



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

8/F, Golden Peak Tower, Gorordo Ave., cor. Escario St., Cebu City 6000

Healthline (032) 233 7407 (032) 233 7523 (032) 233 3297 (fax) (032) 233 3281 (032) 233 7871 www.philhealth.gov.ph

13 January 2021

Member Name : LUMBACA , JOSE NILO ATUEL
Member Address : CALVARY HILLS APAS, CEBU CITY, CEBU 6000

Member Category : INFORMAL ECONOMY INFORMAL SECTOR

We are glad that you are now registered with the National Health Insurance Program (NHIP), a program being administered by the Philippine Health Insurance Corporation (PhilHealth).

Your lifetime PhilHealth Identification Number (PIN) is : **1225-0828-3170**

In order for you or any member of your family be entitled to the benefits of the NHIP especially during hospitalization, you or with your employer, or local government or sponsor should have paid the required number of monthly contributions to the Program.

It is important that you always use your PIN in paying your contributions and when you or any member of your family avail of NHIP benefits during hospitalization.

We would like to give you and your family continued protection on health.

Respectfully,

EDWIN M. ORIÑA, MD
REGIONAL VICE PRESIDENT
PRO - VII Cebu City

This is a system generated document, signature is not required



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

LUMBACA, JOSE NILO ATUEL

TIN: **767-527-026-000**

CALVARY HILLS APAS CEBU CITY



BIRTH DATE: **09/13/1997**

ISSUE DATE: **07/26/2020**

SIGNATURE

* 011967892 *

- This card bears your permanent Taxpayer Identification Number (TIN). Always indicate your TIN on all returns / documents filed with the BIR.
- Report immediately to your Revenue District Officer, the loss of this card and change of name or address.
- Any person who secures and / or uses more than one TIN shall be criminally liable and shall be punishable by fine and imprisonment



BIR Form No. 2316 January 2018 (ENC5)	Certificate of Compensation Payment/Tax Withheld <small>For Compensation Payment With or Without Tax Withheld</small>	2316-01/IRENC5
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Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY) <u>2 0 2 3</u>	2 For the Period From (MM/00) <u>0 1 2 3</u> To (MM/00) <u>0 8 0 5</u>		
Part I - Employee Information			
3 TIN <u>7 6 7 - 5 2 7 - 0 2 6 - 0 0 0 0</u>	Part IV-B Details of Compensation Income & Tax Withheld from Present Employer		
4 Employee's Name (Last Name, First Name, Middle Name) <u>Lumbaca, Jose Nilo, Atuel</u>	5 BDO Code		
6 Registered Address	6A ZIP Code		
6B Local Home Address	6C ZIP Code		
6D Foreign Address	27 Basic Salary (Including the exempt P250600/low) or the Statutory Minimum Wage of the MWE		
7 Date of Birth (MM/DD/YYYY) <u>0 9 1 3 1 9 9 7</u>	28 Holiday Pay (MWE)		
8 Contact Number	29 Overtime Pay (MWE)		
9 Statutory Minimum Wage rate per day	30 Night Shift Differential (MWE)		
10 Statutory Minimum Wage rate per month	31 Hazard Pay (MWE)		
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax	32 13th Month Pay and Other Benefits (maximum of P90,000) <u>28,748.57</u>		
Part II - Employer Information (Present)			
12 TIN <u>2 0 5 - 3 6 6 - 9 2 1 - 0 0 0 0</u>	33 De Minimis Benefits <u>15,126.75</u>		
13 Employer's Name <u>CONCENTRIX CVG PHILIPPINES, INC.</u>	34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) <u>9,717.71</u>		
14 Registered Address	35 Salaries and Other Forms of Compensation <u>0.00</u>		
14A ZIP Code <u>1 2 2 6</u>	36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) <u>53,593.03</u>		
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	8. TAXABLE COMPENSATION INCOME REGULAR		
Part III - Employer Information (Previous)		37 Basic Salary <u>109,706.15</u>	
16 TIN	38 Representation	39 Transportation	
17 Employer's Name	40 Cost of Living Allowance (COLA)	41 Fixed Housing Allowance	
18 Registered Address <u>GF 14th to 25th Flr 6798 Ayal</u>	42 Others (specify)	42A	
18A ZIP Code	42B	SUPPLEMENTARY	
Part IVA - Summary		43 Commission	44 Profit Sharing
19 Gross Compensation Income from Present Employer (Sum of Items 26 and 50) <u>178,931.36</u>	45 Fees Including Director's Fees	46 Taxable 13th Month Benefits <u>0.00</u>	47 Hazard Pay
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <u>53,593.03</u>	48 Overtime Pay	49 Others (specify)	49A OTHER TAXABLE INCOME <u>15,632.18</u>
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <u>125,338.33</u>	50 Total Taxable Compensation Income (Sum of Items 37 to 49B) <u>125,338.33</u>	49B	
22 Add: Taxable Compensation Income from Previous Employer, if applicable <u>0.00</u>	23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <u>125,338.33</u>	24 Tax Due <u>0.00</u>	
25 Amount of Taxes Withheld	25A Present Employer <u>0.00</u>	25B Previous Employer, if applicable <u>0.00</u>	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <u>0.00</u>	I declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/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 <u>EDENREY RAMOS</u> Present Employer/Authorized Agent Signature over Printed Name	Date Signed <u> </u>
CONFORME: 52 <u>Lumbaca Jose Nilo Atuel</u> Employee Signature over Printed Name	Date Signed <u> </u>
CTC/Valid ID No. of Employee <u> </u> Place of Issue <u> </u>	Date Issued <u> </u> Amount paid, if CTC <u> </u>

To be accomplished under substituted filing

I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue. 53 <u>EDENREY RAMOS</u> Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (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. 3504-C filed by my employer to the BIR shall constitute 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 Revenue Regulations (RR) No. 3-2002, as amended. 54 <u>Lumbaca Jose Nilo Atuel</u> Employee Signature over Printed Name
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*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)

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. 97-23114
City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
JOSE NILO ATUEL LUMBACA

2. SEX 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
13 SEPTEMBER 1997

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
METRO CEBU COMMUNITY HOSPITAL, CEBU CITY CEBU

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify _____

c. BIRTH ORDER (live births and fetal deaths including this delivery)
SECOND (first, second, third, etc.)
d. WEIGHT AT BIRTH 2700 grams

6. MAIDEN NAME (First) (Middle) (Last)
MARGIE ARCILLA ATUEL

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 2
b. No. of children still living including this birth: 2
c. No. of children born alive but are now dead: 0

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 25 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
CALVARY HILLS, APAS, CEBU CITY CEBU

13. NAME (First) (Middle) (Last)
NILO LABRADOR LUMBACA

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION EMPLOYEE (VISAYAS GEOTHERMAL POWER COMPANY) 17. Age at the time of this birth: 28 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
APRIL 15, 1996 MANDAUE CITY

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife
 4 Heilot (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 9:36 A.M. o'clock am/pm on the date stated above.

Signature NIMFA ENRIQUEZ, M.D. Address MOCH, CEBU CITY
Name in Print ATTENDING PHYSICIAN Date SEPTEMBER 13, 1997

20. INFORMANT
Signature NILO L. LUMBACA Address CALVARY HILLS, APAS CEBU CITY
Name in Print FATHER Date SEPTEMBER 14, 1997

21. PREPARED BY
Signature JOCELYN G. BAO-AS

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
BY JEREMY LIM

Signature JOCELYN G. BAO-AS Name in Print SEVELYN A. ABADIA
Date SEPTEMBER 14, 1997 Date SEP 16 1997
Title CLERK

For OCRG USE ONLY:
Population Reference No.

TO BE FILED UP AT THE OFFICE OF THE CHIEF REGISTRAR

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49 50

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70 72 74

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86 87

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94 HENRY P. TOMALABCAO
ASST. CITY CIVIL REGISTRAR



to all persons 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*

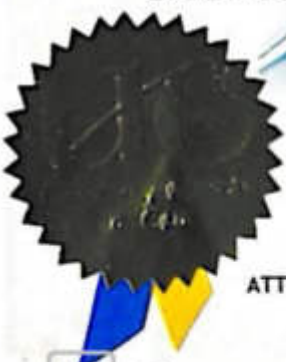
JOSE NILO A. LUMBACA

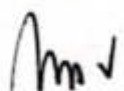
who has fulfilled all the requirements therefore, the Degree of

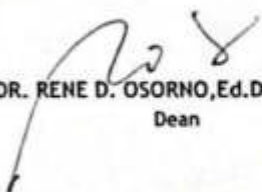
BACHELOR OF SCIENCE IN HOTEL AND RESTAURANT MANAGEMENT

*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 29th day of December 2020.*



ATTY.  AUGUSTO W. GO
President


DR. RENE D. OSORNO, Ed.D., MSHRM
Dean



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121276013035
REGISTRATION TRACKING NUMBER	920321709389

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	LUMBACA	JOSE NILO		ATUEL	<input type="checkbox"/>
FATHER	LUMBACA	NILO		LABRADOR	<input type="checkbox"/>
MOTHER (Maiden Name)	ATUEL	MARGIE		ARCILLA	<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	LUMBACA	JOSE NILO		ATUEL	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
09/13/1997		Single/Unmarried			
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
CEBU CITY, CEBU			FILIPINO		GSIS NUMBER
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		
MALE	0.00	0.00			
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER
					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	
				+63 (032) 2547763	
Lot No.,	Block No.,	Phase No.	House No	Street Name	Cell Phone
				CALVARY HILLS	+63 (0928) 7008079
Subdivision			Barangay		Business (Direct Line)
			APAS		
Municipality/City			Province/State/Country		Business (Trunk Line)
CEBU CITY			CEBU, PHILIPPINES		
ZIP Code					Email Address
6000					josenilolumbaca@gmail.com
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot no.,	Block no.,
House No		Street Name		Subdivision	Barangay
		CALVARY HILLS			APAS
Municipality/City			Province/State/Country		
CEBU CITY			CEBU, PHILIPPINES		
PREFERRED MAILING ADDRESS			PERMANENT HOME ADDRESS		

ORIGINAL DOC SEEN

 BY: *[Signature]*

 DATE: 08/23/17

 MANDAUE N. BRANCH



Member Details

Address & Contact Information

SS Number Status :	0 - ACTIVE
Document Compliance :	APPLICATION THRU THE WEB - WITH PERSONAL APPEARANCE AND SUBMITTED DOCUMENT(S)
Membership Status :	PERMANENT
Prior Registrant :	NO
Date of SS Number Issuance :	08/12/2020
Sex :	MALE
Reporting Date :	03-01-2002
Reporting ID :	06-1742727-0
Latest ER ID :	06-1801791-9
Latest ER Name :	THE HAMERSONS HOTEL & RESORTS,
Claim Flag Status :	0 - NO FINAL/FUNERAL CLAIM
Transferred to (New SS Number) :	
Membership Type :	EMPLOYEE
Change in Coverage Status	NO STATUS CHANGE
Date of Loan Disqualification	
SS Number Withdrawal Reason	
Record Location	MAKATI-GIL PUYAT
TIN Number	