



MEMBER'S DATA FORM (MDF)

HQP-PFF-039
(V09, 06/2022)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121291580728
REGISTRATION TRACKING NUMBER	921350207093

OCCUPATIONAL STATUS		EMPLOYED	
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE	
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	NAME EXTENSION MIDDLE NAME NO MIDDLE NAME
MEMBER	LIGAN	CRISTINE	<input checked="" type="checkbox"/>
FATHER	ALCOVER	ALBERTO	<input type="checkbox"/>
MOTHER (Maiden Name)	LIGAN	CRISTITUTA	<input type="checkbox"/>
SPOUSE (if Married)		ALIAH	<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	LIGAN	CRISTINE	<input checked="" type="checkbox"/>
DATE OF BIRTH	10/25/2003	MARITAL STATUS	Single/Unmarried
PLACE OF BIRTH	CEBU CITY, CEBU	CITIZENSHIP	FILIPINO
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES
FEMALE	161 00	55 00	LIP MOLE
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		
TAXPAYER IDENTIFICATION NUMBER (TIN)		SSS NUMBER 3512775846	
GSIS NUMBER		EMPLOYEE NUMBER 10767179	
For APP/INP 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
Lot No., Block No., Phase No.	House No.	Street Name	+63 (03) 23409977
		ALFARA STREET	Cell Phone
Subdivision	Barangay		+63 (0915) 0245416
	NANGKA		Business (Direct Line)
Municipality/City	Province/State/Country		Business (Trunk Line)
CONSOLACION	CEBU, PHILIPPINES		Email Address
ZIP Code	6001		
PRESENT HOME ADDRESS			
Unit/Room No., Floor	Building Name	Lot no.	Block no., Phase No.
House No.	Street Name	Subdivision	Barangay
163	LAS TRESAS STREET		LABANGON
Municipality/City	Province/State/Country		ZIP Code
CEBU CITY	CEBU, PHILIPPINES		6000
PREFERRED MAILING ADDRESS	PRESENT HOME ADDRESS		

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

PRESENT EMPLOYMENT DETAILS					
OCCUPATION HEALTHCARE SUPPORT WORKERS, ALL OTHER			EMPLOYMENT STATUS PERMANENT/REGULAR	TYPE OF WORK	
EMPLOYER/BUSINESS NAME SYKES ASIA INC			COUNTRY OF ASSIGNMENT		
EMPLOYER/BUSINESS ADDRESS			MONTHLY INCOME		
Unit/Room No., Floor 2RD	Building Name SYNERGIS BLDG		Basic 20,000.00		
Lot No.	Block No.	Phase No.	House No.	Street Name	Allowances/Others 4,500.00
Subdivision			Total Mo. income 24,500.00		
Municipality/City CEBU CITY			OFFICE ASSIGNMENT		
State/Country (if abroad) PHILIPPINES			HEAD OFFICE		
ZIP Code 6000			DATE EMPLOYED DEC 2021		

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP		
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS	FROM	TO

HERS						
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH
[]						

CERTIFICATION	
<p>I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).</p>	
 SIGNATURE OF INFORMANT	07/14/2023 DATE
FOR Pag-IBIG FUND USE ONLY	
RECEIVED BY  By: <u>MICHELLE BARRON DINE</u> Signatory over Printed Name	DATE 07/14/2023
Designation/Position Colon Branch/Unit	

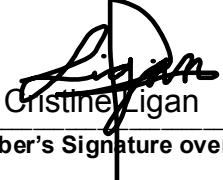
DISCLAIMER
Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various loan programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.

V. UPDATING/AMENDMENT

Please check:	FROM	TO
<input type="checkbox"/> Change/Correction of Name <small>(Last Name, First Name, Name Extension (Jr./Sr./III) Middle Name)</small>		
<input type="checkbox"/> Correction of Date of Birth		
<input type="checkbox"/> Correction of Sex		
<input type="checkbox"/> Change of Civil Status		
<input type="checkbox"/> Updating of Personal Information/Address/ Telephone Number/Mobile Number/e-mail Address		

Under penalty of law, I hereby attest that the information provided, including the documents I have attached to this form, are true and accurate to the best of my knowledge. I agree and authorize PhilHealth for the subsequent validation, verification and for other data sharing purposes only under the following circumstances:

- As necessary for the proper execution of processes related to the legitimate and declared purpose;
- The use or disclosure is reasonably necessary, required or authorized by or under the law; and,
- Adequate security measures are employed to protect my information.


 Cristine Ligan

_____ 12/16/2021 _____
 Member's Signature over Printed Name Date

Please affix right thumbmark if unable to write

FOR PHILHEALTH USE ONLY
RECEIVED BY:
Full Name: _____
PRO/LHIO/Branch: _____
Date & Time: _____

INSTRUCTIONS

1. All information should be written in UPPER CASE/CAPITAL LETTERS. If the information is not applicable, write "N/A."
2. All fields are mandatory unless indicated as optional. By affixing your signature, you certify the truthfulness and accuracy of all information provided.
3. A properly accomplished PMRF shall be accompanied by a valid proof of identity for first time registrants, and supporting documents to establish relationship between member and dependent/s for updating or request for amendment.
4. On the PURPOSE, check the appropriate box if for **Registration** or for **Updating/Amendment** of information.
5. Indicate preferred KonSulTa provider near the place of work or residence.
6. For PERSONAL DETAILS, all name entries should follow the format given below. Check the appropriate box if registrant has no middle name and/or with single name (mononym).

LAST NAME	FIRST NAME	NAME EXTENSION (Jr./Sr./III)	MIDDLE NAME
SANTOS	JUAN ANDRES	III	DELA CRUZ

7. Indicate registrant's/member's name as it appears in the birth certificate.
8. The full mother's maiden name of registrant/member must be indicated as it appears in the birth certificate.
9. Indicate the full name of spouse if registrant/member is married.
10. Indicate the complete permanent and mailing addresses and contact numbers.
11. For updating/amendment, check the appropriate box to be updated/amended and indicate the correct data.
12. For MEMBER TYPE, check the appropriate box which best describes your current membership status.
13. For Direct Contributors, except employed, sea-based migrant workers and lifetime members, indicate the profession, monthly income and proof of income to be submitted.
14. For Self-earning individuals, Kasambahays and Family Drivers, indicate the actual monthly income in the space provided.
15. In declaring dependents, provide the full name of the living spouse, children below 21 years old, and parents who are 60 years old and above totally dependent to the member.
16. Dependents with disability shall be registered as principal members in accordance with Republic Act 11228 on mandatory PhilHealth coverage for all persons with disability (PWD).
17. The registrant must affix his/her signature over printed name (or right thumbmark if unable to write) and indicate the date when the PMRF was signed.



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993) (To be accomplished in quadruplicate)

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 before the appropriate answer in items 2, 5a, 5b and 11a.)

Province CEBU City/Municipality CEBU CITY 2003 32370

1. NAME (First) (Middle) (Last)
CRISTINE LEBAN

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year)
25 OCTOBER 2003

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
VICENTE SOTTO MEMORIAL MEDICAL CENTER, CEBU CITY, CEBU

5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH CHILD WAS
1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second third, etc.) FIRST d. WEIGHT AT BIRTH
3090 grams

6. MAIDEN NAME (First) (Middle) (Last)
CRISTITUYA ALZA LEBAN

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 4 b. No. of children still living including this birth: 4 c. No. of children born alive but are now dead: 0

10. OCCUPATION NONE 11. Age at the time of this birth: 25 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
CONSOLACION, CEBU

13. NAME (First) (Middle) (Last)
UNKNOWN

14. CITIZENSHIP N.A. 15. RELIGION N.A.

16. OCCUPATION N.A. 17. Age at the time of this birth: N.A. years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back)
N.A.

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife 4 Healer (Traditional Healer) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 10:22 P.M. o'clock on/pm on the date stated above.

Signature DOMINIC TURDO M.D. Address VSBC
Name in Print DOMINIC TURDO M.D. Date OCTOBER 25, 2003
Title or Position REGIONAL OFFICER III

20. INFORMANT
Signature CRISTITUYA A. LEBAN Address CONSOLACION, CEBU
Name in Print CRISTITUYA A. LEBAN Date OCTOBER 25, 2003
Relationship to the child MOTHER

21. PREPARED BY
Signature D. C. ANTE
Name in Print D. C. ANTE
Title or Position REGISTRAR
Date OCTOBER 25, 2003

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature TRACY EVANGELINE T. ARAYAO
Name in Print TRACY EVANGELINE T. ARAYAO
Date CITY CIVIL REGISTRAR

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 15039297

48 1

49 50 2 251000

56 22178

61 1

62 64 013289

68 69 1 1

70 72 74 0 6 0

76 78 790 26

81 22197

86 87 7 7

88 91 777 43

93 2

94 1

08193-70-400ARM-00146-BI001

BEST POSSIBLE IMAGE



T40008193400014606072022001 SP800648475

BReN 02217-B03VR0R-4

Documentary Stamp Tax Paid

CDsm

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





For BIR BCS/
Use Only Item:

Certificate of Compensation Payment/Tax Withheld



BIR Form No.
2316

January 2018 (ENCS)

For Compensation Payment With or Without Tax Withheld

2316 01/18ENCS

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

<p>1 For the Year (YYYY) <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="1"/></p> <p>Part I - Employee Information</p> <p>3 TIN <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="3"/> - <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="0"/> - <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="6"/> - <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/></p> <p>4 Employee's Name (Last Name, First Name, Middle Name) <input type="text" value="LIGAN, CRISTINE"/> 5 RDO Code <input type="text"/></p> <p>6 Registered Address <input type="text" value="C/O SYKES ASIA, INC."/> 6A ZIP Code <input type="text"/></p> <p>6B Local Home Address <input type="text" value="C/O SYKES ASIA, INC."/> 6C ZIP Code <input type="text"/></p> <p>6D Foreign Address <input type="text"/></p> <p>7 Date of Birth (MM/DD/YYYY) <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="3"/> 8 Contact Number <input type="text"/></p> <p>9 Statutory Minimum Wage rate per day <input type="text"/></p> <p>10 Statutory Minimum Wage rate per month <input type="text"/></p> <p>11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p>Part II - Employer Information (Present)</p> <p>12 TIN <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/> - <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="7"/> - <input type="text" value="1"/> <input type="text" value="8"/> <input type="text" value="1"/> - <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/></p> <p>13 Employer's Name <input type="text" value="SYKES ASIA, INC."/></p> <p>14 Registered Address <input type="text" value="10th F, Glorietta Corporate Tower 1, Palm Drive, Ayala Center, Makati City, Philippines"/> 14A ZIP Code <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="4"/></p> <p>15 Type of Employer <input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p>Part III - Employer Information (Previous)</p> <p>16 TIN <input type="text"/></p> <p>17 Employer's Name <input type="text"/></p> <p>18 Registered Address <input type="text"/> 18A ZIP Code <input type="text"/></p> <p>Part IVA - Summary</p> <p>19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) <input type="text" value="12,149.04"/></p> <p>20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) <input type="text" value="12,149.04"/></p> <p>21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) <input type="text" value="0.00"/></p> <p>22 Add: Taxable Compensation Income from Previous Employer, if applicable <input type="text" value="0.00"/></p> <p>23 Gross Taxable Compensation Income (Sum of Items 21 and 22) <input type="text" value="0.00"/></p> <p>24 Tax Due <input type="text" value="0.00"/></p> <p>25 Amount of Taxes Withheld</p> <p>25A Present Employer <input type="text" value="0.00"/></p> <p>25B Previous Employer, if applicable <input type="text" value="0.00"/></p> <p>26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <input type="text" value="0.00"/></p>	<p>2 For the Period From (MM/DD) <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> To (MM/DD) <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="1"/></p> <p>Part IV-B Details of Compensation Income & Tax Withheld from Present Employer</p> <p>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Item</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)</td> <td style="text-align: right;">9,192.44</td> </tr> <tr> <td>28 Holiday Pay (MWE)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>29 Overtime Pay (MWE)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>30 Night Shift Differential (MWE)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>31 Hazard Pay (MWE)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>32 13th Month Pay and Other Benefits (maximum of P90,000)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>33 De Minimis Benefits</td> <td style="text-align: right;">2,091.60</td> </tr> <tr> <td>34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)</td> <td style="text-align: right;">865.00</td> </tr> <tr> <td>35 Salaries and Other Forms of Compensation</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)</td> <td style="text-align: right;">12,149.04</td> </tr> </tbody> </table> <p>B. TAXABLE COMPENSATION INCOME REGULAR</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>37 Basic Salary</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>38 Representation</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>39 Transportation</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>40 Cost of Living Allowance (COLA)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>41 Fixed Housing Allowance</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>42 Others (specify)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>42A</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>42B</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="2">SUPPLEMENTARY</td> </tr> <tr> <td>43 Commission</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>44 Profit Sharing</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>45 Fees Including Director's Fees</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>46 Taxable 13th Month Benefits</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>47 Hazard Pay</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>48 Overtime Pay</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>49 Others (specify)</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>49A Salaries and other form of compensation</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>49B</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>50 Total Taxable Compensation Income (Sum of Items 37 to 49B)</td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table>	Item	Amount	27 Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	9,192.44	28 Holiday Pay (MWE)	0.00	29 Overtime Pay (MWE)	0.00	30 Night Shift Differential (MWE)	0.00	31 Hazard Pay (MWE)	0.00	32 13th Month Pay and Other Benefits (maximum of P90,000)	0.00	33 De Minimis Benefits	2,091.60	34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	865.00	35 Salaries and Other Forms of Compensation	0.00	36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	12,149.04	37 Basic Salary	0.00	38 Representation	0.00	39 Transportation	0.00	40 Cost of Living Allowance (COLA)	0.00	41 Fixed Housing Allowance	0.00	42 Others (specify)	0.00	42A	0.00	42B	0.00	SUPPLEMENTARY		43 Commission	0.00	44 Profit Sharing	0.00	45 Fees Including Director's Fees	0.00	46 Taxable 13th Month Benefits	0.00	47 Hazard Pay	0.00	48 Overtime Pay	0.00	49 Others (specify)	0.00	49A Salaries and other form of compensation	0.00	49B	0.00	50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	0.00
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I/We declare, under the penalties of perjury that this 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 (RA No. 10173) for legitimate and lawful purposes.

<p>51 <u>VALDEZ, NOEL B.</u> Payroll Director Present Employer/Authorized Agent Signature over Printed Name</p> <p>CONFORME:</p> <p>52 <u>LIGAN, CRISTINE</u> Employee Signature over Printed Name</p> <p>CTC/Valid ID No. <input type="text"/> Place of Issue <input type="text"/></p>	<p>Date Signed <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/></p> <p>Date Signed <input type="text"/></p> <p>Date Issued <input type="text"/></p> <p>Amount paid, if CTC <input type="text"/></p>
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<p>To be accomplished under substituted filing</p> <p>I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.</p> <p>53 <u>VALDEZ, NOEL B.</u> Payroll Director Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)</p>	<p>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.</p> <p>54 <u>LIGAN, CRISTINE</u> Employee Signature over Printed Name</p>
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*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)