



Republic of the Philippines
Department of Justice
National Bureau of Investigation



39365098

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 T240JBMH99-R71620579 | VALID UNTIL May 28, 2025 |
| FAMILY NAME TIGOL | FIRST NAME BRENJIE MAICOH |
| MIDDLE NAME | HUSBAND'S SURNAME |
| ADDRESS 21 RR LANDON ST BRGY COGON RAMOS CEBU CITY | |
| DATE OF BIRTH October 13, 1999 | PLACE OF BIRTH CEBU CITY |
| CITIZENSHIP FILIPINO | CIVIL STATUS SINGLE |
| PURPOSE MULTI-PURPOSE CLEARANCE | GENDER FEMALE |
| REMARKS NO RECORD ON FILE | |



SIGNATURE



Date Printed: Tuesday, May 28, 2024 02:15 PM



T240JBMH99-R71620579

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

Agency R7 DATID dupag
CASID dupag BQID dupag
O.R. No. MPTOCB8S8T RECID
O.R. Date 05/28/2024 2:13:42 PM INTID
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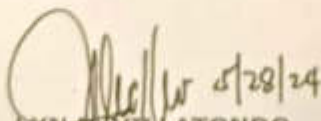


**CEBU INSTITUTE OF TECHNOLOGY
UNIVERSITY**

STATEMENT OF ACCOUNT

Student No. : 19-6425-741
 NAME : TIGOL, BRENJIE MAICOH
 COURSE : BACHELOR OF SCIENCE IN HOSPITALITY MANAGEMENT
 YEAR LEVEL : Second Year
 COLLEGE : College of Management, Business and Accountancy
 TERM : First Semester, 2023-2024

| | |
|---------------------------------------|------------------|
| TUITION | 30,060.16 |
| ATHLETIC FEE | 264.63 |
| AUDIO VISUAL FEE | 527.24 |
| COMPUTERIZATION FEE (E-Learning Fee) | 527.24 |
| CO-CURRICULAR FEE | 537.44 |
| CULTURAL FEE | 298.32 |
| ENERGY FEE | 537.44 |
| EXAM & TEST SUPPLIES | 181.67 |
| GUIDANCE FEE | 527.24 |
| ID FEE | 330.00 |
| INSURANCE FEE | 30.00 |
| INTERNET FEE | 231.18 |
| IT SERVICES FEE | 283.20 |
| LIBRARY FEE | 1,579.74 |
| MEDICAL AND DENTAL FEE | 396.11 |
| PRISAA - COLLEGE | 50.00 |
| REGISTRATION FEE | 909.06 |
| SPECIAL EDUCATION/ DEVELOPMENT FEE | 591.91 |
| SUPREME STUDENTS GOVERNMENT - COLLEGE | 20.00 |
| TECHNOLOGIAN FEE - COLLEGE | 20.00 |
| LABORATORY FEES - COLLEGE (HM122) | 707.05 |
| LABORATORY FEES - COLLEGE (HM124) | 707.05 |
| LABORATORY FEES - COLLEGE (HM222) | 3,959.45 |
| LABORATORY FEES - COLLEGE (HM229) | 1,414.20 |
| TOTAL =====> | 44,690.33 |
| LESS: PAYMENTS | |
| Credit- 2023-07-10 (2123725) | 1,000.00 |
| Credit- 2023-09-21 (2202303) | 10,922.00 |
| Credit- 2024-01-25 (OR000075318) | 4,500.00 |
| Credit- 2024-02-29 (OR000076835) | 4,500.00 |
| TOTAL BALANCE / (EXCESS) | 23,768.33 |


 LYN R. VILLATONDO
 Printed By


 Atty. Janzen Joseph G. Sevilla, CPA
 Finance Director



BARANGAY CERTIFICATION



HON. MA. LUISA E. BESABELLA
 PUNONG BARANGAY

COUNCILORS

HON. DANILO M. ALFAFARA JR.

HON. DONIEDEL S. BESABELLA

HON. DELIA E. RUBI

HON. OMAR D. DURANO SR.

HON. KASANDRA F. LABUS

HON. ENGELIO M. DAVID

HON. CHERRY ANN G. CILLAR

HON. BRYLLE DALE B. FERNANDEZ
 SK CHAIRMAN

MR. JESSIE BOY S. EGOS
 SECRETARY

MS. MARIBEL G. CARTAGENA
 TREASURER

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY that BRENJIE MAICOH TIGOL with
 Residence/Business Address at 21 R. R LANDON ST. this
 Barangay, has compiled for a Barangay Clearance for the purpose/s
 check below:

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> BUSINESS | <input type="checkbox"/> TRAVEL |
| <input checked="" type="checkbox"/> EMPLOYMENT | <input type="checkbox"/> BUILDING |
| <input type="checkbox"/> PROFESSIONAL | <input type="checkbox"/> STUDENT |
| <input type="checkbox"/> OTHERS, SPECIFY _____ | |

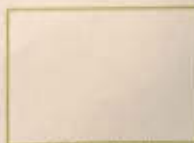
This Barangay Clearance is issued in accordance with the provisions
 and implementation of the New Local Government Code of 1991
 and for whatever legal purposes.

Issued this 28TH day May of 2024 at Barangay Cogon Central
 Ramos, Cebu City, Philippines 6000.

HON. MA. LUISA E. BESABELLA
 PUNONG BARANGAY

Conforme:

(Specimen Signature)



Left Thumbmark



Right Thumbmark

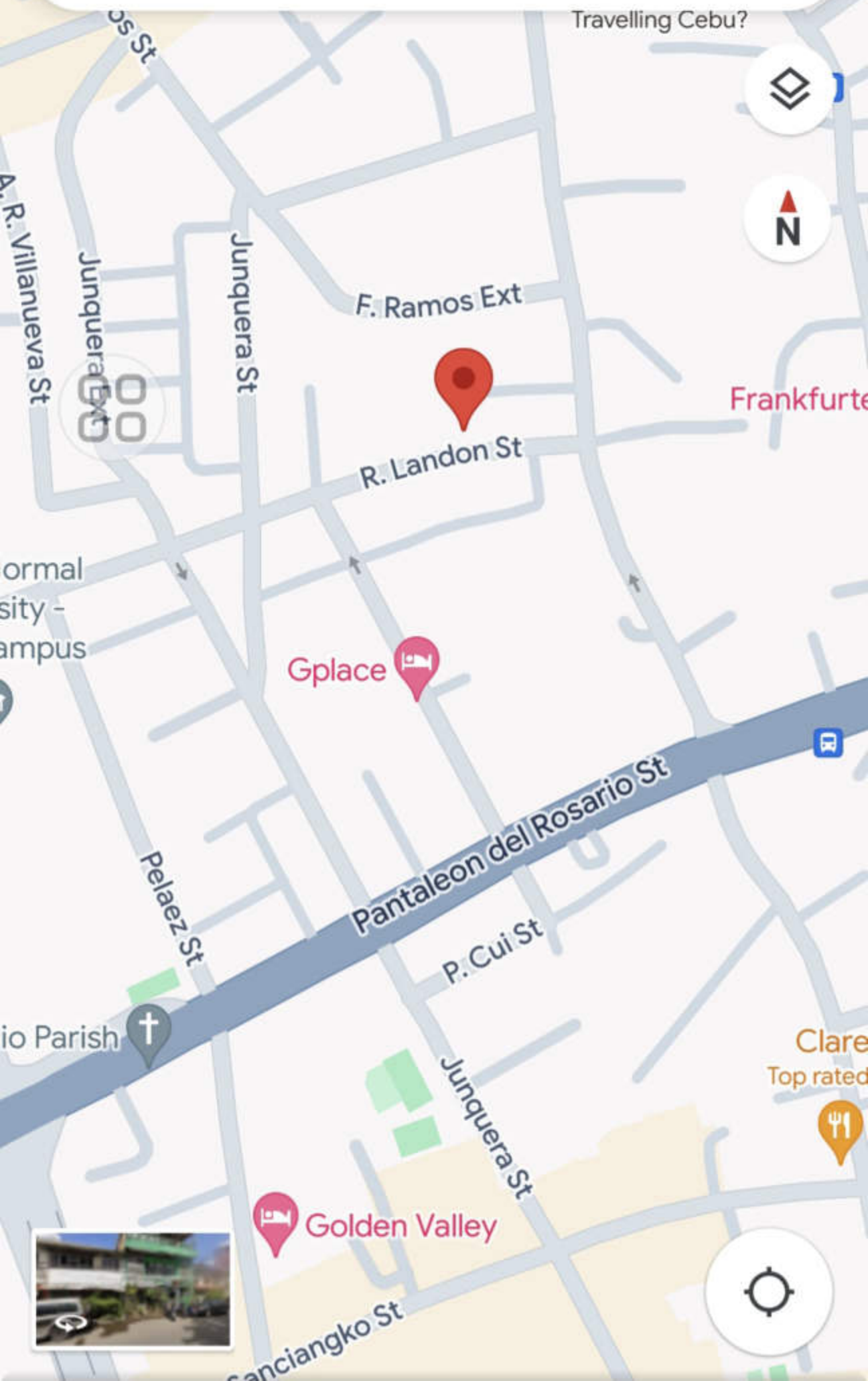




21 R.R. Landon St, Cogon Ram...



Travelling Cebu?



Frankfurte

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Gplace

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Clare
Top rated

Golden Valley

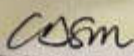


anciangko St

| REPUBLIC OF THE PHILIPPINES OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH | | ONLY IN CASES REMARKS/ANNOTATION |
|--|--|-------------------------------------|
| Province <u>CAGAYAN</u> City/Municipality <u>CAGAYAN CITY</u> 5900-10841 | | |
| 1. NAME <u>IRRYJTE NAISON</u> | 2. SEX <u>Male</u> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | |
| 3. DATE OF BIRTH <u>19 OCTOBER 1999</u> | 4. PLACE OF BIRTH <u>CAGAYAN STATE HOSPITAL CAGAYAN CITY CAGAYAN</u> | |
| 5. TYPE OF BIRTH <u>XX</u> Single <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Other (Specify) | 6. IF MULTIPLE BIRTH CHILD WAS <u>TRIPLE</u> (Specify number, sex, etc.) | |
| 7. BIRTH ORDER <u>1</u> (Specify number, sex, etc.) | 8. WEIGHT AT BIRTH <u>3,000</u> grams | |
| 9. MOTHER NAME <u>JANALYN SARNAY TIGOL</u> | 10. CITIZENSHIP <u>PHILIPINO</u> | |
| 11. RELIGION <u>NO RELIGION</u> | 12. CITIZENSHIP <u>PHILIPINO</u> | |
| 13. OCCUPATION <u>PHN</u> | 14. AGE AT THE TIME OF BIRTH <u>0</u> years | |
| 15. RESIDENCE <u>21 P.O. SARGON CORRAL CAGAYAN CITY</u> | 16. AGE AT THE TIME OF BIRTH <u>0</u> years | |
| 17. NAME <u>JANALYN SARNAY TIGOL</u> | 18. RELIGION <u>NO RELIGION</u> | |
| 19. CITIZENSHIP <u>PHILIPINO</u> | 20. AGE AT THE TIME OF BIRTH <u>0</u> years | |
| 21. OCCUPATION <u>PHN</u> | 22. DATE AND PLACE OF MARRIAGE OF PARENTS <u>NO MARRIAGE</u> | |
| 23. ATTENDANT <u>XX</u> <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Nurse <input type="checkbox"/> Other (Specify) | 24. CERTIFICATION OF BIRTH <u>PHN</u> | |
| 25. SIGNATURE <u>MA. JENNY L. BENDIC, MD.</u> | 26. SIGNATURE <u>JANALYN S. SARNAY</u> | |
| 27. NAME IN PRINT <u>MA. JENNY L. BENDIC, MD.</u> | 28. NAME IN PRINT <u>JANALYN S. SARNAY</u> | |
| 29. MEDICAL POSITION <u>Attending Physician</u> | 30. MEDICAL POSITION <u>PHYSICIAN</u> | |
| 31. DATE <u>April 10, 2000</u> | 32. DATE <u>April 10, 2000</u> | |
| 33. SIGNATURE <u>RODRIGUEZ E. GARCIA</u> | 34. SIGNATURE <u>LORELA R. DEL ROS</u> | |
| 35. NAME IN PRINT <u>CLARE</u> | 36. NAME IN PRINT <u>LORELA R. DEL ROS</u> | |
| 37. TITLE IN POSITION <u>CLERK</u> | 38. TITLE IN POSITION <u>REGISTERED NURSE</u> | |
| 39. DATE <u>April 10, 2000</u> | 40. DATE <u>April 25, 2000</u> | |

07261-EH-400SPC-01216-BI002

BEST POSSIBLE IMAGE

3544
(021) 4599016-0Documentary
Returns Tax Paid


CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

**MEMBER'S DATA FORM
(MDF)**

| |
|--|
| PHIC Tracking Form (MDF) 001.7 |
| PHIC ID NUMBER 12122373655 |
| REGISTRATION/TRACKING NUMBER 918100721711 |

| | | | | | |
|---|---|--------------------|--------------------|---|---|
| OCCUPATIONAL STATUS | | EMPLOYEE | | | |
| MEMBERSHIP CATEGORY | | EMPLOYEE - PRIVATE | | | |
| PERSONAL DETAILS | | | | | |
| | LAST NAME | FIRST NAME | MIKE L. LINDSON | MIDDLE NAME | NO MIDDLE NAME <input type="checkbox"/> |
| MEMBER | TRILL | SHARLE MARICOR | | | <input type="checkbox"/> |
| FATHER | ARIEL | WARRNER | | WARRNER | <input type="checkbox"/> |
| MOTHER (Maiden Name) | TRILL | JERALYN | | TAGAYO | <input type="checkbox"/> |
| SPOUSE (if same) | | | | | <input type="checkbox"/> |
| MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE | TRILL | SHARLE MARICOR | | | <input type="checkbox"/> |
| DATE OF BIRTH | 10/28/88 | MARITAL STATUS | Single/Unmarried | COOPERATED EDUCATION NUMBER (CEC) CEC NUMBER | |
| PLACE OF BIRTH | CEBU CITY, CEBU PHILIPPINES | CITY/TOWN | FLORINO | CEC NUMBER | |
| SEX | MALE (M) / FEMALE (F) | WEIGHT (kg) | 160 | EMPLOYED NUMBER | |
| COMMON REFERENCE NUMBER (CRM) | FREQUENCY OF MEDICAL USE (MUS) (MUS/12) | | | For Dual/Employee, Division Code/Status Code | |

| | | | | | |
|-----------------------------|-----------|-----------------------|--|---------------------------|--|
| ADDRESS AND CONTACT DETAILS | | | | | |
| PERMANENT HOME ADDRESS | | | COUNTRY + AREA CODE + TELEPHONE NUMBER | | |
| Street/Route No., Floor | | | Building Name | | |
| Lot No. | Block No. | Phase No. | Street Name | PHONE | |
| | | | SR. LARCON | CELLPHONE | |
| Subdivision | | | Strategic | BUSINESS (DIRECT LINE) | |
| Municipality/City | | | CEBUNRANKS | BUSINESS (TRUNK LINE) | |
| CEBU CITY | | | Province/State/County | E-MAIL ADDRESS | |
| ZIP Code | | | CEBU PHILIPPINES | 12280 | |
| ZIP Code | | | | www.phic.gov.ph@gmail.com | |
| PERMANENT HOME ADDRESS | | | | | |
| Street/Route No., Floor | | Building Name | | Phase No. | |
| House No. | | Street Name | | Strategic | |
| 21 | | SR. LARCON | | CEBUNRANKS | |
| Municipality/City | | Province/State/County | | Zip Code | |
| CEBU CITY | | CEBU PHILIPPINES | | 6000 | |
| PREFERRED MAILING ADDRESS | | | PERMANENT HOME ADDRESS | | |



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



PhilHealth
Your Partner in Health



12-051574235-8

TIGOL, BRENJIE MAICOH

OCTOBER 13, 1999 - FEMALE

21 RR LANDON COGON RAMOS (POB.) CEBU CITY,
CEBU - 6000

Signature



1 2 0 5 1 5 7 4 2 3 5 8

TIME:



BUREAU OF INTERNAL REVENUE
REVENUE DISTRICT NO. 081
CEBU CITY NORTH
CLIENT SUPPORT SECTION
TIN VERIFICATION SLIP

TIN: 347-021-980-006

LAST NAME: TIGOL

FIRST NAME: BRENIE MAISON

MIDDLE NAME: N/A TIGOL

DATE OF BIRTH: 10-13-1999

ADDRESS: 21 RR Landon St. CC

RDO: 1950

TAXPAYER CLASSIFICATION: LOCAL

IVANT OJIANO, CPA
Group Supervisor

3:46

BIR Authorized Signature

NOTE: PLEASE READ/ PALIHUG BASAHA

Please present BIRTH CERTIFICATE or ID or any Document showing NAME and BIRTHDATE