRTH CEBU CITY
CITIZENSHIP FILIPINO	CIVIL STATUS SINGLE
PURPOSE MULTI-PURPOSE CLEARANCE	
REMARKS NO RECORD ON FILE	
 A110JMJE20-R71620132	



SIGNATURE
Mary Pauline Languita



Date Printed: Monday, May 27, 2024 01 44 PM

Agency	R7	DATID	villarinn
CASID	villarinn	BIOID	villarinn
O R No	FREEVECPPPW	RECID	
O R Date	05/27/2024 1:36:25 PM	INTID	
DST PAID		PRDID	villarinn

Medardo de Lemos
ATTY. MEDARDO G. DE LEMOS
Director




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Medardo de Lemos
ATTY. MEDARDO G. DE LEMOS
Director

PERSONAL COPY



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121342164644
REGISTRATION TRACKING NO.	924144021960

OCCUPATIONAL STATUS	EMPLOYED
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MEMBERSHIP CATEGORY	EMPLOYED - PRIVATE	Please specify
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PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	APA-AP	MARY PAULINE		LANGUITA	<input type="checkbox"/>
FATHER	APA-AP	SOCRATES		ABELLANA	<input type="checkbox"/>
MOTHER (Maiden Name)	LANGUITA	LEONILA		HELDORE	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	APA-AP	MARY PAULINE		LANGUITA	<input type="checkbox"/>

DATE OF BIRTH	MARITAL STATUS	TAXPAYER IDENTIFICATION NUMBER (TIN)
10/10/2002	Single/Unmarried	
PLACE OF BIRTH	CITIZENSHIP	SSS NUMBER
CEBU CITY, CEBU	FILIPINO	
SEX	HEIGHT(cm)	WEIGHT(kg)
FEMALE	0.00	0.00
COMMON REFERENCE NUMBER (CRN)		PROMINENT DISTINGUISHING FACIAL FEATURES
FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER
		4764
		For AFP/PNP Employee, Serial/Badge No
		For DepEd Employee, Division Code-Station Code

ADDRESS AND CONTACT DETAILS

<p>PERMANENT HOME ADDRESS</p> <p>Unit/Room No., Floor: _____ Building Name: _____</p> <p>Lot No.: _____ Block No.: _____ Phase No.: _____ House No.: 55 Street Name: KAWIT</p> <p>Subdivision: _____ Barangay: ERMITA</p> <p>Municipality/City: CEBU CITY Province/State/Country: CEBU, PHILIPPINES</p> <p>Zip Code: 6000</p>	<p style="text-align: center; font-weight: bold; font-size: small;">COUNTRY + AREA CODE + TELEPHONE NUMBER</p> <p>Home: _____</p> <p>Cell Phone: +63 (0966) 6151623</p> <p>Business (Direct Line): _____</p> <p>Business (Trunk Line): _____</p> <p>Email Address: marypaulineapaap@gmail.com</p>
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<p>PRESENT HOME ADDRESS</p> <p>Unit/Room No., Floor: _____ Building Name: _____ Lot No.: _____ Block No.: _____ Phase No.: _____</p> <p>House No.: 55 Street Name: KAWIT Subdivision: _____ Barangay: ERMITA</p> <p>Municipality/City: CEBU CITY Province/State/Country: CEBU, PHILIPPINES Zip Code: 6000</p>	
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PREFERRED MAILING ADDRESS	PRESENT HOME ADDRESS
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PRESENT EMPLOYMENT DETAILS

OCCUPATION MEDICAL EQUIPMENT PREPARERS		EMPLOYMENT STATUS PERMANENT/REGULAR	TYPE OF WORK
EMPLOYER/BUSINESS NAME IPLOY OPC		COUNTRY OF ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS Unit/Room No. Floor: _____ Building Name: _____ Lot No. Block No. Phase No. House No. Street Name: _____ Subdivision: _____ Barangay: _____ Municipality/City: CEBU CITY Province: CEBU State/Country (if abroad): PHILIPPINES ZIP Code: 6000		MONTHLY INCOME Basic 0.00 Allowances/Others 0.00 Total Mo. income 0.00	OFFICE ASSIGNMENT
		DATE EMPLOYED MAY 2024	

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG MEMBERSHIP

EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT
EMPLOYER/BUSINESS ADDRESS	FROM TO

HEIRS


LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH
[]						

CERTIFICATION

I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed, (b) object to processing, (c) access, (d) rectify, suspend or withdraw my personal data, (e) damages, and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).

[Signature] / 05/29/2024
SIGNATURE OF INFORMANT DATE

FOR Pag-IBIG FUND USE ONLY

 <p>RECEIVED BY <u>[Signature]</u> By: <u>MAYEN P. [Signature]</u> Signature over Printed Name</p>	<p><u>CSA</u> Designator/Position</p>	<p><u>Cebu - Cln</u> Branch/Unit</p>	<p>DATE <u>5/29/24</u></p>
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DISCLAIMER

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.

ACEBEDC OPTICAL
FREE EYE CHECK-UP

olyclinics & Diagnostic Center, Inc.
 Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 2-2273/266-3245
 alpha.ph

SERVICE ORDER

RIGHT EYE: *25/25*
 LEFT EYE: *25/25*

W/WHIMSES. PLEASE COME ON DATE SCHEDULED OTHERWISE, YOU WILL HAVE TO PAY

Party No.	0018
S.O No.	463410
S.O Date	05/27/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 100699
PATIENT NAME : APA-AP, MARY PAULINE, LANGUITA
PATIENT ADDRESS : Ermita (Pob.), Cebu City (Capital), Cebu
MOBILE NO. : 0966 615 1623
EMAIL ADDRESS : marypaulineapaap@gmail.com
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Female
BIRTHDATE : 10/10/2002
AGE : 21
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

PARTICULAR PROCEDURE

PI27 *MM* IPLOY PEME
PE CHEST PA. *CBCT* UAG. *SE* *new*
 DRUG TEST (NOTE: PLEASE COMPLETE ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)

QTY	UNIT PRICE	AMOUNT
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:

Arissa Marie L. Armenion

ACKNOWLEDGED BY:

Arissa Marie L. Armenion
 Signature Over Printed Name

VALIDATED

Arissa Marie L. Armenion
 Signature Over Printed Name

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

WAIVED

Prime CARE
ALPHA

Tests Waived: SE

Date: 6/27/24

10.02km

km

[Signature]

WAIVED



Republic of the Philippines
CEBU NORMAL UNIVERSITY
Osmeña Blvd, Cebu City, Cebu 6000
(032)253-7915, (032)254-1452, (032)254-6814
www.cnu.edu.ph

GRADES

Student No
21-002090

Semester/Year
First Semester (SY2023-2024)

Student Name
APA-AP, MARY PAULINE L.

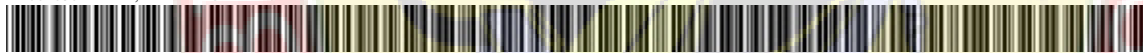
Course
BACHELOR OF PUBLIC ADMINISTRATION [BPA-]

No	Subject Name	Subject Title	Units	Teacher	Midterm	Final	Removal
1	GE 8	Science Technology & Society	3	LAARLYN ABALOS	1.2	1.0	
2	PA 105	Knowledge Management & ICT for PA	3	FLORA MAE L. RIVERA	1.2	1.2	
3	PA 106	Public Accounting and Budgeting	3	ERWIN C. ANDAYA	1.1	1.0	
4	PA 107	Local and Regional Governance	3	GARY B. LAPIZ	2.1	1.8	
5	PA 108	Public Personnel Administration	3	MAY CLAUDINE I. GADOR	1.2	1.2	
6	PA 109	Public Fiscal Administration	3	ERWIN C. ANDAYA	1.1	1.0	
7	PA Elect 1	Philippine Constitution	3	GLENN L. VELMONTE	1.0	1.0	
8	PA Elect 2	Government Budgeting	3	MAY CLAUDINE I. GADOR	1.3	1.3	

~~ Nothing Follows ~~

This is a system generated print-out, signature is not required.

21-002090 APA-AP, MARY PAULINE L.



PRINTED

Date : 05-30-2024

Time : 10:53:43 AM