



Concentrix CVG Philippines, Inc.

Ground Floor to 4th Floor, Building F, UP Ayala Technohub
Commonwealth Avenue, Diliman
Quezon City 1101
8423-8700 Loc 351093, 351092
cnx.emvrif@concentrix.com

CERTIFICATE OF EMPLOYMENT

This is to certify that Ms. CHERRY ROSE MARQUEZ DEBALUCOS was an employee of Concentrix CVG Philippines, Inc.. She was employed as Advisor I, Customer Service under Operations from February 07, 2022 up to June 11, 2022.

Ms. DEBALUCOS is cleared from any accountability from the company.

This certification is being issued upon the request of Ms. DEBALUCOS for whatever legal purpose it may serve

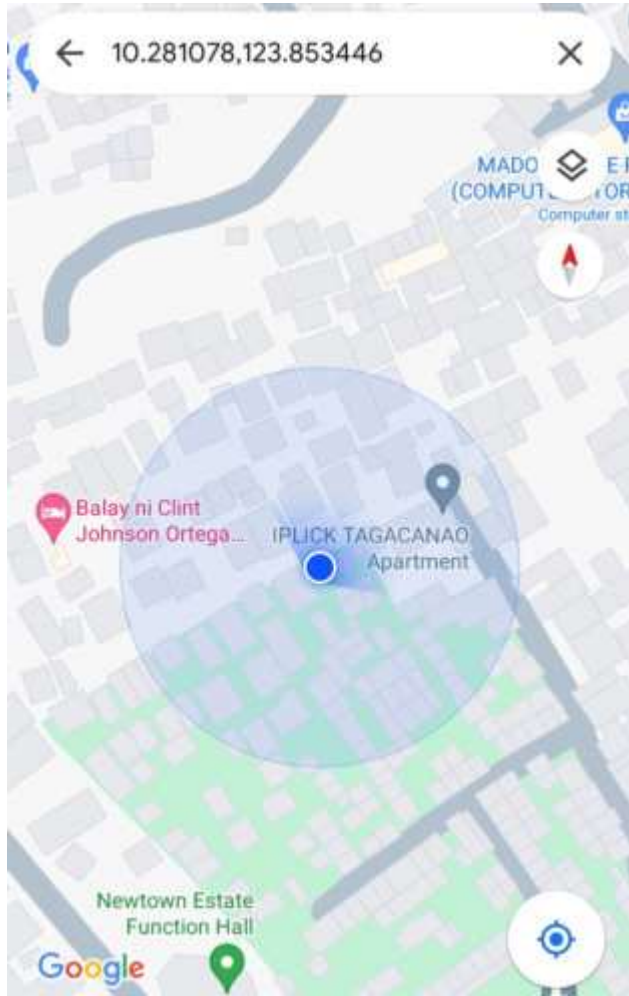
Issued on July 14, 2022.

Michelle Polancos

Authorized Signatory

This document is a system generated printout and does not require a signature

The information in this document may be confidential and privileged and is valid solely for the purpose it was intended. If you are not the intended recipient, any disclosure copying, distribution, or any action taken in reliance on it, is prohibited and may be unlawful. If you receive, this document in error, please notify the sender immediately and delete all copies of this document





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 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 Income of Working Spouse (P) _____	
Monthly Earnings _____		Are you applying for membership in the Resi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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					
1. I certify that the information provided are true and correct. 2. I hereby consent to: • 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. 3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank. 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.					



University of San Jose-Recoletos

Cor. Magallanes and P. Lopez Sts.
Cebu City

STATEMENT OF ACCOUNTS

2nd Semester 2022-2023

May 27, 2024

Student No: 202101898-4	Name: DEBALUCOS (Last Name)	CHERRY ROSE (First Name)	MARQUEZ (Middle Name)
Program: B.S.A.	Year Level: 2		

TUITION & LABORATORY FEE

22,874.28

TUITION

22,874.28

MISCELLANEOUS AND OTHER FEES

8,593.62

ATHLETICS FEE

470.00

COMPUTER FEE (MIS)

160.00

CULTURAL FEE

170.00

ENERGY FEE/UNIT

3,071.12

GUIDANCE & COUNSELLING

385.00

IMC FEE

800.00

LEARNING MANAGEMENT SYSTEM

812.50

LIBRARY FEE

1,000.00

MEDICAL-DENTAL

250.00

ONLINE MATRICULATION & REG.

400.00

PAASCU / CEAP

10.00

PRISAA FEE

100.00

PUBLICATION

65.00

REAP

50.00

RESEARCH FEE

300.00

SSC FEE

50.00

STUDENT ACTIVITY FEE

200.00

WIFI FEE

300.00

ETC FEES

254.00

ALUMNI FEE

200.00

EXAMINATION BOOK

54.00

TOTAL

31,721.90

Add (Less) **Back Account - 1st Sem. 2022-2023**

3,533.49

Payments (per Official Receipt No.)

000000358319 01.13.2023 (1,500.00) **(1,500.00)**


Others

SSC SCHOLAR 05.11.2023 (4,000.00) **(4,000.00)**

Balance

29,755.39

NOT VALID
WITHOUT
OFFICIAL SEAL


(SGD) REV. FR. LEOPOLDO V. ESTIOKO, OAR
VP - Business and Finance