



Republic of the Philippines
Department of Justice
National Bureau of Investigation



40024364

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
P510AMBE00-ML1674029

FAMILY NAME
PAMAYBAY

MIDDLE NAME

ADDRESS
BLK 3 LOT 18 VLTF VILLA LEYSON BRGY BACAYAN CEBU CITY

DATE OF BIRTH
January 02, 2000

CITIZENSHIP
FILIPINO

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

VALID UNTIL
June 03, 2025

FIRST NAME
MARJORIE

HUSBAND'S SURNAME

PLACE OF BIRTH
TABUELAN CEBU

CIVIL STATUS
SINGLE



SIGNATURE

Marjorie Pamaybay

GENDER
FEMALE



P510AMBE00-ML1674029

1938
Medardo de Lemos
ATTY. MEDARDO G. DE LEMOS
Director

Date Printed: Monday, June 3, 2024 12:52 PM

Agency	ML16	DATID	otazanj
CASID	otazanj	BIOID	otazanj
O.R No	MP2LQ2UUIH	RECID	
O.R Date	06/03/2024 12:49:04 PM	INTID	
DST PAID		PRTID	lantapemb



UNIVERSITY OF CEBU - BANILAD
STUDENTS' ACCOUNTING SECTION



ASSESSMENT SLIP

SEMIFINAL ASSESSMENT

1ST SEMESTER 2023-2024

122265250 PAMAYBAY, MARJORIE .

BSPSY 2

SUBJECT	UNITS	HOURS	STATEMENT OF ACCOUNT		PAYMENT(S)
PSYCH 211	3.0		OLD ACCOUNT.....	13,934.29	
PSYCH 212	3.0		FEEs :		
PSYCH 311	5.0		TUITION	15,520.00	1.) 500.00
HISTO 101 L	0.0	6.0	LABORATORY	1,037.00	2.) 6,500.00
HISTO 101	5.0		REGISTRATION	638.00	
	16.0		MISCELLANEOUS	4,230.00	

TOTAL FEES.....21,425.00
TOTAL DUE.....35,359.29
LESS : PAYMENT 7,000.00
LESS : DISCOUNT 0.00
LESS : ADJUSTMENT 0.00
BALANCE.....28,359.29
REQUIRED FOR SEMIFINAL:21,270.00

university of cebu - banilad

THIS SERVES AS YOUR SEMIFINAL EXAMINATION PERMIT IF VALIDATED

DATE: 11/07/2023 ACCTG IN-CHARGE: Payments can also be made at any of the following authorized collecting banks:

ASPAC Bank, Metrobank, and Bank of Commerce (Banilad Branch)



REPUBLIC OF THE PHILIPPINES
 CITY OF CEBU
BARANGAY BACAYAN
 Tel No.: 032.401.19.27
OFFICE OF THE BARANGAY CAPTAIN



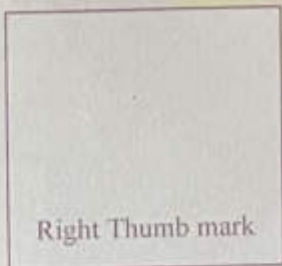
CERTIFICATION

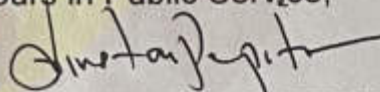
TO WHOM IT MAY CONCERN:

This is to certify that MARJORTE PAMAYBAY
 whose thumb mark and signature appears below is a bonafide resident of _____
Blk. 3 Lot 18 VITE Villa Leyson Subd., Barangay Bacayan, Cebu City
 with Voter Precinct No. transient. He/She is 24 year
 s old and has a **GOOD MORAL CHARACTER** and **NO DEROGATORY** record
 filed against him/her in this office as of issuance of this clearance certificate.

This certification is issued upon her/his request for Employment
 _____ whatever legal purposes it may serve him/her
 best.

Issued this 3rd day of June, 2024 in
 Barangay Bacayan, Cebu City Philippines.



Yours in Public Service,

HON. WINSTON C. PEPITO
 Barangay Captain

Signature

Paid Under O.R # _____
 Amount _____
 Control No. 024-2331

NOTE: Not valid without official seal. This Barangay Clearance is valid only for six (6) months from date of issue.

Sewing the people of Bacayan with utmost integrity, honesty and transparency

032-3846183 *

Barangay Bacayan *

brgy.bacayan@gmail.com *

**ACEBEDO OPTICAL
FREE EYE CHECK-UP**

Polyclinics & Diagnostic Center, Inc.
Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
2-2273/266-3245
ealpha.ph



SERVICE ORDER

Gro [redacted] in front
JOYO Gaming HUB
RIGHT EYE:
LEFT EYE:

STAFFING SOLUTIONS
ES 6000, Cebu City (Capital), Cebu

WITH MENSES, PLEASE COME ON
DATE SCHEDULED 6/6/24 (Priority No.)
OTHERWISE, YOU WILL PAY IT
PAY P

Priority No.	0006
S.No.	464121
S.O Date	06/04/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 068000
PATIENT NAME : PAMAYBAY, MARJORIE , .
PATIENT ADDRESS : Bacayan, Cebu City (Capital), Cebu
MOBILE NO. : 0921 587 8870
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Female
BIRTHDATE : 01/02/2000
AGE : 24
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME PE, CHEST PA, CBC, UA, SE DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)	1.00	800.00	800.00

SUMMARY OF CHARGES	
TOTAL SALES	800.00
VARIABLE SALES	0.00
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