



BUREAU OF INTERNAL REVENUE  
RDO #082 CEBU CITY - SOUTH

TIN VERIFICATION QUERY RESULTS

TIN NO. 050-880-481

LAST NAME: Rosales

FIRST NAME: Stanley Gerard

MIDDLE NAME: \_\_\_\_\_

ADDRESS: Kinasang An Pardo

BIRTHDAY: 8/2/03

PROFESSIONAL

LOCAL EMPLOYEE

TAXPAYER CLASSIFICATION:

SINGLE PROP.

E.O. 98

ONETT

RDO CODE: 82

WINDICTO T. ANTON, CPA  
REVENUE OFFICER

VERIFIED BY: \_\_\_\_\_

6/3/2024



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



39382293

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  
R242HSBD30-L071151427

FAMILY NAME  
ROSALES

MIDDLE NAME

ADDRESS  
STO NINO COMMUNITY KINASANG AN CEBU CITY

DATE OF BIRTH  
August 02, 2003

CITIZENSHIP  
FILIPINO

PURPOSE  
MULTI-PURPOSE CLEARANCE

REMARKS  
NO DEROGATORY RECORD

VALID UNTIL  
May 24, 2025

FIRST NAME  
STANLEY GERARD

HUSBAND'S SURNAME

PLACE OF BIRTH  
CEBU CITY

CIVIL STATUS  
SINGLE



SIGNATURE

GENDER  
MALE

**PERSONAL COPY**



R242HSBD30-L071151427

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

Date Printed: Monday, June 3, 2024 03:38 PM

Agency	L07	DATID	pepitof
CASID	pepitof	BIOID	pepitof
O.R. No.	6XBZE3GQ	RECID	mal
O.R. Date	05/24/2024 2:33:57 PM	INTID	
DST PAID		PRtid	pepitof

**ACEBEDO OPTICAL**  
**FREE EYE CHECK-UP**

Ground Floor, ~~\_\_\_\_\_~~ of  
~~\_\_\_\_\_~~

RIGHT EYE: 20/20 w/ ~~\_\_\_\_\_~~  
LEFT EYE: 1 e-fg lcs

CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

Myclinics & Diagnostic Center, Inc.  
Generale A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
02132663245  
alpha.ph

**SERVICE ORDER**



Priority No.	0091
SO No.	464076
S.O Date	06/03/2024
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

PATIENT ID	: 100977	GENDER	: Male
PATIENT NAME	: ROSALES, STANLEY GERARD	BIRTHDATE	: 08/02/2003
PATIENT ADDRESS	: Kinasang-An Pardo, Cebu City (Capital), Cebu	AGE	: 20
MOBILE NO.	: 0968 751 3181	CIVIL STATUS	: Single
EMAIL ADDRESS		SC/PWD ID	
REQUESTING PHYSICIAN		HMO CARD NO.	
COMPANY/REFERRED BY	: EMPLOY STAFFING SOLUTIONS	PATIENT STATUS	: FOR EMPLOYMENT
RESULT DELIVERY	: DELIVERY		

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	PLDY-REME	1.00	800.00	800.00	TOTAL SALES 800.00
	PE, CHEST PAIN, CBC, UA, SEW				VARIABLE SALES 0.00
	DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)				V-A-T 0.00
					SC/PWD DISCOUNT 0.00
					AMOUNT DUE 800.00

PREPARED BY:

Arissa Marie L. Armenion

ACKNOWLEDGED BY:

Signature Over Printed Name

**VALIDATED**

BY:

Signature Over Printed Name

Page 1 of 1

I acknowledge that I was duly informed by Prime Care Alpha employee to pay the above mentioned tests, I have reviewed the prices listed on the (SO) and agree to the changes associated with the products and services.

Date Created: 06/03/2024 01:47 PM

\*\*\*\* THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM \*\*\*\*