

PRE - EMPLOYMENT REQUIREMENTS

NICIE ANN D. TUICO

PSA Birth Certificate



Philippine Statistics Authority
Mandatory 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

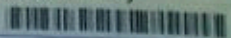
(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province CEBU		Registry No. 2000 - 869	REMARKS/ANNOTATION
City/Municipality DAANBANTAYAN			
1. NAME (First) KICIE ANN (Middle) DIAZ (Last) TUICO		File OCRG USE ONLY: Population Reference No.	
2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female	3. DATE OF BIRTH (day) (month) (year) 10 APRIL, 2000		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) MALBAGO, DAANBANTAYAN, CEBU		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.			
b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify			
c. BIRTH ORDER (live births and fetal deaths including this delivery) THIRD (first, second, third, etc.)			
d. WEIGHT AT BIRTH 3175 grams			
6. MAIDEN NAME (First) ERLITA (Middle) STAN (Last) DIAZ			
7. CITIZENSHIP FILIPINO			
8. RELIGION ROMAN CATHOLIC			
9a. Total number of children born alive: 3			
b. No. of children still living including this birth: 3			
c. No. of children born alive but are now dead: 0			
10. OCCUPATION HOUSEKEEPER		43	
11. Age at the time of this birth: 29 years		44	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) MALBAGO, DAANBANTAYAN, CEBU		45	
13. NAME (First) REGALADO (Middle) ROSALES (Last) TUICO		46	
14. CITIZENSHIP FILIPINO		47	
15. RELIGION ROMAN CATHOLIC		48	
16. OCCUPATION BUS ATTENDANT		49	
17. Age at the time of this birth: 26 years		50	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) JUNE 26, 1995 - DAANBANTAYAN, CEBU			51
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)			52
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at 10:00 a.m. o'clock a.m./p.m. on the date stated above.			53
Signature MARIETA ESTERA Address MALBAGO, DAANBANTAYAN, CEBU		54	
Name in Print MARIETA ESTERA Date APRIL 10, 2000		55	
Title or Position HILOT		56	
20. INFORMANT Signature REGALADO R. TUICO Address MALBAGO, DAANBANTAYAN, CEBU			57
Name in Print REGALADO R. TUICO Date APRIL 17, 2000		58	
Relationship to the child FATHER		59	
21. PREPARED BY Signature S. Noyay			60
Name in Print SIMEON SUNDAY HOYNAY		61	
Title or Position UTILITY WORKER		62	
Date APRIL 17, 2000		63	
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature LEANDRO P. TOMAY			64
Name in Print LEANDRO P. TOMAY		139	
Title or Position Mun. Civil Registrar			
Date April 17, 2000			

08256-92-400EEC-01423-BI001
BEST POSSIBLE IMAGE
140008256000142308092022001
VP600843959

BRN
02221-800HA05-6
Documentary
Stamp Tax Paid

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





Republic of the Philippines

Cebu Normal University

Osmeña Boulevard, 6000 Cebu City, Philippines

University Charter: Republic Act No. 8688

Accredited State University; Accrediting Agency of Chartered Colleges & Universities of the Philippines, Inc. (AACCUPI)

Qualifications Statement

TO ALL PERSONS TO WHOM THIS QUALIFICATION STATEMENT MAY COME

Be it known that

NICIE ANN D. TUICO

STUDENT IDENTIFICATION NUMBER: 18-001632

having satisfactorily completed the prescribed Four-year full-time Program of Instruction using English as medium, upon recommendation of the Academic Council of Cebu Normal University, duly convened by the Board of Regents, and by Authority of the Republic of the Philippines,

is hereby granted the
DEGREE of

BACHELOR OF SECONDARY EDUCATION

MAJOR IN FILIPINO

CUM LAUDE

with all the Rights, Honors, and Privileges thereto appertaining.

In testimony whereof the Seal of the Cebu Normal University

and the Signatures of the President, the Dean, and the Registrar are hereto affixed.

Given in Cebu City, Philippines this 7th day of June in the year of our Lord two thousand and twenty two.

JASON P. SABEQUIL, LPT
University Registrar

HELEN B. BOHOLAND, Ed.D.
College Dean

DAISY R. PALOMPO, PhD, DScN, FAAN
OIC, Office of the University President

DATE OF ISSUE: JULY 21, 2022



Diploma

Certificate of Employment (BRIDGE CULTURE INC)



1601 GAGFA IT Center F. Cabahug street Kasambagan, Cebu City, Philippines 6000
manager@bridge-culture.com / accounting@bridge-culture.com
(032) 354-6000 / 0917- 185-7490

CERTIFICATE OF EMPLOYMENT

To Whom It May Concern:

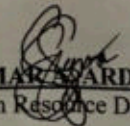
We at BRIDGECULTURE INC. hereby certify that **MS. NICIE ANN D. TUICO** has been employed as a Full-time ESL Teacher in BRIDGECULTURE INC. from **August 30, 2022 to May 20, 2024**. She has resigned with no derogatory records, and as to her own will and decision.

This certification is being issued upon request of the above employee **for whatever purpose** it may serve her best.

Issued in Cebu City this 20th day of May, 2024.

Sincerely,

BRIDGE CULTURE INC.


LEYMAR GARDINES
Human Resource Department

Not valid without
Company seal



Chest X-Ray Result



2F CDN Bldg. Kaoshiung St., Corner Sergio Osmena Rd.,
Port Area Center, Maboio
Cebu City 6000
(032) 427-6042 | (032) 255-0197 | 0917-177-5516
info@carmelabdiagnostic-center.com

Patient Name	Nicie Ann D. Tuico	Lab Number	6670
Patient ID	20232025	Source	Carmelab Diagnostic Center
Sex & Age	Female / 23 yrs.old	Dispatch	Printed
Clinician	Dr. Ruel Alfonso B. Cheng	Page	1
Date Received	2024-03-04	Date Printed	2024-02-13

RADIOLOGY REPORT

Findings:

Both lungs are clear. The heart is not enlarged. The trachea is at the midline. Both hemidiaphragms and costophrenic angles are intact. The osseous and soft tissue structures are unremarkable

Impression:

NORMAL CHEST

STEPHEN SANCHO, MD, DPBR
Radiologist / Sonologist

SSS E-1 Form



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

MO0937IW202208024263 Date/Time Generated: 02 August 2022 06:55:08 PM

SS NUMBER 06-4447298-4					
NAME					
(LAST NAME) TUICO	(FIRST NAME) NICIE ANN	(MIDDLE NAME) DIAZ	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 04102000	PLACE OF BIRTH DAANBANTAYAN	(CITY/MUNICIPALITY) CEBU	(PROVINCE/STATE) PHILIPPINES	(COUNTRY)	SEX FEMALE
FATHER'S NAME TUICO	(LAST NAME)	(FIRST NAME) REGALADO	(MIDDLE NAME) ROSALES	(SUFFIX)	
MOTHER'S MAIDEN NAME DIAZ	(LAST NAME)	(FIRST NAME) ERLITA	(MIDDLE NAME) SUAN	(SUFFIX)	
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)		(STREET NAME)	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) MALBAGO	(CITY/MUNICIPALITY) DAANBANTAYAN	(PROVINCE) CEBU	POSTAL CODE 6013	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 152	WEIGHT (IN KILOGRAMS) 42	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION ROMAN CATHOLIC
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER (0932) 966-8876	EMAIL ADDRESS niciatuico@gmail.com			
DEPENDENT(S)/BENEFICIARY/IES					
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)					
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1					
2					
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)	
Profession/Business		Foreign Address		SS No./Common Reference No. of Working Spouse	
Year Prof./Business Started					
Monthly Earnings		Monthly Earnings		Monthly Income of Working Spouse (P)	
		Are you applying for membership in the Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT / PRIOR REGISTRANT		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)			(BANK BRANCH)		
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION					
<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"> 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; sharing of these data with SSS service providers to carry out the purposes stated above; and disposal of this application in the manner consistent with the Data Privacy Act. <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>					

Philhealth MDR



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
8/F, Golden Peak Tower, Gorordo Ave., cor. Escario St., Cebu City 6000
(032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871
www.philhealth.gov.ph

MDR

MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **122530295875**
Member Category : INFORMAL ECONOMY NHTS Coverage :
Sub-Category : INFORMAL SECTOR Effectivity Period :

TUICO, NICIE ANN DIAZ

MALBAGO, DAANBANTAYAN, CEBU 6013

Foreign Address : N/A
Sex : Female
Date of Birth : 04/10/2000
Place of Birth : DAANBANTAYAN, CEBU
Contact No. (Foreign) : N/A
Civil Status : SINGLE
(Local) :
Tax Identification Number :

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : N/A
Name of Employer/Organized Group : N/A
Business Address : N/A
Telephone Number : N/A
Tax Identification Number : N/A

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** NO DECLARED DEPENDENT/S ***

*** 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 maidagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ~~ospital~~ **ospital**. 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 the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a system generated report. Signature is not required.

05/15/2022 12:29:33 pm 30164909 30164909 / 05/15/2022

PAG-IBIG MDF



MEMBER'S DATA FORM (MDF)

HQP-PFF-039
(V09, 06/2022)


FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121304395470
REGISTRATION TRACKING NUMBER	922214986817

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	TUICO	NICIE ANN		DIAZ	<input type="checkbox"/>
FATHER	TUICO	REGALADO		ROSALES	<input type="checkbox"/>
MOTHER (Maiden Name)	DIAZ	ERLITA		SUAN	<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	TUICO	NICIE ANN		DIAZ	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
04/10/2000	Single/Unmarried		0644472984		
PLACE OF BIRTH		CITIZENSHIP		SSS NUMBER	
DAANBANTAYAN, CEBU		FILIPINO		GSIS NUMBER	
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER
FEMALE	152.00	43.00	MOLE LEFT EYE AREA		For AFP/PNP Employee, Serial/Badge No.
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		For DepEd Employee, Division Code-Station Code	

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
				PROPER	+63 (0932) 9668876
Subdivision			Barangay		Business (Direct Line)
Municipality/City			Province/State/Country		Business (Trunk Line)
DAANBANTAYAN			CEBU, PHILIPPINES		Email Address
ZIP Code			nicituico@gmail.com		
6013					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot no.	Block no., Phase No.
		HERNAN CORTES			
House No.		Street Name		Subdivision	
				Barangay	
				SUBANGDAKU	
Municipality/City		Province/State/Country		ZIP Code	
MANDAUE CITY		CEBU, PHILIPPINES		6014	
PREFERRED MAILING ADDRESS			PRESENT HOME ADDRESS		

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

TIN 2316


 Republic of the Philippines
 Department of Finance
 Bureau of Internal Revenue

Certificate of Compensation Payment/Tax Withheld
 For Compensation Payment With or Without Tax Withheld

2316 01/18ENC5

BIR Form No. 2316
January 2018 (ENC5)

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

<p>1 For the Year (YYYY) 2022</p> <p>2 For the Period From (MM/DD) 09 01 To (MM/DD) 12 31</p> <p>Part I - Employee Information</p> <p>3 TIN 620 205 396 0000</p> <p>4 Employee's Name (Last Name, First Name, Middle Name) TUICO, NICIE ANN DIAZ 8 RDO Code 081</p> <p>5 Registered Address MALBAGO, DAANPANTAYAN, CEBU 6A Zip Code 6013</p> <p>6B Local Home Address _____ 6C Zip Code _____</p> <p>6D Foreign Address _____ 6E Zip Code _____</p> <p>7 Date of Birth (MM/DD/YYYY) 04 1 0 2 0 0 0 8 Telephone Number _____</p> <p>9 Statutory Minimum Wage rate per day 0.00</p> <p>10 Statutory Minimum Wage rate per month 0.00</p> <p>11 <input checked="" type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax</p> <p>Part II - Employer Information (Present)</p> <p>12 Taxpayer 008 507 247 0000</p> <p>13 Employer's Name BRIDGECULTURE INC</p> <p>14 Registered Address SPACE 20 GAGFA IT CENTER CABA HUG 14A Zip Code 6000</p> <p>15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p>Part III - Employer Information (Previous)</p> <p>16 TIN _____</p> <p>17 Employer's Name _____</p> <p>18 Registered Address _____ 18A Zip Code _____</p> <p>Part IV A - Summary</p> <p>19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 84,522.40</p> <p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 6,833.85</p> <p>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 77,688.55</p> <p>22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00</p> <p>23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 77,688.55</p> <p>24 Tax Due 0.00</p> <p>25 Amount of Taxes Withheld</p> <p>25A Present Employer 0.00</p> <p>25B Previous Employer 0.00</p> <p>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00</p>	<p>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</p> <p>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Item</th> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td>27</td><td>Basic Salary (including the exempt P250,000 & of the Statutory Minimum Wage of the MWE)</td><td>0.00</td></tr> <tr><td>28</td><td>Holiday Pay (MWE)</td><td>0.00</td></tr> <tr><td>29</td><td>Overtime Pay (MWE)</td><td>0.00</td></tr> <tr><td>30</td><td>Night Shift Differential (MWE)</td><td>0.00</td></tr> <tr><td>31</td><td>Hazard Pay (MWE)</td><td>0.00</td></tr> <tr><td>32</td><td>13th Month Pay and Other Benefits (maximum of P90,000)</td><td>3,573.85</td></tr> <tr><td>33</td><td>De Minimis Benefits</td><td>0.00</td></tr> <tr><td>34</td><td>SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only)</td><td>3,260.00</td></tr> <tr><td>35</td><td>Salaries & Other Forms of Compensation</td><td>0.00</td></tr> <tr><td>36</td><td>Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)</td><td>6,833.85</td></tr> </tbody> </table> <p>B. TAXABLE COMPENSATION INCOME REGULAR</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Item</th> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td>37</td><td>Basic Salary</td><td>77,688.55</td></tr> <tr><td>38</td><td>Representation</td><td></td></tr> <tr><td>39</td><td>Transportation</td><td></td></tr> <tr><td>40</td><td>Cost of Living Allowance (COLA)</td><td></td></tr> <tr><td>41</td><td>Fixed Housing Allowance</td><td></td></tr> <tr><td>42</td><td>Others (Specify)</td><td></td></tr> <tr><td>42A</td><td></td><td>0.00</td></tr> <tr><td>42B</td><td></td><td></td></tr> </tbody> </table> <p>SUPPLEMENTARY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Item</th> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td>43</td><td>Commission</td><td></td></tr> <tr><td>44</td><td>Profit Sharing</td><td></td></tr> <tr><td>45</td><td>Fees Including Director's Fees</td><td></td></tr> <tr><td>46</td><td>Taxable 13th Month Pay Benefits</td><td>0.00</td></tr> <tr><td>47</td><td>Hazard Pay</td><td></td></tr> <tr><td>48</td><td>Overtime Pay</td><td></td></tr> <tr><td>49</td><td>Others (Specify)</td><td></td></tr> <tr><td>49A</td><td></td><td></td></tr> <tr><td>49B</td><td></td><td></td></tr> <tr><td>50</td><td>Total Taxable Compensation Income (Sum of Items 37 and 49B)</td><td>77,688.55</td></tr> </tbody> </table>	Item	Description	Amount	27	Basic Salary (including the exempt P250,000 & of the Statutory Minimum Wage of the MWE)	0.00	28	Holiday Pay (MWE)	0.00	29	Overtime Pay (MWE)	0.00	30	Night Shift Differential (MWE)	0.00	31	Hazard Pay (MWE)	0.00	32	13th Month Pay and Other Benefits (maximum of P90,000)	3,573.85	33	De Minimis Benefits	0.00	34	SSS, GSIS, PHIC & Pag-ibig Contributions and Union Dues (Employee share only)	3,260.00	35	Salaries & Other Forms of Compensation	0.00	36	Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	6,833.85	Item	Description	Amount	37	Basic Salary	77,688.55	38	Representation		39	Transportation		40	Cost of Living Allowance (COLA)		41	Fixed Housing Allowance		42	Others (Specify)		42A		0.00	42B			Item	Description	Amount	43	Commission		44	Profit Sharing		45	Fees Including Director's Fees		46	Taxable 13th Month Pay Benefits	0.00	47	Hazard Pay		48	Overtime Pay		49	Others (Specify)		49A			49B			50	Total Taxable Compensation Income (Sum of Items 37 and 49B)	77,688.55
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I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by 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 (R.A. No. 10173) for legitimate and lawful purposes.

51 Present Employer/ Authorized Agent Signatures Over Printed Name **SHINOBU AMATSUJI** Date Signed _____

CONFORME: **NICIE ANN D. TUICO**

52 Employee Signature Over Printed Name _____ Date Signed **0 2 2 1 2 0 2 3** Amount Paid, if CTC _____

CTCA Valid ID No. **4101-5349-410-4659** Date of Issue _____

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604C which has been filed with the Bureau of Internal Revenue.

53 Present Employer/ Authorized Agent Signature Over Printed Name **SHINOBU AMATSUJI**

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 income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the BIR shall serve as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the provisions of Section 2316 of the National Internal Revenue Code (NIRC) No. 3-2002, as amended.

NICIE ANN D. TUICO
Employee Signature Over Printed Name

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

NBI


Republic of the Philippines
Department of Justice
National Bureau of Investigation

39393488

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. T200DNJN00-R71617972	VALID UNTIL May 17, 2025	 SIGNATURE 
FAMILY NAME TUICO	FIRST NAME NICIE ANN	
MIDDLE NAME DIAZ	HUSBAND'S SURNAME	 
ADDRESS NAWANO BLK 2 BRGY SUBANGDAKU MANDAUE CITY CEBU	PLACE OF BIRTH DAANBANTAYAN CEBU	
DATE OF BIRTH April 10, 2000	CIVIL STATUS SINGLE	GENDER FEMALE
PURPOSE MULTI-PURPOSE CLEARANCE		Date Printed: Friday, May 17, 2024 01:37 PM Agency R7 CASID villarinn O.R. No WP2VLEJUH3 O.R. Date 05/17/2024 1:30:46 PM DST PAID DATID villarinn BIOD RECID INTID PRUID villarinn
REMARKS NO RECORD ON FILE		
 T200DNJN00-R71617972		 ATTY. MEDARDO G. DE LEMOS Director


Republic of the Philippines
Department of Justice
National Bureau of Investigation

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PERSONAL COPY