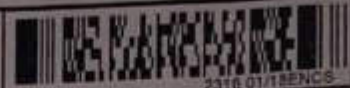




BIR Form No.
2316

**Certificate of Compensation
Payment/Tax Withheld**



2316 01/18/ENC5

January 2018 (ENCS)

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY) **2 0 2 0**

2 For the Period From (MMDD) **0 1 0 1** To (MMDD) **1 2 3 1**

3 TIN **3 1 6 - 0 6 0 - 2 6 2 - 0 0 0 0 0**

Part IV-B Details of Compensation Income & Tax Withheld from Present Employer

4 Employee's Name (Last Name, First Name, Middle Name) **MARTINEZ, SACHA VILLANUEVA**

A NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount

6 Registered Address **1109 A M.J. CUENCO AVENUE CEBU CT**

27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE) **0.00**

6B Local Home Address **1109 A M.J. CUENCO AVENUE CEBU CT**

28 Holiday Pay (MWE) **0.00**

7 Date of Birth (MMDD/YYYY) **0 1 1 3 1 9 9 6**

29 Overtime Pay (MWE) **0.00**

9 Statutory Minimum Wage rate per day

30 Night Shift Differential (MWE) **0.00**

10 Statutory Minimum Wage rate per month

31 Hazard Pay (MWE)

11 Minimum Wage Exempt (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) **14,995.09**

12 TIN **0 0 0 - 6 6 5 - 9 5 1 - 0 0 0 0 0**

33 De Minimis Benefits **6,248.23**

13 Employer's Name **Asociacion Benevola De Cebu, Inc. (CHONG HUA HQ**

34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **10,589.10**

14 Registered Address **FUENTE OSMEÑA, CEBU CITY**

35 Salaries and Other Forms of Compensation **0.00**

15 Type of Employer Main Employer Secondary Employer

36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) **31,832.42**

16 TIN

B. TAXABLE COMPENSATION INCOME REGULAR

17 Employer's Name

37 Basic Salary

18 Registered Address

38 Representation **0.00**

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 50)

39 Transportation **0.00**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)

40 Cost of Living Allowance (COLA) **0.00**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)

41 Fixed Housing Allowance

22 Add: Taxable Compensation Income from Previous Employer, if applicable

42 Others (specify)

23 Gross Taxable Compensation Income (Sum of Items 21 and 22)

42A Other Taxable **4,628.45**

24 Tax Due

42B

25 Amount of Taxes Withheld

43 Commission

25A Present Employer

44 Profit Sharing **0.00**

25B Previous Employer, if applicable

45 Fees Including Director's Fees **0.00**

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)

46 Taxable 13th Month Benefits **0.00**

51 Present Employer/Authorized Agent Signature over Printed Name

47 Hazard Pay **0.00**

52 Employee Signature over Printed Name

48 Overtime Pay **1,680.71**

CTC/Valid ID No. of Employee

49 Others (specify)

53 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

50 Total Taxable Compensation Income (Sum of Items 37 to 49) **170,938.21**

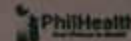
54 Employee Signature over Printed Name

I declare, under the penalties of perjury that the 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.

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. 1604-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.

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)

Amount paid, # CTC



CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that **MS. SACHA V. MARTINEZ** was employed with **Chong Hua Hospital Mandaue**, a 350-Bed Capacity General Hospital. She was hired on **November 23, 2018** until her separation on **March 30, 2021** as **Patient Assistance Specialist I** under Hospital Information Management.

Position Title : Patient Assistance Specialist I
 Area of Assignment : Patient Assistance-m / Hospital Relations 1-m / Hospital Information Management
 Period : April 13, 2021 - March 30, 2021

Position Title : Patient Assistance Specialist I
 Area of Assignment : Patient Assistance-m / Hospital Relations 1-m / General Services-m
 Period : December 1, 2018 - April 12, 2021

Position Title : Patient Assistance Specialist I
 Area of Assignment : Admissions & Registration-m / Hospital Relations 2-m / Admin Operations-m
 Period : November 23, 2018 - November 30, 2018

The above-mentioned employee failed to comply with the required 90-day noticed based on the effectivity of the resignation.

This certification is hereby issued upon the request of **Ms. Martinez** for whatever purpose it may serve.

Issued this **17th day of May 2023** Mandaue City, Philippines.

CARMELITA B. ESCASINAS
Senior HR Manager
Chong Hua Hospital



Municipal Form No. 102
Revised August 2016

1 accomplished in quadruplicate using black ink

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province CEBU		Registry No. 2019-10037		
City/Municipality MANDAUE CITY				
CHILD	1. NAME (First) SACHEEN ANTONETTE (Middle) MARTINEZ (Last) PAJELA			
	2. SEX (Male/Female) FEMALE	3. DATE OF BIRTH (Day) 24 (Month) October (Year) 2019		
	4. PLACE OF BIRTH (Name of Hospital/Institution) CIO CHONG HUA HOSPITAL (City/Municipality) MANDAUE, SUBANGDAKU, MANDAUE CITY, CEBU (Province)			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of births in previous births including stillbirths) (First, Second, Third, etc.) SECOND	6. WEIGHT AT BIRTH 2810 grams
MOTHER	7. MADDEN NAME (First) SACHA (Middle) VILLANUEVA (Last) MARTINEZ			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	10a. Total number of children born alive TWO	10b. No. of children still being included this birth TWO	10c. No. of children born alive but now dead NONE	11. OCCUPATION PATIENT ASST. COORDINATOR
	12. AGE at the time of this birth (completed years) 23			
13. RESIDENCE (House No., St., Barangay) 1091A MJ CUENCO AVE., CEBU CITY, CEBU, PHILIPPINES (City/Municipality) (Province) (Country)				
FATHER	14. NAME (First) DELINGER (Middle) SALAN (Last) PAJELA			
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT JEHOVAH'S WITNESSES	
	17. OCCUPATION RESIDENT ENGINEER		18. AGE at the time of this birth (completed years) 25	
	19. RESIDENCE (House No., St., Barangay) PH2 B6 L5 MACANHAN, CARMEN, CAGAYAN DE ORO CITY, MISAMIS ORIENTAL, PHILIPPINES (City/Municipality) (Province) (Country)			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the birth.)				
20a. DATE (Month) (Day) (Year) NOT MARRIED		20b. PLACE (City/Municipality) (Province) (Country)		
21a. ATTENDANT <input checked="" type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Heif (Traditional Birth Attendant) <input type="checkbox"/> 5. Others (Specify) _____				
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, etc.) I hereby certify that on the date of this child was born at 03:05 AM on the date of birth specified above.				
Signature _____ Name in Print GO, JENNIFER ANGELA BALLESTEROS, M.D. Title or Position ATTENDING PHYSICIAN		Address CIO CHONG HUA HOSPITAL, MANDAUE, SUBANGDAKU, MANDAUE CITY, CEBU Date October 25, 2019		
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature _____ Name in Print SACHA VILLANUEVA MARTINEZ Relationship to the Child MOTHER Address 1091A MJ CUENCO AVE., CEBU CITY, CEBU Date October 25, 2019		23. PREPARED BY Signature _____ Name in Print JOSEPH MONSALÉS ORNOPIA Title or Position MEDICAL RECORDS STAFF Date October 25, 2019		
24. RECEIVED BY Signature _____ Name in Print EMMA L. R. BERENDSE Title or Position OFFICE AID Date NOV 04 2019		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print THELMA C. CRISOL OGD Title or Position CITY CIVIL REGISTRAR Date Nov 04 2019		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)				
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR				
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			19	

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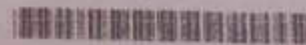


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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority





Municipal Form No. 102
(Revised August 2016)

(To be accomplished in quadruplicate using black ink)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province MISAMIS ORIENTAL		Registry No. 2021 16472		
City/Municipality CAGAYAN DE ORO CITY				
CHILD	1. NAME (First) (Middle) (Last) MATTHIAS XUMMER MARTINEZ PAJELA			
	2. SEX (Male / Female) MALE	3. DATE OF BIRTH (Day) (Month) (Year) 18 DECEMBER 2021		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) CAGAYAN DE ORO POLYMEDIC MEDICAL PLAZA CAGAYAN DE ORO CITY MISAMIS ORIENTAL			
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE	5c. BIRTH ORDER (Order of the child in previous live births including fetal death) (First, Second, Third, etc.) THIRD	6. WEIGHT AT BIRTH 2300 grams
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) SACHA VILLANUEVA MARTINEZ			
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	
	10a. Total number of children born alive 3	10b. No. of children still living including this birth 3	10c. No. of children born alive but are now dead 0	11. OCCUPATION NONE
	12. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) PHASE 2 BLOCK 6 LOT 6 MACANHAN, CARMEN CAGAYAN DE ORO CITY MISAMIS ORIENTAL PHILIPPINES		12. AGE at the time of the birth (Completed years) 25	
FATHER	14. NAME (First) (Middle) (Last) DELINGER SALAN PAJELA			
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT JEHOVAH'S WITNESS	
	17. OCCUPATION RESIDENT ENGINEER		18. AGE at the time of the birth (Completed years) 27	
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) PHASE 2 BLOCK 6 LOT 6 MACANHAN, CARMEN CAGAYAN DE ORO CITY MISAMIS ORIENTAL PHILIPPINES			
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back)				
20a. DATE (Month) (Day) (Year) MARCH 24, 2021		20b. PLACE (City / Municipality) (Province) (Country) CEBU CITY PHILIPPINES		
21a. ATTENDANT 1. Physician 2. Nurse 3. Midwife 4. Hilot (Traditional Birth Attendant) 5. Others (Specify) _____				
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.) I hereby certify that I attended the birth of the child with a birth weight of 11.54 Kilogram on the date of birth specified above.				
Signature _____ Name in Print MARITESS PAANO-GO Title or Position OB/GYNE CONSULTANT		Date DECEMBER 18, 2021 Address CCO POLYMEDIC MEDICAL PLAZA, RAJAWAGAN, CAGAYAN DE ORO CITY, MISAMIS ORIENTAL		
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.				
Signature _____ Name in Print DELINGER S. PAJELA Relationship to the Child FATHER Address PHASE 2 BLOCK 6 LOT 6 MACANHAN, CARMEN, CAGAYAN DE ORO CITY, MISAMIS ORIENTAL Date DECEMBER 18, 2021		Signature _____ Name in Print ALMA S. ABAO Title or Position PHILHEALTH CLERK Date DECEMBER 18, 2021		
24. RECEIVED BY Signature _____ Name in Print LALAINA BEX T. C. R. SIBAS Title or Position ADMIN. AIDE II Date 23 DEC 2021		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print PERLE JOY T. LEE Title or Position Registration Officer-IV Date 23 DEC 2021		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)				
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR				
8	9	11	12	
15	16	17	18	



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

CAGAYAN DE ORO COLLEGE

a member of the PHINMA Education Network

*Sa kapangyarihan ng Pabahalaan at sa tagubilin ng mga Guro,
iginagawad ang titulong*

By authority of the Board of Trustees and upon the recommendation of the Faculty hereby confers the degree/title of

BACHELOR OF SCIENCE IN TOURISM MANAGEMENT

na itinakda ng Komisyon ng Lalong Mataas na Edukasyon kay

as prescribed by the Commission on Higher Education upon

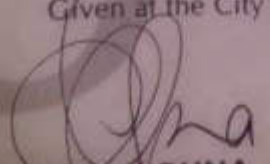
SACHA V. MARTINEZ

*kalakip ang lahat ng mga karapatan, mga pribilehiyo,
at karangalang doo'y nauukol.*

with all rights, privileges, and honors thereof.

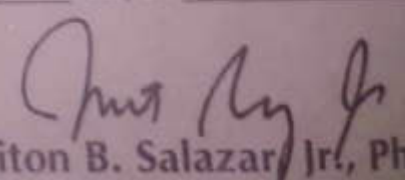
*Iginawad sa Lungsod ng Cagayan de Oro, Misamis Oriental, Pilipinas,
ngayong ika- 31 ng Marso, Taong Dalawang Libo't Labing Pito*

Given at the City of Cagayan de Oro, Misamis Oriental, Philippines, this 31st day of March, Year Two Thousand and Seventeen


CECILIA M. LAGUNA, CPA, MBA

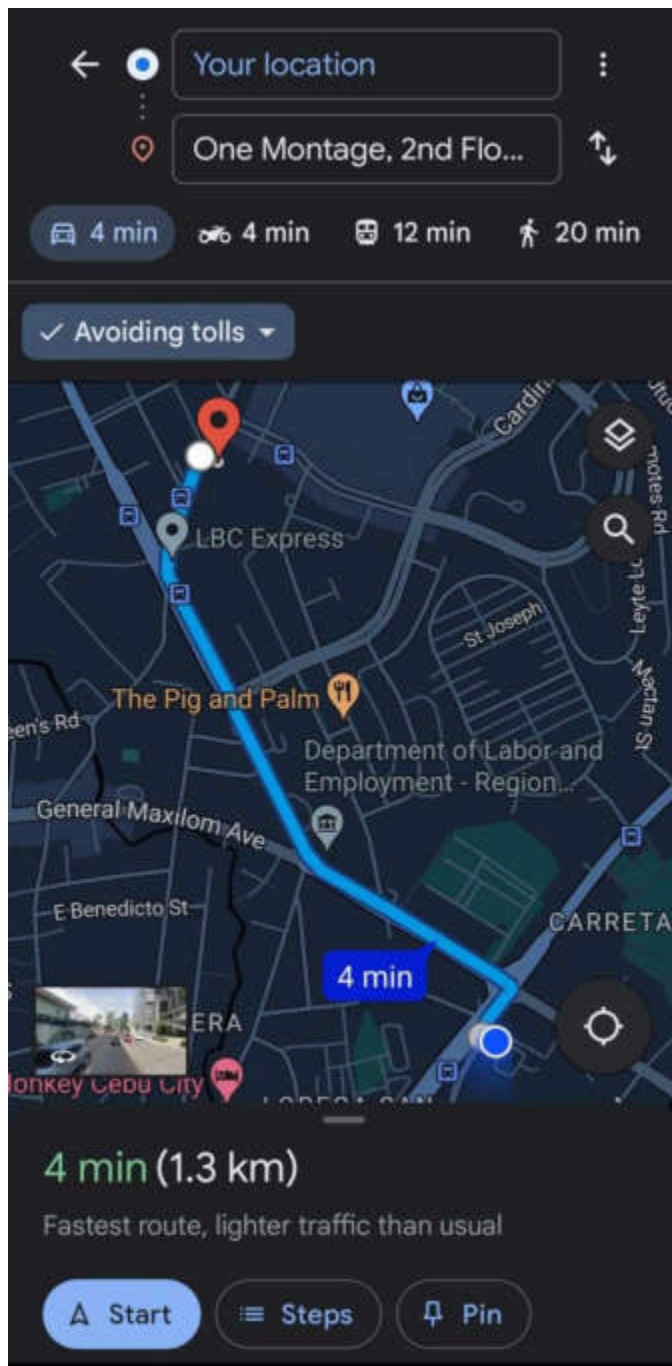
DEKANO
Dean




Meliton B. Salazar Jr., PhD

PANGULO
President

Home Address: 1091 A M.J Cuenco Avenue, Brgy. Carreta Cebu City, 6000





Municipal Form No. 87 (Revised August 2018) Republic of the Philippines (To be accomplished in quadruplicate using blank ink) OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF MARRIAGE

Province CEBU Registry No. 2021 0652
 City/Municipality CEBU CITY

HUSBAND					WIFE		
1. Name of Contracting Parties	(First) DELINGER	(Middle) SALAN	(Last) PAJELA	(First) SACHA	(Middle) VILLANUEVA	(Last) MARTINEZ	(Age) 25
2a. Date of Birth	(Day) 30	(Month) APRIL	(Year) 1994	(Day) 13	(Month) JANUARY	(Year) 1996	(Age) 25
3. Place of Birth	CAGAYAN DE ORO CITY MISAMIS ORIENTAL PHILIPPINES			CEBU CITY CEBU PHILIPPINES			
4a. Sex	MALE			FEMALE			
4b. Citizenship	FILIPINO			FILIPINO			
5. Residence	PH2 B6 L6 MACANHAN, CARMEN, CAGAYAN DE ORO CITY MISAMIS ORIENTAL, PHILS.			1091 A M.J. CUENCO AVE. CEBU CITY, PHILS.			
6. Religion/Religious Sect	JEHOVAH'S WITNESSES			ROMAN CATHOLIC			
7. Civil Status	SINGLE			SINGLE			
8. Name of Father	(First) ANTONIO	(Middle) RAMOS	(Last) PAJELA	(First) ERNESTO	(Middle) REBUSIAS	(Last) MARTINEZ	
9. Citizenship	FILIPINO			FILIPINO			
10. Maiden Name of Mother	(First) METHUSELA	(Middle) TORDANESO	(Last) SALAN	(First) HAZEL	(Middle) QUERUBIN	(Last) VILLANUEVA	
11. Citizenship	FILIPINO			FILIPINO			
12. Name of Person with whom Last Cohabited	N/A			(First) HAZEL	(Middle) VILLANUEVA	(Last) MARTINEZ	
13. Relationship	N/A			MOTHER			
14. Residence	N/A			1091 A M.J. CUENCO AVE. CEBU CITY			
15. Place of Marriage	MUNICIPAL TRIAL COURT IN CITIES, BRANCH 2 CEBU CITY			CEBU CITY			
16. Date of Marriage	(Day) 24	(Month) MARCH	(Year) 2021	17. Time of Marriage 10:30 AM			
18. CERTIFICATION OF THE CONTRACTING PARTIES: DELINGER S. PAJELA and SACHA V. MARTINEZ both of legal age, of our own free will and accord, and in the presence of the persons solemnizing this marriage and of the witnesses named below, have each other as husband and wife and certifying father that we have entered a copy of which is hereto attached. <input checked="" type="checkbox"/> I have not entered into a marriage settlement. IN WITNESS WHEREOF, we have signed and marked with our fingerprints this certificate in quadruplicate this 24th day of MARCH 2021 .							
DELINGER S. PAJELA (Signature of Husband)				SACHA V. MARTINEZ (Signature of Wife)			
19. CERTIFICATION OF THE SOLEMNIZING OFFICER: THIS IS TO CERTIFY THAT BEFORE ME on the date and place above-written, personally appeared the above-mentioned parties, with their mutual consent, lawfully joined together in marriage which was solemnized by me in the presence of the witnesses named below, all of legal age. I CERTIFY FURTHER THAT 4016814 issued on 14th day of DECEMBER 2020 CEBU CITY							
<input checked="" type="checkbox"/> a. Marriage License No. 4016814 in favor of said parties, was exhibited to me. <input type="checkbox"/> b. no marriage license was necessary, the marriage being solemnized under Art. _____ of Executive Order No. 209 <input type="checkbox"/> c. the marriage was solemnized in accordance with the provisions of Presidential Decree No. 1083							
Hon. DARILA DANTE U. BARCENAS (Signature Over Printed Name of Solemnizing Officer)				Presiding Judge (Position/Designation)			
20a. WITNESSES (Name, Name and Sign) KAREN V. MARTINEZ AMAE S. PAJELA							
21. RECEIVED BY Signature: ROSLENISA G. AGOT Name in Print: ASSI. REGISTRATION OFFICER Title or Position: Date: MAR 30 2021				22. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature: ATTY. EVONGELINE T. ABATAYO Name in Print: CEBU CITY CIVIL REGISTRAR Title or Position: Date: MAR 30 2021			
REMARKS/ANNOTATIONS (For LCR/DCRG/Share's Circuit Registrar Use Only)							
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR							

CONTROL NO
(M-2021)

6818575
29 DEC 2020

CSM

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

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Republic of the Philippines
Department of Justice
National Bureau of Investigation



39410785

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 M635ASMA69-L071068650	VALID UNTIL April 25, 2025
FAMILY NAME MARTINEZ	FIRST NAME SACHA
MIDDLE NAME VILLANUEVA	HUSBAND'S SURNAME PAJELA
ADDRESS 1091 A MJ CUENCO AVE BRGY CARRETA CEBU CITY	
DATE OF BIRTH January 13, 1996	PLACE OF BIRTH CEBU CITY
CITIZENSHIP FILIPINO	CIVIL STATUS MARRIED



SIGNATURE

S.M.P.

GENDER
FEMALE

PURPOSE
MULTI-PURPOSE CLEARANCE

PERSONAL COPY

REMARKS
NO RECORD ON FILE



Date Printed: Thursday, April 25, 2024 03:23 PM



M635ASMA69-L071068650

Medardo de Lemos
ATTY. MEDARDO G. DE LEMOS
Director

Agency	L07	DATID	pepitof
CASID	pepitof	BIOID	pepitof
O.R. No.	MP0YTAX9FW	RECID	
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MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121107147236
REGISTRATION TRACKING NO.	913354051901

OCCUPATIONAL STATUS		EMPLOYED	
MEMBERSHIP CATEGORY		OTHERS - VOLUNTARY	SELF-EMPLOYED
		Please specify	
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	NO MIDDLE NAME
MEMBER	PAJELA	SACHA	<input type="checkbox"/>
FATHER	MARTINEZ	ERNESTO JR	<input type="checkbox"/>
MOTHER (Maiden Name)	MARTINEZ	HAZEL	<input type="checkbox"/>
SPOUSE (if Married)	PAJELA	DELINGER	<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	MARTINEZ	SACHA	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS	TAXPAYER IDENTIFICATION NUMBER (TIN)
01/13/1996		MARRIED	
PLACE OF BIRTH		CITIZENSHIP	SSS NUMBER
CEBU CITY, CEBU, PHILIPPINES		FILIPINO	GSIS NUMBER
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES
FEMALE	0.00	0.00	
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT	
		EMPLOYEE NUMBER For AFP/PNP Employee, Senal/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
Lot No.	Block No.	Phase No.	Cell Phone
6	6	2	+63 (0926) 9348296
Street Name		House No.	Business (Direct Line)
MACANHAN			
Subdivision		Barangay	Business (Trunk Line)
		CARMEN	
Municipality/City		Province/State/Country	Email Address
CAGAYAN DE ORO CITY		MISAMIS ORIENTAL, PHILIPPINES	martinez_safina@yahoo.com
ZIP Code			
9000			
PRESENT HOME ADDRESS			
Unit/Room No., Floor		Building Name	Phase No.
House No.		Street Name	Barangay
			PATAG
Municipality/City		Province/State/Country	ZIP Code
CAGAYAN DE ORO CITY		MISAMIS ORIENTAL, PHILIPPINES	9000
PREFERRED MAILING ADDRESS		PRESENT HOME ADDRESS	



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION		
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 below the appropriate answer in Items 2, 5a, 5b and 19a.)						
Province <u>CEBU</u>		Registry No. <u>96-1250</u>				
City/Municipality <u>CEBU CITY</u>						
CHILD	1. NAME (First) (Middle) (Last) <u>SACHA</u> <u>VILLANUEVA</u> <u>MARTINEZ</u>			For OCRG USE ONLY: Population Reference No.		
	2. SEX <u>X</u> 1 Male <u>X</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>15</u> <u>JANUARY</u> <u>1996</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) (House No., Street, Barangay) <u>1091 M. J. CUENCO AVE.</u> <u>CEBU CITY</u> <u>CEBU</u>			41 <u>9601250</u>		
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>X</u> 2 Twin <u>X</u> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others. Specify		42 <u>1</u>	
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>2nd</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3175</u> grams		43 <u>2</u> 40 <u>130196</u>	
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>HAZEL</u> <u>QUEBRIN</u> <u>VILLANUEVA</u>			44 <u>2</u> 50 <u>130196</u>		
	7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>		56 <u>22178</u>	
	9a. Total number of children born alive:	b. No. of children still living including this birth: <u>2</u>	c. No. of children born alive but are now dead: <u>0</u>		61 <u>1</u>	
	10. OCCUPATION <u>HOUSEWIFE</u>		11. Age at the time of this birth: <u>49</u> years		62 <u>52</u> 64 <u>3174</u>	
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>1091 M. J. CUENCO AVE.</u> <u>CEBU CITY</u> <u>CEBU</u>			66 <u>1</u> 69 <u>1</u>		
FATHER	13. NAME (First) (Middle) (Last) <u>ERBERTO</u> <u>REBOSIAS</u> <u>MARTINEZ</u>			70 <u>02</u> 72 <u>02</u> 74 <u>00</u>		
	14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>		76 <u>220</u> 79 <u>19</u>	
	16. OCCUPATION <u>WAITER</u>		17. Age at the time of this birth: <u>22</u> years		81 <u>22178</u>	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>JUNE 10, 1994</u> <u>cebu city</u>						
19a. ATTENDANT <u>X</u> 1 Physician <u>X</u> 2 Nurse <u>X</u> 3 Midwife <u>X</u> 4 HBCT (Traditional Midwife) <u>3</u> Others (Specify)						
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>11:40 A.M.</u> o'clock <u>on</u> the date stated above.						
Signature <u>[Signature]</u> Name in Print <u>EMMA A. CADAMPOG</u> Title or Position <u>REGISTERED MIDWIFE</u>		Address <u>CEBU PUERICULTURE CENTER & MATERNITY HOUSE INC. CEBU CITY</u> Date <u>JANUARY 13, 1996</u>		80 <u>1</u> 81 <u>1</u> 2540		
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>HAZEL MARTINEZ</u> Relationship to the child <u>MOTHER</u>		Address <u>1091 M. J. CUENCO AVE. CEBU CITY</u> Date <u>JANUARY 13, 1996</u>		82 <u>532</u> 81 <u>22</u>		
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>EMMA A. CADAMPOG</u> Title or Position <u>REGISTERED MIDWIFE</u> Date <u>JANUARY 10, 1996</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>EMMA A. NUNEZ</u> Title or Position <u>CLERK III</u> Date <u>JAN 10 1996</u>		83 <u>1</u> <u>061094</u> <u>22178</u> <u>011796</u> 84 <u>1996</u>		

07992-E3-701MDC-00261-BI002

BEST POSSIBLE IMAGE



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BRaN
02217-A96BD0C-9

Documentary
Stamp Tax Paid

CSM

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





Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

B/F, GOLDEN PEAK TOWER, GORORDO AVE., COR. ESCARIO ST., CEBU CITY 6000
(032) 233 7407 (032) 233 7523 (032) 233 3287 (FAX) (032) 233 3281 (032) 233 7871
www.philhealth.gov.ph



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **15-050357905-9** PhilSys Card Number :
Member Type : **58 - DIRECT CONTRIBUTOR - EMPLOYED PRIVATE** NHTS Coverage : **N/A**
Validity Period : **01/01/2022 - 12/31/2022**

PAJELA, SACHA MARTINEZ

1091 A M J CUENCO AVE, CARRETA, CEBU CITY, CEBU - 6000

Foreign Address : **N/A** Sex : **FEMALE**
Date of Birth : **01/13/1996**
Place of Birth : **CEBU CITY, CEBU**
Contact No. (Foreign) : **N/A** Civil Status : **MARRIED**
(Local) : **09269348296** Tax Identification Number : **316060262000**

ENTITY INFORMATION

PhilHealth Number (PEN/POGN) : **015000009833**
Name of Employer/Organized Group : **SAINT FRANCIS DOCTORS' HOSPITAL AND MEDICAL CENTER INC.**
Business Address : **BLOCK 22 LOT 19 FRANCISCO DRIVE PHILAMLIFE VILLAGE PUEBLO DE ORO TOWNSHIP UPPER, CARMEN, CAGAYAN DE ORO CITY, MISAMIS ORIENTAL - 9000**

Telephone Number : **088 3279650** Employment Status : **EMPLOYED**
Tax Identification Number : **009244835000** Date : **07/25/2022**

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
152529847488	MARTINEZ	KYLA		F	DAUGHTER	05/16/2013
152537024652	PAJELA	DELINGER	SALAN	M	HUSBAND	04/30/1994

*** NOTHING FOLLOWS ***

MARJORIE A. CABRIETO
REGIONAL VICE PRESIDENT
PRO - VII Cebu City

Paalala: Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ospital.
(Reminder: Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a system generated report. Signature is not required. Printed At: PRO VII Cebu City - B/F Golden Peak Tower, Gorordo Ave. cor. Escario St., Cebu City
04/23/2024 09:00:59 PM 30661016 80008309 / 12/26/2013 / 30861016 / 04/23/2024

CERTIFICATION

This is to certify that Ms. Sacha V. Martinez was employed with Master Shoppers Venue, Inc. - MSV - Cagayan de Oro 2 from May 4, 2017 to May 7, 2018 as Telephone Operator/Pager.

This certification is issued upon the request of Ms. Martinez for Employment and is not valid for any other purposes.

Issued on May 12, 2018 at Cagayan de Oro City.



Myla Vicenta N. Zuniga

Regional HR Manager

cc:201 File

SS NUMBER

08-2430798-9

SOCIAL SECURITY SYSTEM
PERSONAL RECORD
 (Please Use Black Ink Only)
 (Gumamit ng Itim na Tinta Lamang)



E-1
 (Rev. 08/94)

SURNAME (APELYIDO)

MARTINEZ

GIVEN NAME (PANGALAN)

SACHA

MIDDLE NAME (GITNANG PANGALAN)

VILLANUEVA

ADDRESS (NO. & STREET; CITY/TOWN & PROVINCE) (TIRAHAN: BILANG AT KALYE, LUNGSOD/BAYAN AT LALAWIGAN)

ZONE 3 BERMANO DALINGASAG MISAMIS ORIENTAL

POSTAL CODE

910010

SEX (KASARIAN)

 MALE
 (LALAKI)

 FEMALE
 (BABAE)

DATE OF BIRTH (KAPANGANAKAN)

m m d d y y

0 1 1 3 9 6

CIVIL STATUS (KATAYUANG SIBIL)

 SINGLE
 (WALANG ASAWA)

 MARRIED
 (MAY ASAWA)

 WIDOWED
 (BALO)

BENEFICIARIES (MAKIKINABANG)

SPOUSE (ASAWA)

FATHER (AMA)

MARTINEZ ERNESTO R JR

CHILDREN (MGA ANAK)

DATE OF BIRTH (KAPANGANAKAN)

m m d d y y

MOTHER (INA)

MARTINEZ HAZEL Y

OTHER BENEFICIARIES (IF WITHOUT SPOUSE, CHILD OR PARENT)
 (IBANG MAKIKINABANG: KUNG WALANG ASAWA, ANAK O MAGULANG)

1 MARTINEZ KTLA

0 5 1 6 1 3

NAME
(PANGALAN)RELATIONSHIP
(RELASYON)

1 MARTINEZ BLANCA ✓ SISTER

2 MARTINEZ AVEL ✓ SISTER

3 MARTINEZ ERNESTO JR ✓ BROTHER

RECEIVED

DEC 23 2013

RITA V. DAMASCO
 SSS, Cagayan de Oro City

THUMBMARK

I hereby certify that the above
 (Ako ay nagpapatunay na ang aking mga isinaang
 information are true and correct.
 ay totoo at tama.)

LEFT (KALIWA)

RIGHT (KANAN)

Signature (Lagda)

PLEASE READ REMINDERS AT THE BACK (BASAHI ANG PAALALA SA LIKOD)