

RECEIVED

DATE: 1978
TIME: 1:00 PM
BY: AS

Memorandum Form No. 102 - (Revised Dec. 1, 1968)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH
(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Province: Negros Occ. Register Number:
 (a) Civil Registrar-General No. _____
 (b) Local Civil Registrar No. 1423

City or Municipality: San Carlos City

1. PLACE OF BIRTH
 a. Province: Negros Occ.
 b. City or Municipality: San Carlos City
 c. Name of Hospital or Institution (if not in hospital, give home address): _____
 d. Is Place of Birth Inside City Limits? Yes No

2. Usual Residence of Parents (Where does mother live?)
 a. Province: Negros Occ.
 b. City or Municipality: San Carlos City
 c. House and Lot: Brace St.
 d. Is Residence Inside City Limits? Yes No
 e. Is Residence on a Farm? Yes No

3. NAME (Given or Birth)
 a. Name: Rebeca
 b. Sex: F
 c. Date of Birth: Feb 28 1978
 Month: Feb Year: 1978

4. FATHER
 1. Name: Alexander Bontana
 2. Age (As of this date): 38 Years
 3. Birthplace: Taguig City, Negros Occ.
 4. Marital Status: Married
 5. Nationality: F
 6. Rank: B
 7. Usual Occupation: Lab.
 8. Kind of Business or Industry: _____

5. MOTHER
 1. Name: Leorina Bontana
 2. Age (As of this date): 37 Years
 3. Birthplace: San Carlos City, Negros Occ.
 4. Marital Status: Married
 5. Nationality: F
 6. Rank: B
 7. Usual Occupation: _____
 8. Kind of Business or Industry: _____

16. Informant's Signature: MARY ANNE LARDOQUE
 a. Name in Print: _____
 b. Address: _____
 17. Mother's Mailing Address: (Number, Street, City or Municipality, Province) _____

18. ATTENDANT AT BIRTH
 1. I HEREBY CERTIFY that I attended the birth of this child on the date above indicated.
 a. Name: Dr. Bontana
 b. Title or Position: _____
 c. Address: San Carlos City
 2. Date Signed by Attendant at Birth: _____
 3. Type of Attendance at Birth:
 M-D Home Hospital (Specify) _____

19. Signature of the Child by the Local Civil Registrar
 a. Signature: _____
 b. Name in Print: _____
 c. Title or Position: _____
 d. Date: 10/30/78

20. Signature Name Acquired from Supplemental Report:
 a. Name: _____
 b. Date when Given Name was Supplied: _____

21. Length of Pregnancy: 40 Complete Weeks
 22. Weight at Birth: 7 Lbs. 0 Oz. 0 Gr.
 23. Length at Birth: 50 Cm. 0 In. 0 Fr.

24. Date and Place of Marriage of Parents (If registered birth)
 Date: May 3 1975
 Place: San Carlos City, Negros Occ.
 25. This Certificate is Prepared by:
 Signature: _____
 Name in Print: _____
 Title or Position: _____
 Date: _____

RESERVE FOR BINDING

18-229

SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES



CERTIFIED MACHINE COPY

OFFICE OF THE CITY CIVIL REGISTRAR
San Carlos City, Negros Occidental 6127

RAMIL G. REBAVIADOR
REGISTERED OFFICER I

March 2, 2021
OR# 7724534
1978-1923.pdf





February 15, 2024

CERTIFICATE OF EMPLOYMENT

This is to certify **Mrs. Veberlyn Gueguera Carabuena (198049)** is employed with EXL Service as Customer Care Executive (Band level A1) since October 17, 2022. The employee compensation package on a monthly basis includes the following:

Basic Pay	-Php 16161.50
Complexity Allowance	-Php 5000.00
Laundry Allowance	-Php 300.00
Meal Allowance	-Php 458.00
Rice Allowance	-Php 1500.00
Uniform Allowance	-Php 417.00

This certification is being issued to **Mrs. Veberlyn Gueguera Carabuena (198049)** in connection to **Bank Loan Application** only.

Thank you very much for your kind attention.

Very truly yours,

ExlService Philippines, Inc.

May Angeline Lazaro Sunega
Vice President 2, Head of HR Delivery for the Philippines
Human Resources

****This Certificate of Employment is a system generated****

ExlService Philippines, Inc.

6/F One E-com Center, South Quadrant, Sunset Avenue, Mall of Asia Complex, Pasay City 1308 Philippines

Phone: (63 2) 7976 9000; +63 (33) 328-8300

Verification Request: PHP.HRSS@exlservice.com

EXLservice.com

University of Cebu



to all persons to whom these present may come

Greetings

Be it known that the Board of Trustees, by authority of the Republic of the Philippines, and on recommendation of the Faculty, has conferred upon

Veberlyn G. Carabuena

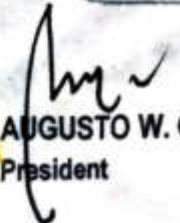
who has fulfilled all the requirements therefor, the degree of

BACHELOR OF SCIENCE IN PSYCHOLOGY


with all the rights, honors, and privileges as well as the obligations and responsibilities thereunto appertaining.

In testimony whereof, we have hereto subscribed our names and affixed the seal of the School in Cebu City, Philippines, this 25th day of March, 1999.




AUGUSTO W. GO
President

S.O. (B) No. 50-149205-0078 S. 1999
DATED: March 25, 1999


AGAPITO P. PINO, JR. D.M.
Dean



Pag-IBIG *Plus*
LOYALTY CARD



VEBERLYN G. CARABUENA

MID No **1210-5172-2592**

[Handwritten signature]



3*1506*2056*012955





Philippine Health
Insurance Corporation

PhilHealth Number

12-050258438-9

Issued to

CARABUENA, VEBERLYN GEGUERA

Member

Carabena

Signature



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

CARABUENA, VEBERLYN GUEGUERA

TIN: 906-542-705-000

KINTANAR DRIVE AVIATION RD.

PAJAC LAPU LAPU CITY

BIRTH DATE: 10/28/1978

ISSUE DATE: 03/13/2020



[Handwritten Signature]
SIGNATURE