



Republic of the Philippines

City of Cebu

Barangay of Poblacion Pardo

OFFICE OF THE BARANGAY CAPTAIN



BARANGAY CLEARANCE

TO WHOM IT MAY CONCERN;

This is to certify that the person whose name appears herein has requested for a Barangay Clearance from this office.

NAME: CHERRY ROSE M. DEBALUCOS

STATUS: SINGLE

PRESENT ADDRESS: UPPER LUCIMBA POBLACION PARDO, CEBU CITY

PLACE OF BIRTH: DALAGUETE CEBU

DATE OF BIRTH: JANUARY 14,2002

AGE: 22

PRECINT NO. 1692-B

ATTESTED: JACK LEONARD T. TAGACANAO

PURPOSE OF CLEARANCE: FOR EMPLOYMENT

Issued this day 30TH day of APRIL 2024 at Barangay Poblacion Pardo, Cebu City, Philippines.

Applicant Signature

Ar. **DANILO C. LIM**
BARANGAY CAPTAIN



Republic of the Philippines
Department of Justice
National Bureau of Investigation



39410620

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.
D142ACNE20-L071067472

VALID UNTIL
April 15, 2025

FAMILY NAME
DEBALUCOS

FIRST NAME
CHERRY ROSE

MIDDLE NAME
MARQUEZ

HUSBAND'S SURNAME

ADDRESS
PROPER TUBA DALAGUETE CEBU

DATE OF BIRTH
January 14, 2002

PLACE OF BIRTH
DALAGUETE CEBU

CITIZENSHIP
FILIPINO

CIVIL STATUS
SINGLE

GENDER
FEMALE



SIGNATURE

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO DEROGATORY RECORD



Date Printed: Wednesday, April 24, 2024 02:29 PM



D142ACNE20-L071067472

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

Agency	L07	DATID	pepitof
CASID	pepitof	BIOID	pepitof
O.R. No	MP9PVUSQAO	RECID	tanques
O.R. Date	04/16/2024 1:59:31 PM	INTID	
DST PAID		PRTID	pepitof



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121291083830
REGISTRATION TRACKING NUMBER	921335636008

OCCUPATIONAL STATUS: UNEMPLOYED/NOT YET EMPLOYED

MEMBERSHIP CATEGORY

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	DEBALUCOS	CHERRY ROSE		MARQUEZ	<input type="checkbox"/>
FATHER	DEBALUCOS	ZOSIMO		RELAMPAGOS	<input type="checkbox"/>
MOTHER (Maiden Name)	MARQUEZ	EMELYN		SAQUIBAL	<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	DEBALUCOS	CHERRY ROSE		MARQUEZ	<input type="checkbox"/>

DATE OF BIRTH 01/14/2002	MARITAL STATUS Single/Unmarried	TAXPAYER IDENTIFICATION NUMBER (TIN)
PLACE OF BIRTH DALAGUETE, CEBU	CITIZENSHIP FILIPINO	SSS NUMBER
SEX FEMALE	HEIGHT(cm.) 160.00	GSIS NUMBER
WEIGHT(kg.) 46.00	PROMINENT DISTINGUISHING FACIAL FEATURES	EMPLOYEE NUMBER
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT	For AFP/PNP Employee, Serial/Badge No. 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	
Subdivision	Barangay TUBA DALAGUETE			+63 (0906) 2407120		
Municipality/City DALAGUETE	Province/State/Country CEBU, PHILIPPINES			Business (Direct Line)		
ZIP Code 6022				Business (Trunk Line)		
					Email Address cherryrmd@gmail.com	

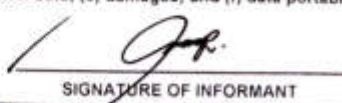

PRESENT HOME ADDRESS						
Unit/Room No., Floor	Building Name	Lot no.	Block no.	Phase No.		
House No.	Street Name	Subdivision		Barangay UPPER SURAN QUIOT		
Municipality/City CEBU CITY	Province/State/Country CEBU, PHILIPPINES			ZIP Code 6000		

PREFERRED MAILING ADDRESS: PRESENT HOME ADDRESS

PRESENT EMPLOYMENT DETAILS					
OCCUPATION		EMPLOYMENT STATUS		TYPE OF WORK	
EMPLOYER/BUSINESS NAME				COUNTRY OF ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS				MONTHLY INCOME	
Units/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				OFFICE ASSIGNMENT	
State/Country(if abroad)				DATE EMPLOYED	
				ZIP Code	

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund 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
DEBALUCOS	CLARK JAY		MARQUEZ	[]	BROTHER	08/16/2004
DEBALUCOS	CHERRY		MARQUEZ	[]	SISTER	04/30/2003

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		8/11/23 DATE	
FOR Pag-IBIG FUND USE ONLY			
 By: MARGAUX KRISTEL P. DE LA PAZ Information Officer - I Unit Signature over Printed Name		107 Designation/Position	Colm Branch/Unit
		DATE 8/11/23	

DISCLAIMER

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



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **120260078750** PhilSys Number :
 Member Category : DIRECT CONTRIBUTOR - EMPLOYED PRIVATE NHTS Coverage : N/A
 Validity Period : N/A

DEBALUCOS, CHERRY ROSE MARQUEZ

TUBA, DALAGUETE, CEBU - 6022

Foreign Address : N/A Sex : FEMALE
 Date of Birth : 1/14/2002
 Place of Birth : DALAGUETE, CEBU
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : /09062407120 Tax Identification Number :

EMPLOYER/ENTITY INFORMATION

Philhealth Number (PEN/POGN) : 230474000900
 Name of Employer/Organized Group : CONCENTRIX CVG PHILIPPINES INC(ONVERGYS PHILIPPINES INC)
 Business Address : 6798 AYALA NORTH EXCHANGE TOWER 2 AYALA AVE COR AMORSOLO SAN LORENZO, MAKATI CITY FOURTH DIST.
 Telephone Number : 91655670 Employment Status : SEPARATED
 Tax Identification Number : 205366921000 Date :

DEPENDENT INFORMATION

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

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 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 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.

Printed At : PRO VII Cebu City - B/F Golden Peak Tower, Gorordo Ave. cor. Escario St., Cebu City



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



12-026007875-0
DEBALUCOS, CHERRY ROSE
JANUARY 14, 2002 - FEMALE
TUBA DALAGUETE, CEBU - 6022



1 2 0 2 6 0 0 7 8 7 5 0

CERTIFICATION

The person whose name and signature appear on this card is a beneficiary of the National Health Insurance Program. He/She, including his/her qualified dependents, are entitled to the benefits and privileges of the Program by virtue of Republic Act No. 7875, as amended.

EMMANUEL R. LEDESMA, JR.
Acting President and Chief Executive Officer (CEO)



(Copy for OCRG)

Municipality Form No. 102 (Revised January 1995)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION	
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 <u>CEBU</u> City/Municipality <u>DALAGUETE</u>			Registry No. <u>2002-11</u>		
1. NAME (First) (Middle) (Last) <u>CHERRY ROSE MARQUEZ DEBALUCOS</u>		2. SEX ___ 1 Male ___ X 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>14 January 2002</u>	
CHILD	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay <u>TUBA, DALAGUETE, CEBU</u>		For OCRG USE ONLY: Population Reference No.		
	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		
	5b. BIRTH ORDER (live births and fetal deaths including those delivered) (first, second, third, etc.) <u>7th</u>		d. WEIGHT AT BIRTH <u>2778</u> grams		
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>EMELYN SAQUIBAL MARQUEZ</u>		41 <u>80200111</u> 48 <u>1</u> 49 <u>2</u> 50 <u>149102</u>		
	7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>		
	9a. Total number of children born alive: <u>7</u>		b. No. of children still living including this birth: <u>7</u>		c. No. of children born alive but are now dead: <u>0</u>
10. OCCUPATION <u>HOUSEKEEPER</u>		11. Age at the time of this birth: <u>33</u> years		56 <u>22228</u> 61 <u>1</u>	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>TUBA, DALAGUETE, CEBU</u>			62 <u>07</u> 64 <u>2778</u>		
FATHER	13. NAME (First) (Middle) (Last) <u>ZOSINO RELAPAGOS DEBALUCOS</u>		65 <u>1</u> 69 <u>1</u>		
	14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>		
	16. OCCUPATION <u>LABORER</u>		17. Age at the time of this birth: <u>44</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>September 11, 1999-TUBA, DALAGUETE, CEBU - STA. CRUZ CHAPEL</u>					
19a. ATTENDANT ___ 1 Physician ___ 2 Nurse ___ 3 Midwife ___ X 4 Hilot (Traditional Midwife) ___ 5 Others (Specify)		70 <u>07</u> 72 <u>07</u> 74 <u>00</u>			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>2:50</u> o'clock <u>am/pm</u> on the date stated above.		76 <u>220</u> 78 <u>33</u>			
Signature _____ Name in Print <u>EMILTANA SARINO</u> Title or Position <u>HILOT</u>		Address <u>CARPO CAGAY, DALAGUETE CEBU</u> Date <u>1-21-2002</u>		81 <u>22228</u> 86 <u>1</u> 87 <u>1</u>	
20. INFORMANT Signature <u>Emelyn Debalucos</u> Name in Print <u>EMELYN M. DEBALUCOS</u> Relationship to the child <u>MOTHER</u>		Address <u>TUBA, DALAGUETE, CEBU</u> Date <u>1-21-2002</u>		88 <u>999</u> 91 <u>44</u>	
21. PREPARED BY Signature _____ Name in Print <u>MA. LUISA O. VILLAREMOSA</u> Title or Position <u>RM-BSI</u> Date <u>1-21-2002</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>LELA B. ANDRES</u> Title or Position <u>HUMAN CIVIL REGISTRAR</u> Date <u>1-21-2002</u>		93 <u>1</u> 94 <u>2</u>	

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Documentary
 Stamp Tax Paid

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





Republic of the Philippines
SOCIAL SECURITY SYSTEM

SS NUMBER SLIP

35-1341691-3

DEBALUCOS, CHERRY ROSE MARQUEZ

01/14/2002





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

MO0694IW202112014477 Date/Time Generated: 01 December 2021 01:44:41 PM

SS NUMBER 35-1341691-3					
NAME					
(LAST NAME) DEBALUCOS	(FIRST NAME) CHERRY ROSE	(MIDDLE NAME) MARQUEZ	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 01142002	PLACE OF BIRTH (CITY/MUNICIPALITY) CEBU CITY (CAPITAL)	(PROVINCE/STATE) CEBU	(COUNTRY) PHILIPPINES	SEX FEMALE	
FATHER'S NAME (LAST NAME) DEBALUCOS	(FIRST NAME) ZOSIMO	(MIDDLE NAME) RELAMPAGOS	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) MARQUEZ	(FIRST NAME) EMELYN	(MIDDLE NAME) SAQUIBAL	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK. NO.)		(STREET NAME)	(SUBDIVISION)		
BARANGAY/DISTRICT/LOCALITY QUIOT PARDO	(CITY/MUNICIPALITY) CEBU CITY (CAPITAL)	(PROVINCE) CEBU	POSTAL CODE 6000	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 160	WEIGHT (IN KILOGRAMS) 46	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER (0906) 240-7120	EMAIL ADDRESS cherrymd@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 widow of 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 _____ Year Prof./Business Started _____ Monthly Earnings _____		Foreign Address _____ _____ _____ Monthly Earnings _____ Are you applying for membership in the Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		SS No./Common Reference No. of Working Spouse _____ _____ Monthly Income of Working Spouse (P) _____	
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION					
<input checked="" type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME) UNION BANK OF THE PHILIPPINES		(BANK BRANCH) UNIONBANK			
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/updates 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>					