



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
**PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID**  
**(UMID) CARD APPLICATION (E-1/E-6)**

MO0426IW202312233969 Date/Time Generated: 23 December 2023 01:27:56 PM

SS NUMBER <b>06-4713084-1</b>					
<b>NAME</b>					
(LAST NAME) <b>EREDERA</b>	(FIRST NAME) <b>YOLL YVETTE</b>	(MIDDLE NAME) <b>CANOY</b>	(SUFFIX)		
<b>FACTS OF BIRTH</b>					
DATE OF BIRTH (MMDDYYYY) <b>06172001</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>CEBU CITY (CAPITAL)</b>	(PROVINCE/STATE) <b>CEBU</b>	(COUNTRY) <b>PHILIPPINES</b>	SEX <b>FEMALE</b>	
FATHER'S NAME (LAST NAME) <b>EREDERA</b>	(FIRST NAME) <b>YOLLY</b>	(MIDDLE NAME) <b>MAHINAY</b>	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) <b>CANOY</b>	(FIRST NAME) <b>EULINDA</b>	(MIDDLE NAME) <b>PERATER</b>	(SUFFIX)		
<b>DEMOGRAPHIC DATA</b>					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) <b>406 N/A</b>		(STREET NAME) <b>A. GABUYA STREET</b>	(SUBDIVISION) <b>N/A</b>		
(BARANGAY/DISTRICT/LOCALITY) <b>COGON PARDO</b>	(CITY/MUNICIPALITY) <b>CEBU CITY (CAPITAL)</b>	(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6000</b>	COUNTRY CODE <b>0063</b>	
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) <b>161</b>	WEIGHT (IN KILOGRAMS) <b>56</b>	DISTINGUISHING FEATURE/S	NATIONALITY <b>FILIPINO</b>	RELIGION <b>CHRISTIAN</b>
<b>OTHER CARD APPLICANT DATA</b>					
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER <b>(0927) 278-7895</b>	EMAIL ADDRESS <b>erederay@gmail.com</b>			
<b>DEPENDENT(S)/BENEFICIARY/IES</b>					
SPOUSE	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILDREN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
1					
2					
3					
4					
5					
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased)			RELATIONSHIP		DATE OF BIRTH (MMDDYYYY)
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)		
1 <b>EREDERA</b>	<b>YOLLYVEL</b>	<b>CANOY</b>		<b>Brother</b>	<b>12171999</b>
2 <b>EREDERA</b>	<b>EULMARK ANTHONY</b>	<b>CANOY</b>		<b>Brother</b>	<b>01242003</b>
<b>FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE</b>					
<b>SELF-EMPLOYED (SE)</b>		<b>OVERSEAS FILIPINO WORKER (OFW)</b>		<b>NON-WORKING SPOUSE (NWS)</b>	
Profession/Business  Year Prof./Business Started  Monthly Earnings		Foreign Address   Monthly Earnings Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		SS No./Common Reference No. of Working Spouse   Monthly Income of Working Spouse (P)	
<b>PURPOSE OF APPLICATION</b>					
PURPOSE <b>FOR EMPLOYMENT / PRIOR REGISTRANT</b>		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
<b>UMID CARD APPLICATION WITH ATM OPTION</b>					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)			(BANK BRANCH)		
<b>CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION</b>					
<p>1. I certify that the information provided are true and correct.</p> <p>2. I hereby consent to:</p> <ul style="list-style-type: none"> <li>• the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updating of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits;</li> <li>• sharing of these data with SSS service providers to carry out the purposes stated above; and</li> <li>• disposal of this application in the manner consistent with the Data Privacy Act.</li> </ul> <p>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.</p> <p>4. I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.</p>					

**INSTRUCTIONS**

- Fill out this form in one (1) copy.
- Erasures/alterations are not encouraged. However, if necessary, such will be limited up to two (2) erasures/alterations only. Always affix initials on all erasures/alterations of this form.
- Place a checkmark on the applicable box.
- Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- Indicate the home address. If permanent home address is in the province but working in Metro Manila during weekdays or working abroad, indicate the provincial address instead of the Metro Manila address.
- Write the "HEIGHT" in centimeters and "WEIGHT" in kilograms.  
To convert: 1 ft = 30.48 cm    1 in = 2.54 cm    1 lb = 0.4536 kg
- Limit the distinguishing features to those that can be found on the face such as "mole under the right eye" and "mole or birth mark on the left cheek/forehead".
- Always indicate the following **mandatory** information:
  - Country of place of birth, if born outside the Philippines
  - Mobile number, if applied locally\*
  - Email address, if applied abroad\*

\* if card applicant cannot provide the required mobile number/email address, indicate the card applicant's immediate family member's mobile number/email address where SSS can communicate with the card applicant.
- For all types of card replacement**, pay the required fee at any SSS branch office/accredited bank/collecting agent. Write the Special Bank Receipt (SBR)/Receipt Number/Transaction Reference Number on the field provided and submit this form together with the required document/s and proof of payment to the nearest SSS branch office.
- For card replacement due to unclaimed UMID cards beyond five (5) years**, a replacement fee and biometric data re-capture is required.
- Submit this form to the nearest SSS branch with the following required documents (use the table Documentary Requirements Guide).

<b>DOCUMENTARY REQUIREMENTS GUIDE</b>	
<p><b>IDENTIFICATION REQUIREMENTS (Present the original)</b></p> <p><b>A. Primary ID card/document [any one (1) of the following]:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Unified Multi-Purpose ID Card</li> <li><input type="checkbox"/> 2. Social Security Card</li> <li><input type="checkbox"/> 3. Alien Certificate of Registration</li> <li><input type="checkbox"/> 4. Driver's License</li> <li><input type="checkbox"/> 5. Firearm Registration</li> <li><input type="checkbox"/> 6. License to Own and Possess Firearms</li> <li><input type="checkbox"/> 7. National Bureau of Investigation (NBI) Clearance</li> <li><input type="checkbox"/> 8. Passport</li> <li><input type="checkbox"/> 9. Permit to Carry Firearms Outside of Residence</li> <li><input type="checkbox"/> 10. Postal Identity Card</li> <li><input type="checkbox"/> 11. Seafarer's Identification &amp; Record Book (Seaman's Book)</li> <li><input type="checkbox"/> 12. Voter's ID Card</li> </ul> <p><b>B. Any two (2) other ID cards/documents, both with signature and at least one (1) with photo (In absence of a primary card). Please specify.</b></p> <p><input type="checkbox"/> _____</p> <p>_____</p>	<p><b>IDENTIFICATION REQUIREMENTS (Present the original)</b></p> <p>A. For card replacement due to amendment of data/authenticating finger</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Previously issued SS digitized ID or UMID card of the card applicant</li> <li><input type="checkbox"/> Proof of payment</li> </ul> <p>B. For card replacement due to lost SS digitized ID or UMID Card</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Duly notarized Affidavit of Loss</li> <li><input type="checkbox"/> Proof of payment</li> </ul> <p>C. For card replacement due to non-receipt of UMID Card</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Duly notarized Affidavit of Non-Receipt of Card</li> <li><input type="checkbox"/> Notice/Email from Identity Management Department (IMD) that the courier lost/was not able to deliver the UMID Card</li> <li><input type="checkbox"/> Proof of payment</li> </ul> <p>C. For card replacement due to damaged UMID Card, UMID Card as ATM Card and other reason/s</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of payment</li> </ul>

- Observe proper attire when applying for a UMID card.

<b>DOs</b>	<b>DONTs</b>
<ul style="list-style-type: none"> <li>• Collared shirt/blouse is encouraged</li> <li>• Face and neck should be free from bandage or accessories</li> </ul>	<ul style="list-style-type: none"> <li>• Wearing of the following:                             <ul style="list-style-type: none"> <li>a. For Male - undershirt/"sando" and/or earrings</li> <li>b. For Female - dangling or overstated earrings</li> <li>c. Eyeglasses and/or colored contact lenses</li> <li>d. Metal piercing in any part of the face</li> <li>e. Head gear</li> <li>f. Sunglasses</li> </ul> </li> </ul>

**REMINDERS**

- Card applicants who chose to enroll their UMID Card as ATM card at point of card application shall claim the same at the specified bank's branch or kiosk within thirty (30) days upon receipt of SMS notification from SSS.
- For regular UMID Card, the default mode of issuance is pick-up at the SSS branch office where card application was made.
- UMID Cards for pick-up at SSS Offices where card application was filed, shall be claimed within sixty (60) days from receipt of SMS notification from SSS. Otherwise, unclaimed UMID Cards within the 60-days claiming period shall be verified thru IMD or SSS hotline. Unclaimed UMID Cards beyond five (5) years shall be shredded or destroyed.
- To verify the status of your UMID Card application, you may reach us at 920-6401 local 5714 or email at sss\_id@sss.gov.ph.
- Card applicants shall be required to verify the status/availability of their UMID Cards if with change of mobile number after the card application was made or non-receipt of SMS notification from SSS within thirty (30) days from card application.
- Unsuccessfully delivered UMID Cards (RTS) will be sent to the SSS branch office where biometric data capture was made.



Republic of the Philippines

# PHILIPPINE HEALTH INSURANCE CORPORATION

Corporate Action Center Hotline - (02) 441-7442

www.philhealth.gov.ph



## MEMBER DATA RECORD

### MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **12-253620872-9** PhilSys Number :  
 Member Category : DIRECT CONTRIBUTOR -  
 Sub-Category : EMPLOYED PRIVATE NHTS Coverage : N/A  
 Validity Period : N/A - N/A

### EREDERA, YOLL YVETTE CANOY

406 A GABUYA STREET COGON PARDO, CEBU CITY CEBU

Foreign Address : N/A Sex : FEMALE  
 Date of Birth : 06/17/2001  
 Place of Birth : CEBU CITY, CEBU  
 Contact No. (Foreign) : N/A Civil Status : SINGLE  
 (Local) : +639272787895 Tax Identification Number :

### ENTITY INFORMATION

PhilHealth Number (PEN/POGN) : 210276000370  
 Name of Employer/Organized Group : FOUNDEVER ASIA INC (SYKES ASIA INC)  
 Business Address : 10 FLR GLORIETTA 1 BPO OFFICE TOWER AYALA CENTER, SAN LORENZO, MAKATI CITY FOURTH DIST.  
 Telephone Number : 8178781 Employment Status : EMPLOYED  
 Tax Identification Number : 005057181041 Date : N/A

### DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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\*\*\* NOTHING FOLLOWS \*\*\*

**MARJORIE A. CABRIETO**  
 REGIONAL VICE PRESIDENT  
 PRO - VII Cebu City

Paalala: Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyong, magbigay ng kopya sa ospital. (Reminder: Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a Member Portal System generated report. Signature is not required.

May 21, 2024 05:28 PM



Republic of the Philippines

# PHILIPPINE HEALTH INSURANCE CORPORATION

Corporate Action Center Hotline - (02) 441-7442

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## MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO	121333740142
REGISTRATION TRACKING NO.	924005284587


OCCUPATIONAL STATUS UNEMPLOYED/NOT YET EMPLOYED					
MEMBERSHIP CATEGORY <span style="float: right;">Please specify</span>					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	EREDERA	YOLL YVETTE		CANOY	<input type="checkbox"/>
FATHER	EREDERA	YOLLY		MAHINAY	<input type="checkbox"/>
MOTHER (Maiden Name)	CANOY	EULINDA		PERATER	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	EREDERA	YOLL YVETTE		CANOY	<input type="checkbox"/>
DATE OF BIRTH 06/17/2001		MARITAL STATUS Single/Unmarried		TAXPAYER IDENTIFICATION NUMBER (TIN)	
PLACE OF BIRTH CEBU CITY, CEBU			CITIZENSHIP FILIPINO		SSS NUMBER 0647130841
SEX FEMALE	HEIGHT(cm) 161.00	WEIGHT(kg) 56.00	PROMINENT DISTINGUISHING FACIAL FEATURES		
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		
EMPLOYEE NUMBER <i>For AFP/PNP Employee, Serial/Badge No.</i> <i>For DepEd Employee, Division Code-Station Code</i>					

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS					COUNTRY + AREA CODE + TELEPHONE NUMBER
Unit/Room No., Floor		Building Name			Home
Lot No.	Block No.	Phase No.	House No.	Street Name	Cell Phone
			406	A GABUYA STREET	+63 (0927) 2787895
Subdivision		Barangay			Business (Direct Line)
CEBU CITY		BARANGAY COGON PARDO			Business (Trunk Line)
Municipality/City		Province/State/Country			Email Address
CEBU CITY		CEBU, PHILIPPINES			erederay@gmail.com
ZIP Code					
6000					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot No.	Block No.
					Phase No.
House No.		Street Name		Subdivision	
406		A GABUYA STREET		BARANGAY COGON PARDO	
Municipality/City		Province/State/Country		ZIP Code	
CEBU CITY		CEBU, PHILIPPINES		6000	
PREFERRED MAILING ADDRESS PERMANENT HOME ADDRESS					

PRESENT EMPLOYMENT DETAILS						
OCCUPATION			EMPLOYMENT STATUS		TYPE OF WORK	
EMPLOYER/BUSINESS NAME					COUNTRY OF ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS					MONTHLY INCOME	
Unit/Room No., Floor		Building Name			Basic 0.00	
Lot No.	Block No.	Phase No.	House No.	Street Name	Allowances/Others 0.00	
Subdivision					Total Mo. Income 0.00	
Municipality/City			Province		OFFICE ASSIGNMENT	
State/Country(if abroad)				ZIP Code		DATE EMPLOYED

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
EREDERA	EULMARK ANTHONY		CANOY	[ ]	BROTHER	01/24/2003
EREDERA	YOLLYVEL		CANOY	[ ]	BROTHER	12/17/1999
EREDERA	YOLLY		MAHINAY	[ ]	FATHER	03/15/1967

CERTIFICATION			
<p>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).</p>			
SIGNATURE OF INFORMANT		DATE	
FOR Pag-IBIG FUND USE ONLY			
RECEIVED BY	DATE		
	5/23/2024		
Signature over	Printed Name	Designation/Position	Branch/Unit

**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.



Republic of the Philippines  
City of Cebu  
**BARANGAY COGON PARDO**  
Tel. No. 2736296/ 0947.876.3125  
Email Address: [barangaycogon2014@gmail.com](mailto:barangaycogon2014@gmail.com)

## OFFICE OF THE BARANGAY CAPTAIN

BARANGAY COUNCIL  
SB. 2023-2025

HON. HARRY R. ERAN  
Punong Barangay

### MEMBERS OF THE COUNCIL

HON. JAY A. BACALSO  
Barangay Kagawad

Chairman, Committee on Budget & Finance;  
Chairman, Committee on Infrastructure;  
Chairman, Committee on Lot Acquisition; &  
Chairman, Committee on Disaster Risk  
Reduction & Management

HON. OMAR LOUIE REY L. KINTANAR  
Barangay Kagawad  
Chairman, Committee on Education

HON. ALICIA G. LAWAN  
Barangay Kagawad  
Chairman, Committee on Social Services;  
Chairman, Committee on Labor & Employment;  
&  
Chairman, Committee on Women's

HON. SERGIO J. LOPEZ  
Barangay Kagawad  
Chairman, Committee on Health & Sanitation; &  
Chairman, Committee on Environment

HON. GLENILLE R. ABARQUEZ  
Barangay Kagawad  
Chairman, Committee on Public Services; &  
Chairman, Committee on Peace and Order

HON. ALANITO F. GABUYA  
Barangay Kagawad  
Chairman, Committee on Laws; & Chairman,  
Committee on Tourism

HON. DANTE N. ABARQUEZ  
Barangay Kagawad

HON. DAN DEITHER P. ERAN  
SK Chairman & SB Ex-Officio Member  
Chairman, Committee on Youth & Children  
Development; &  
Chairman, Committee on Sports

SHAIRA MAE OFQUERIA  
Barangay Secretary

ESTERLINA V. FLODELIS  
Barangay Treasurer

## BARANGAY CLEARANCE

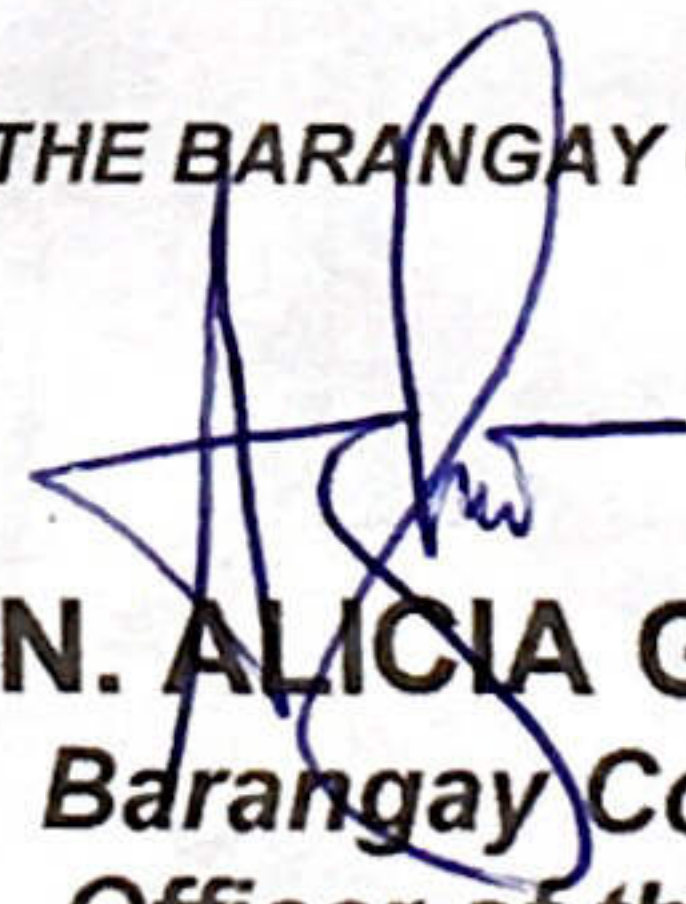
### TO WHOM THIS MAY CONCERN:

This is to certify that **YOLL YVETTE C. EREDERA** is a resident of Sitio St. Jude, Barangay Cogon Pardo, Cebu City and a registered voter of Precinct no.1344B thereof.

This Barangay Clearance is issued upon the request of the above-named person as proof of her Residency and as part of the requirements for Employment and for whatever legal purpose this may serve her best.

Issued this 22<sup>nd</sup> day of May, 2024 at Barangay Cogon-Pardo, Cebu City.

WITH THE AUTHORITY OF THE BARANGAY CAPTAIN HON. HARRY R. ERAN

  
HON. ALICIA G. LAWAN  
Barangay Councilor  
Officer of the day

Not valid without Seal



Municipal Form No. 102  
(Revised January 1993)  
(To be accomplished in quadruplicate)  
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 19a.)

REMARKS/ANNOTATION

Province CEBU Registry No. 2001 18252  
City/Municipality CEBU CITY

CHILD	1. NAME (First) (Middle) (Last) <u>YOLL YVETTE CANOY EREDERA</u>			
	2. SEX <u>1</u> Male <u>X</u> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>17 JUNE 2001</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>TAGUNOL, PARDO, CEBU CITY, CEBU</u>			
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>    </u> 2 Twin <u>    </u> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>    </u> 1 First <u>    </u> 2 Second <u>    </u> 3 Others, Specify <u>    </u>	
MOTHER	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>2nd</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3800</u> grams	
	6. MAIDEN NAME (First) (Middle) (Last) <u>EULINDA PERATER CANOY</u>			
	7. CITIZENSHIP <u>FIL.</u>		8. RELIGION <u>RC</u>	
	9a. Total number of children born alive: <u>2</u>	b. No. of children still living including this birth: <u>2</u>	c. No. of children born alive but are now dead: <u>0</u>	
10. OCCUPATION <u>HOUSEWIFE</u>		11. Age at the time of this birth: <u>36</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>COGON, PARDO, CEBU CITY, CEBU</u>				
FATHER	13. NAME (First) (Middle) (Last) <u>YOLLY MAHINAY EREDERA</u>			
	14. CITIZENSHIP <u>FIL.</u>		15. RELIGION <u>RC</u>	
	16. OCCUPATION <u>DRIVER</u>		17. Age at the time of this birth: <u>34</u> years	

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
OCT. 16, 1999-BARANGAY QUEZON, STA. LUCITA, SAN CARLOS

18a. ATTENDANT CITY, NEG. OCC.  
X 1 Physician      2 Nurse      3 Midwife  
     4 Hilot (Traditional Midwife)      5 Others (Specify)     

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 6:20 AM o'clock am/pm on the date stated above.

Signature Miranda E. b. Address TAGUNOL, PARDO, CEBU CITY, CEBU  
Name in Print MARIVIC E. MIRANDA Date JULY 5, 2001  
Title or Position PHYSICIAN

20. INFORMANT-  
Signature Yolly M. Eredera Address COGON, PARDO, CEBU CITY, CEBU  
Name in Print YOLLY M. EREDERA Date JULY 5, 2001  
Relationship to the child FATHER

21. PREPARED BY  
Signature Miranda E. b.  
Name in Print MARIVIC E. MIRANDA  
Title or Position PHYSICIAN  
Date JULY 5, 2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print REGISTRATION OFFICER  
Title or Position REGISTRATION OFFICER  
Date JUL 13 2001

For OCRA USE ONLY: Population Reference Unit

TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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BEST POSSIBLE IMAGE



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02217-B01MH0C-5

Documentary  
Stamp Tax Paid

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





## STATEMENT of ACCOUNT

View Type

Per Transaction

Date	Particulars	Charge (Payment)	Running Balance
01-12-2024	Sponsor Share No. 302276	(1,987.00)	<b>0.00</b> Current
01-12-2024	Enrollment [Miscellaneous] No. 302276	415.00	1,987.00
01-12-2024	Enrollment [Tuition] No. 302276	1,572.00	1,572.00
07-28-2023	Sponsor Share No. 286930	(2,380.00)	0.00
07-28-2023	Enrollment [Miscellaneous] No. 286930	415.00	2,380.00
07-28-2023	Enrollment [Tuition] No. 286930	1,965.00	1,965.00
06-14-2023	Credit Memo No. 37790	(80.00)	0.00
06-14-2023	Debit Memo No. 21239	400.00	80.00
06-14-2023	Official Receipt No. 389051	(320.00)	-320.00
06-14-2023	Sponsor Share No. 285186	(828.00)	0.00
06-14-2023	Enrollment [Miscellaneous] No. 285186	835.00	828.00
06-14-2023	Enrollment [Tuition] No. 285186	393.00	-7.00
01-10-2023	Sponsor Share No. 275101	(2,380.00)	-400.00
01-10-2023	Enrollment [Miscellaneous] No. 275101	415.00	1,980.00
01-10-2023	Enrollment [Tuition] No. 275101	1,965.00	1,565.00
08-02-2022	Sponsor Share No. 268377	(2,773.00)	-400.00
08-02-2022	Enrollment [Miscellaneous]	415.00	2,373.00

	No. 268377		
08-02-2022	Enrollment [Tuition] No. 268377	2,358.00	1,958.00
06-20-2022	Credit Memo No. 28919	(480.00)	-400.00
06-20-2022	Debit Memo No. 16579	80.00	80.00
06-18-2022	Sponsor Share No. 262468	(1,228.00)	0.00
06-18-2022	Enrollment [Miscellaneous] No. 262468	835.00	1,228.00
06-18-2022	Enrollment [Tuition] No. 262468	393.00	393.00
01-29-2022	Sponsor Share No. 256631	(3,428.00)	0.00
01-29-2022	Enrollment [Miscellaneous] No. 256631	415.00	3,428.00
01-29-2022	Enrollment [Tuition] No. 256631	3,013.00	3,013.00
10-23-2021	Debit Memo No. 11344	80.00	0.00
10-21-2021	Credit Memo No. 19753	(80.00)	-80.00
08-04-2021	Sponsor Share No. 245257	(3,428.00)	0.00
08-04-2021	Enrollment [Miscellaneous] No. 245257	415.00	3,428.00
08-04-2021	Enrollment [Tuition] No. 245257	3,013.00	3,013.00
04-23-2021	Credit Memo No. 10867	(80.00)	0.00
04-23-2021	Debit Memo No. 5979	80.00	80.00
03-02-2021	Sponsor Share No. 235172	(-393.00)	0.00
03-02-2021	Add-Change [Tuition] No. 235172	(393.00)	-393.00
01-26-2021	Sponsor Share No. 227343	(3,643.00)	0.00
01-26-2021	Enrollment [Miscellaneous] No. 227343	630.00	3,643.00
01-26-2021	Enrollment [Tuition] No. 227343	3,013.00	3,013.00
09-02-2020	Sponsor Share	(-393.00)	0.00

	No. 217540		
09-02-2020	Add-Change [Tuition] No. 217540	(393.00)	-393.00
08-28-2020	Sponsor Share No. 217007	(3,713.00)	0.00
08-28-2020	Enrollment [Miscellaneous] No. 217007	700.00	3,713.00
08-28-2020	Enrollment [Tuition] No. 217007	3,013.00	3,013.00

NOTE : Running Balance is in descending order.



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



36479157

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  
**E636FYQE10-L07907833**

VALID UNTIL  
**January 04, 2025**

FAMILY NAME  
**EREDERA**

FIRST NAME  
**YOLL YVETTE**

MIDDLE NAME  
**CANOY**

HUSBAND'S SURNAME

ADDRESS  
**SITIO SAINT JUDE BRGY COGON PARDO CEBU CITY**

DATE OF BIRTH  
**June 17, 2001**

PLACE OF BIRTH  
**CEBU CITY**

CITIZENSHIP  
**FILIPINO**

CIVIL STATUS  
**SINGLE**

PURPOSE  
**MULTI-PURPOSE CLEARANCE**

REMARKS  
**NO RECORD ON FILE**



SIGNATURE

GENDER  
**FEMALE**



Date Printed: Thursday, January 4, 2024 4:42 PM

Agency	L07	DATID	pepitof
CASID	pepitof	BIOID	pepitof
O.R. No.	MP3EBR33YU	RECID	
O.R. Date	01/04/2024 4:39:37 PM	INTID	
DST PAID		PRTID	pepitof



E636FYQE10-L07907833

*Medardo de Lemos*  
**ATTY. MEDARDO G. DE LEMOS**  
Director



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



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E636FYQE10-L07907833

*Medardo de Lemos*  
**ATTY. MEDARDO G. DE LEMOS**  
Director

**PERSONAL COPY**

