



12-051321484-2

PhilHealth Number

MERCADO, JOANNABABE

CORTES

Name

Signature

SS NUMBER 06-3146293-6	SOCIAL SECURITY SYSTEM PERSONAL RECORD (Please Use Black Ink Only) (Gumamit ng Itim na Tinta Lamang)	 E-1 (Rev. 08/94)
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SURNAME (APANGALAN) Mercado	GIVEN NAME (PANGALAN) Joannababe	MIDDLE NAME (SILANG PANGALAN) Cortez
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ADDRESS (NO. & STREET, CITY/TOWN & PROVINCE) (TIRAHAN, BILANG AT KALYE, LUNGSOD, BAYAN AT (ALAWGAN) 28 RIZAL AVE. EXT. MAMBALING, CEBU CITY	POSTAL CODE 61010
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SEX (KASARIAN) <input type="checkbox"/> MALE (LALAKI) <input checked="" type="checkbox"/> FEMALE (BABAE)	DATE OF BIRTH (KAPANGANAKAN) m m d d y y 1 1 1 0 9 0	CIVIL STATUS (KATAYUANG SBIL) <input checked="" type="checkbox"/> SINGLE (WALANG ASAWA) <input type="checkbox"/> MARRIED (MAY ASAWA) <input type="checkbox"/> WIDOWED (SAO)
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BENEFICIARIES (MAKIKINABANG)

SPOUSE (ASAWA)	FATHER (AMA) RESTITUTO MERCADO JR.
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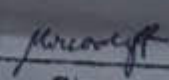
CHILDREN (MGA ANAK)	DATE OF BIRTH (KAPANGANAKAN) m m d d y y	MOTHER (INA) BABY CORTEZ MERCADO
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OTHER BENEFICIARIES (IF WITHOUT SPOUSE, CHILD OR PARENT) (IBANG MAKIKINABANG KUNG WALANG ASAWA ANAK O MAGULANG)	
NAME (PANGALAN)	RELATIONSHIP (RELASYON)
1	
2	
3	
4	
5	



THUMBMARK


LEFT (KALIWA)
RIGHT (KANAN)

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


Signature (Lagda)

Cebu-Davao Office

CERTIFICATION

May 27, 2015


This is to certify that **JOANNABABE C. MERCADO** has been an employee of SYKES Asia, Inc. from **February 02, 2015** up to **March 16, 2015** as **CUSTOMER SERVICE AGENT**.

This further certifies that she processed her clearance and has been cleared of all accountabilities from the Company.

For your information, SYKES Asia, Inc., established in 1997 and with Corporate Headquarters located in Tampa, Florida, USA, provides customer support solutions for the Asia Pacific region through its Manila and Cebu Call Center.

Our Cebu site is located at Synergis IT Center, F. Cabahug St., Mabolo, Cebu City, Philippines, and our trunkline number is (032) 348-9898.

This certification is being issued upon the request of Ms. Joannababe C. Mercado for whatever legal purpose it may serve her.

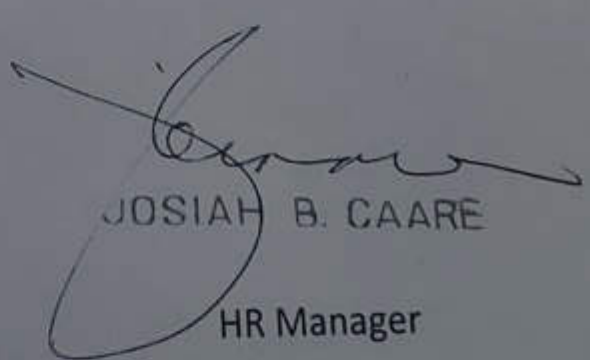

MAE E. BLANCO
Senior Manager, Site Human Resources
Sykes Asia Inc

CERTIFICATE OF EMPLOYMENT

To Whom It May Concern:

This is to certify that **MS. JOANNABABE C. MERCADO** resident of **MAMBALING, CEBU CITY, CEBU** was employed with **TAKING YOU FORWARD INC.** for a **PROJECT BASED CAMPAIGN** as a **CALL CENTER AGENT** from **JANUARY 25, 2014** to **FEBRUARY 25, 2014**.

Issued this **17th** day of **September, 2014** at the City of **Mandaue, Philippines**.



JOSIAH B. CAARE

HR Manager



Registration Form No. 102 (Revised 1983)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
 (Fill out completely, accurately and legibly in ink or typewriter)

(To be accomplished in triplicate)

PROVINCE Cebu LOCAL CIVIL REGISTRY NO. 2-844
 CITY/MUNICIPALITY Cebu City

1. NAME (First) JONNABABE (Middle) CORTES (Last) MERCADO

2. SEX (Place 'X' on appropriate answer)
 1. Male 2. Female

3. DATE OF BIRTH (Day) 10 (Month) November (Year) 1990

4. PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/barangay)
Cebu Puer. Center Mat. House Inc. (City/Municipality) Cebu City (Province) Cebu

5a. TYPE OF BIRTH (Place 'X' on appropriate answer)
 X 1. Single 2. Twin 3. Three or more

5b. IF MULTIPLE BIRTH, CHILD WAS
 1. First 2. Second 3. Third 4th, etc

6. MAIDEN (First) (Middle) (Last)
 NAME BA ILISA SANOY CORTES

7. NATIONALITY FIL.

8. RELIGION ROMAN CATHOLIC

9. NAME (First) (Middle) (Last)
RESTITUTO GAMBOA MERCADO JR.

10. NATIONALITY FIL.

11. RELIGION ROMAN CATHOLIC

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back)
JUNE 20, 1990 Dalaguete, Cebu

13. CERTIFICATE OF ATTENDANT AT BIRTH
 I, hereby certify that I attended the birth of the child who was born alive at 12:41 o'clock a.m./p.m. on the date stated above.

Signature _____ Address Cebu Puer. Center Mat. House Inc.
 Name in print MARILYN SY TAN M.D. Cebu City
 Title or position Physician Date Nov. 10, 1990

14. INFORMANT
 Signature _____ Address Teng cpd., 20 Rinal ave.
 Name in print RESTITUTO G. MERCADO JR. Cebu City
 Relationship to child FATHER Date NOV. 10, 1990

15a. PREPARED BY
 Signature _____
 Name in print _____
 Title or position _____ Date Nov. 10, 1990

15b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
 Signature _____
 Name in print _____
 Title or position _____ Date _____

16c. INFORMATION GIVEN IN SUPPLEMENTAL REPORT
 a. DATE WHEN INFORMATION WAS SUPPLIED 1/10

(Important: Information should also provide information for items 17 to 25. The code areas are to be filled out at the Office of the Local Civil Registrar)

PROVINCE Cebu Local Civil Registry No. 2-844 Registration Status

CITY/MUNICIPALITY Cebu City

17. Weight at Birth (In grams) 2700 14

18. Birth Order of Child (Ex. first, second, etc.) first 16

19a. Total Number of Children Born Alive 1 22

19b. How many children are now living including this birth? 1 24

19c. How many children were born alive but are now dead? 0 25

20. Usual Occupation code AW 28

21. Age of the time of this Birth 22 31

22. Usual Residence (Barangay) (City/Municipality) (Province)
Teng cpd. 20 Rinal ave. Cebu City Cebu

23. Usual Occupation laborer AW 30

24. Age of the time of this Birth 23 41

25. Attendant of Birth (Place 'X' on appropriate answer)
 X 1. Physician 2. Nurse 3. Midwife 4. Healer 5. Other 42

Sex 43 Date of Birth 11/10/90 44 Place of Birth Cebu 45 Mother's Nationality 46 Father's Nationality 47

NAME OF CHILD
 First M.I. Last
JONNABABE C MERCADO

03133-76-429ATF-00008-BI003

BEST POSSIBLE IMAGE



BReN
 02217-A90XA0G-8

Carmelita N. Ericta
CARMELITA N. ERICTA
 Administrator and Civil Registrar General
 National Statistics Office



MEMBER'S DATA FORM (MDF)

HQP-PFF-039
(V10, 04/2023)

FOR Pag-IBIG Funds USE ONLY	
Pag-IBIG MD NO.	121115035721
REGISTRATION TRACKING NO.	914100106220

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE			
<i>Please specify</i>					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	MERCADO	JOANNABABE		CORTES	<input type="checkbox"/>
FATHER	MERCADO	RESTITUTO	JR	GAMBOA	<input type="checkbox"/>
MOTHER (Maiden Name)	CORTES	BABY		SANJOY	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	MERCADO	JOANNABABE		CORTES	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
11/10/1990	Single/Unmarried				
PLACE OF BIRTH		CITIZENSHIP		SSS NUMBER	
CEBU CITY, CEBU		FILIPINO			
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, 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
					+83 (032) 2366380
Lot No.	Block No.	Phase No.	House No.	Street Name	Cell Phone
					+83 (0933) 6148207
Subdivision		Barangay			Business (Direct Line)
		MAMBALING			
Municipality/City		Province/State/Country			Business (Trunk Line)
CEBU CITY		CEBU, PHILIPPINES			
ZIP Code					Email Address
6000					joannababe.mercado1024@gmail.com

PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Phase No.	
House No.	Street Name		Subdivision		Barangay
				MAMBALING	
Municipality/City		Province/State/Country		ZIP Code	
CEBU CITY		CEBU, PHILIPPINES		6000	

PREFERRED MAILING ADDRESS	PRESENT HOME ADDRESS
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THIS FORM MAY BE REPRODUCED. NOT FOR SALE.



Republika ng Pilipinas
Kagawaran ng Pananalapi
Kawanihan ng Rentas Internas

Certificate of Compensation Payment/Tax Withheld

BIR Form No.
2316
July 2006 (ENCS)

For Compensation Payment With or Without Tax Withheld

For the Year (YYYY)		2015		For the Period From (MM/DD)		02 02		To (MM/DD)		03 17	
Part IV-B: Details of Compensation Income and Tax Withheld from Present Employer											
Part I: Employee Information				A. Non-Taxable/Exempt Compensation Income							
3 Taxpayer Identification No.		317 122 702 000		32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)		32				0.00	
4 Employee's Name (Last Name, First Name, Middle Name) MERCADO, JOANNABABE CORTES				33 Holiday Pay (MWE)		33				0.00	
5 RDO Code				34 Overtime Pay (MWE)		34				0.00	
6 Registered Address C/O SYKES ASIA, INC.				35 Night Shift Differential (MWE)		35				0.00	
6A Zip Code				36 Hazard Pay (MWE)		36				0.00	
6B Local Home Address				37 13th Month Pay and Other Benefits		37				1,793.06	
6C Zip Code				38 De Minimis Benefits		38				0.00	
6D Foreign Address				39 SSS, GSIS, PHIC & Pag-Ibig Contributions, & Union Dues (Employee Share Only)		39				1,157.30	
6E Zip Code				40 Salaries & Other Forms of Compensation		40				3,147.60	
7 Date of Birth (MM/DD/YYYY)				41 Total Non-Taxable/Exempt Compensation Income		41				6,097.96	
8 Telephone Number				B. TAXABLE COMPENSATION INCOME REGULAR							
9 Exemption Status 9A Is the wife claiming the additional exemption for qualified dependent children? <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Yes <input type="checkbox"/> No				42 Basic Salary		42				20,359.42	
10 Name of Qualified Dependent Children				43 Representation		43				0.00	
11 Date of Birth (MM/DD/YYYY)				44 Transportation		44				0.00	
12 Statutory Minimum Wage rate per day				45 Cost of Living Allowance		45				0.00	
13 Statutory Minimum Wage rate per month				46 Fixed Housing Allowance		46				0.00	
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax				47 Others (Specify)		47A					
Part II: Employer Information (Present)				47B		47B					
15 Taxpayer Identification No.		005 057 181 050		48 Commission		48				0.00	
16 Employer's Name SYKES ASIA, INC.				49 Profit Sharing		49				0.00	
17 Registered Address 26F ROBINSON'S SUMMIT BUILDING AYALA AVENUE MAKATI CITY				50 Fees Including Director's Fees Fees		50				0.00	
17A Zip Code				51 Taxable 13th Month Pay and Other Benefits		51				0.00	
18 Main Employer				52 Hazard Pay		52				0.00	
18 Secondary Employer				53 Overtime Pay		53				0.00	
Part III: Employer Information (Previous)				54 Others (Specify)		54A				622.80	
19 Taxpayer Identification No.				54B		54B					
19 Employer's Name				55 Total Taxable Compensation Income		55				20,982.22	
20 Registered Address				20A Present Employer		20A				0.00	
20A Zip Code				20B Previous Employer		20B				0.00	
Part IV-A: Summary				31 Total Amount of Taxes Withheld As Adjusted		31				0.00	
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)		21		27,080.15							
22 Less: Total Non-Taxable/Exempt (Item 41)		22		6,097.96							
23 Taxable Compensation Income from Present Employer (Item 55)		23		20,982.22							
24 Add: Taxable Compensation Income from Previous Employer		24		0.00							
25 Gross Taxable Compensation Income		25		20,982.22							
26 Less: Total Exemptions		26		0.00							
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)		27		0.00							
28 Net Taxable Compensation Income		28		0.00							
29 Tax Due		29		0.00							

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by us, and to the best of 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.

66 NOEL B. VALDEZ
SENIOR PAYROLL MANAGER
Present Employer/Authorized Agent Signature Over Printed Name
Date Signed _____

CONFORME 57 JOANNABABE C. MERCADO
Employee Signature Over Printed Name
Date Signed _____ Amount Paid _____

CTC No. of Employees _____ Place of Issue _____
Date of Issue _____

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1504CF which have been filed with Bureau of Internal Revenue.

68 NOEL B. VALDEZ
SENIOR PAYROLL MANAGER
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 Returns (BIR Form No. 1700), since I received purely compensation income from only one employer in the Phils. for the calendar year, that taxes have been correctly withheld by my employer (tax due equals tax withheld), that the BIR Form No. 1504CF 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 had been filed pursuant to the provisions of RR 3-2002, as amended.

59 JOANNABABE C. MERCADO
Employee Signature Over Printed Name