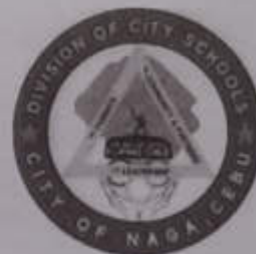




Republika ng Pilipinas
Republic of the Philippines
Kagawaran ng Edukasyon
Department of Education

REHIYON VII
REGION VII

SANGAY NG CITY OF NAGA
DIVISION OF CITY OF NAGA



NAGA NATIONAL HIGH SCHOOL

Pinatutunayan nito na si
This certifies that

Dianne C. Genelza

Learner Reference Number (LRN): **119506120001**

ay kasiya-siyang nakatupad sa mga kinakailangan sa pagtatapos ng Senior High School
has satisfactorily completed the requirements for graduation in Senior High School

ACCOUNTANCY, BUSINESS AND MANAGEMENT


na itinakda para sa Mataas na Paaralan ng Kagawaran ng Edukasyon, kaya pinaglooban siya nitong
prescribed for Secondary Schools of the Department of Education and is therefore awarded this

KATIBAYAN
DIPLOMA

Nilagdaan sa Lungsod ng Naga, Cebu, Pilipinas nitong ika-3 ng Abril 2020.
Signed in City of Naga, Cebu, Philippines on the 3rd day of April 2020.


JENNIFER M. ACEDILLO

Punongguro
Principal


ROSALIE M. PASAOL, Ed.D., CESO V

Pansangay na Tagapamanihala ng mga Paaralan
Schools Division Superintendent



Republic of the Philippines
Department of Justice
National Bureau of Investigation



39372596

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. G542AD2E20-LG1758872	VALID UNTIL May 28, 2025
FAMILY NAME GENELZA	FIRST NAME DIANNE
MIDDLE NAME CANTIVEROS	HUSBAND'S SURNAME
ADDRESS PUROK BUNGTURAN BRGY INAYAGAN CITY OF NAGA CEBU	
DATE OF BIRTH January 28, 2002	PLACE OF BIRTH CEBU CITY
CITIZENSHIP FILIPINO	CIVIL STATUS SINGLE
PURPOSE MULTI-PURPOSE CLEARANCE	
REMARKS NO RECORD ON FILE	



SIGNATURE
Dianne Cantiveros



Date Printed: Tuesday, 28 May 2024 04:37 pm
 Agency LG DATID amambac
 CASID amambac BIOD amambac
 O.R. No. MP7DP2RUUM RECID
 O.R. Date 05/28/2024 4:34:34 pm INTID
 DST PAID PRTID amambac



G542AD2E20-LG1758872

Medardo de Lemos
 ATTY. MEDARDO G. DE LEMOS
 Director



Republic of the Philippines
Department of Justice
National Bureau of Investigation



39372596

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REMARKS NO RECORD ON FILE	

PERSONAL COPY



SIGNATURE
Dianne Cantiveros



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 DST PAID PRTID amambac



G542AD2E20-LG1758872

Medardo de Lemos
 ATTY. MEDARDO G. DE LEMOS
 Director



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121342469442
REGISTRATION TRACKING NO.	924149348504

OCCUPATIONAL STATUS UNEMPLOYED/NOT YET EMPLOYED					
MEMBERSHIP CATEGORY Please specify					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	GENELZA	DIANNE		CANTIVEROS	<input type="checkbox"/>
FATHER	GENELZA	ROBERTO	JR	CAÑO	<input type="checkbox"/>
MOTHER (Maiden Name)	CANTIVEROS	MITOS		CAÑA	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	GENELZA	DIANNE		CANTIVEROS	<input type="checkbox"/>
DATE OF BIRTH 01/28/2002		MARITAL STATUS Single/Unmarried		TAXPAYER IDENTIFICATION NUMBER (TRN)	
PLACE OF BIRTH CEBU CITY, CEBU			CITIZENSHIP FILIPINO		
SEX FEMALE	HEIGHT(cm) 0.00	WEIGHT(kg) 0.00	PROMINENT DISTINGUISHING FACIAL FEATURES		
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
Lot No.	Block No.	Phase No.	House No.	Street Name PUROK BUNGTURAN	Cell Phone +63 (0907) 0982129
Subdivision		Barangay INAYAGAN			Business (Direct Line)
Municipality/City NAGA		Province/State/Country CEBU, PHILIPPINES			Business (Trunk Line)
ZIP Code 6037					Email Address
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot No.	Block No.
House No.		Street Name PUROK BUNGTURAN		Subdivision	
Municipality/City NAGA		Province/State/Country CEBU, PHILIPPINES		Barangay INAYAGAN	
				ZIP Code 6037	
PREFERRED MAILING ADDRESS			PRESENT HOME ADDRESS		



Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID
(UMID) CARD APPLICATION (E-1/E-6)

MO0583IW202405248767 Date/Time Generated: 24 May 2024 05:35:23 PM

SS NUMBER 06-4859309-2					
NAME					
(LAST NAME) GENELZA	(FIRST NAME) DIANNE	(MIDDLE NAME) CANTEVEROS	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 01282002	PLACE OF BIRTH (CITY/MUNICIPALITY) CITY OF NAGA	(PROVINCE/STATE) CEBU	(COUNTRY) PHILIPPINES	SEX FEMALE	
FATHER'S NAME (LAST NAME) GENILZA	(FIRST NAME) ROBERTO	(MIDDLE NAME) C	(SUFFIX) JR		
MOTHER'S MAIDEN NAME (LAST NAME) CANTEVEROS	(FIRST NAME) MITOS	(MIDDLE NAME) CANA	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION)					
(BARANGAY/DISTRICT/LOCALITY) INAYAGAN	(CITY/MUNICIPALITY) CITY OF NAGA	(PROVINCE) CEBU	POSTAL CODE 6037	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 153	WEIGHT (IN KILOGRAMS) 50	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL NO.) 02-82347582	MOBILE NUMBER (0907) 066-2129	EMAIL ADDRESS diannegebelza@gmail.com			
DEPENDENT(S)/BENEFICIARY/IES					
SPOUSE	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILDREN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
1					
2					
3					
4					
5					
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased)					
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1					
2					
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)	
Profession/Business Year Prof./Business Started Monthly Earnings		Foreign Address Monthly Earnings Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (P)	
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT / PRIOR REGISTRANT		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME) (BANK BRANCH)					
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION					
1. I certify that the information provided are true and correct. 2. I hereby consent to: • the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updating of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits; • sharing of these data with SSS service providers to carry out the purposes stated above; and • disposal of this application in the manner consistent with the Data Privacy Act. 3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank. 4. I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.					

INSTRUCTIONS

- Fill out this form in one (1) copy.
- Erasures/alterations are not encouraged. However, if necessary, such will be limited up to two (2) erasures/alterations only. Always affix initials on all erasures/alterations of this form.
- Place a checkmark on the applicable box.
- Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- Indicate the home address. If permanent home address is in the province but working in Metro Manila during weekdays or working abroad, indicate the provincial address instead of the Metro Manila address.
- Write the "HEIGHT" in centimeters and "WEIGHT" in kilograms.
To convert: 1 ft = 30.48 cm 1 in = 2.54 cm 1 lb = 0.4536 kg
- Limit the distinguishing features to those that can be found on the face such as "mole under the right eye" and "mole or birth mark on the left cheek/forehead".
- Always indicate the following **mandatory** information:
 - Country of place of birth, if born outside the Philippines
 - Mobile number, if applied locally*
 - Email address, if applied abroad*
 * if card applicant cannot provide the required mobile number/email address, indicate the card applicant's immediate family member's mobile number/email address where SSS can communicate with the card applicant.
- For all types of card replacement**, pay the required fee at any SSS branch office/accredited bank/collecting agent. Write the Special Bank Receipt (SBR)/Receipt Number/Transaction Reference Number on the field provided and submit this form together with the required document/s and proof of payment to the nearest SSS branch office.
- For card replacement due to unclaimed UMID cards beyond five (5) years**, a replacement fee and biometric data re-capture is required.
- Submit this form to the nearest SSS branch with the following required documents (use the table Documentary Requirements Guide).

DOCUMENTARY REQUIREMENTS GUIDE	
<p>IDENTIFICATION REQUIREMENTS (Present the original)</p> <p>A. Primary ID card/document [any one (1) of the following]:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Unified Multi-Purpose ID Card <input type="checkbox"/> 2. Social Security Card <input type="checkbox"/> 3. Alien Certificate of Registration <input type="checkbox"/> 4. Driver's License <input type="checkbox"/> 5. Firearm Registration <input type="checkbox"/> 6. License to Own and Possess Firearms <input type="checkbox"/> 7. National Bureau of Investigation (NBI) Clearance <input type="checkbox"/> 8. Passport <input type="checkbox"/> 9. Permit to Carry Firearms Outside of Residence <input type="checkbox"/> 10. Postal Identity Card <input type="checkbox"/> 11. Seafarer's Identification & Record Book (Seaman's Book) <input type="checkbox"/> 12. Voter's ID Card <p>B. Any two (2) other ID cards/documents, both with signature and at least one (1) with photo (In absence of a primary card). Please specify.</p> <p><input type="checkbox"/> _____</p> <p>_____</p>	<p>IDENTIFICATION REQUIREMENTS (Present the original)</p> <p>A. For card replacement due to amendment of data/authenticating finger</p> <ul style="list-style-type: none"> <input type="checkbox"/> Previously issued SS digitized ID or UMID card of the card applicant <input type="checkbox"/> Proof of payment <p>B. For card replacement due to lost SS digitized ID or UMID Card</p> <ul style="list-style-type: none"> <input type="checkbox"/> Duly notarized Affidavit of Loss <input type="checkbox"/> Proof of payment <p>C. For card replacement due to non-receipt of UMID Card</p> <ul style="list-style-type: none"> <input type="checkbox"/> Duly notarized Affidavit of Non-Receipt of Card <input type="checkbox"/> Notice/Email from Identity Management Department (IMD) that the courier lost/was not able to deliver the UMID Card <input type="checkbox"/> Proof of payment <p>C. For card replacement due to damaged UMID Card, UMID Card as ATM Card and other reason/s</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proof of payment

- Observe proper attire when applying for a UMID card.

DOs	DONTs
<ul style="list-style-type: none"> • Collared shirt/blouse is encouraged • Face and neck should be free from bandage or accessories 	<ul style="list-style-type: none"> • Wearing of the following: <ul style="list-style-type: none"> a. For Male - undershirt/"sando" and/or earrings b. For Female - dangling or overstated earrings c. Eyeglasses and/or colored contact lenses d. Metal piercing in any part of the face e. Head gear f. Sunglasses

REMINDERS

- Card applicants who chose to enroll their UMID Card as ATM card at point of card application shall claim the same at the specified bank's branch or kiosk within thirty (30) days upon receipt of SMS notification from SSS.
- For regular UMID Card, the default mode of issuance is pick-up at the SSS branch office where card application was made.
- UMID Cards for pick-up at SSS Offices where card application was filed, shall be claimed within sixty (60) days from receipt of SMS notification from SSS. Otherwise, unclaimed UMID Cards within the 60-days claiming period shall be verified thru IMD or SSS hotline. Unclaimed UMID Cards beyond five (5) years shall be shredded or destroyed.
- To verify the status of your UMID Card application, you may reach us at 920-6401 local 5714 or email at sss_id@sss.gov.ph.
- Card applicants shall be required to verify the status/availability of their UMID Cards if with change of mobile number after the card application was made or non-receipt of SMS notification from SSS within thirty (30) days from card application.
- Unsuccessfully delivered UMID Cards (RTS) will be sent to the SSS branch office where biometric data capture was made.

(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 19a.)

Province CEBU Registry No. 20023807
City/Municipality CEBU CITY

REMARKS/ANNOTATION

1. NAME (First) (Middle) (Last)
DIANNE CANTIVEROS GENELZA
2. SEX 1 Male X 2 Female
3. DATE OF BIRTH (day) (month) (year)
28 January 2002

For OCRG USE ONLY:
Population Reference No.

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
96-J Gerardo Avenue, Kamputhaw, Cebu City, Cebu

TO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR

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 _____

41
2 0 2 0 3 8 0

c. BIRTH ORDER (live births and fetal deaths including this delivery)
1st (first, second, third, etc.) d. WEIGHT AT BIRTH
3500 grams

48
1

6. MAIDEN NAME (First) (Middle) (Last)
MITOS CANA CANTIVEROS

49 50
2 2 8 0 1 2 0 0 2

7. CITIZENSHIP FIL 8. RELIGION RC

9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0

54
2 2 1 2 8

10. OCCUPATION Housewife 11. Age at the time of this birth: 23 years

51
1

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Inayagan, Naga, Cebu

62 64
0 1 3 5 0 0

13. NAME (First) (Middle) (Last)
ROBERTO CANO GENELZA JR.

14. CITIZENSHIP FIL 15. RELIGION RC

68 69
1 1

16. OCCUPATION Driver 17. Age at the time of this birth: 30 years

70 72 74
0 1 0 1 0 0

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
Oct. 28, 2000 - Inayagan, Naga, Cebu

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

78 79
2 2 0 2 7

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 11:11 o'clock am/pm on the date stated above.

81
2 2 3 9 4

Signature Margarita P. Duhaoc Address 96- J Gerardo Ave nue, Kamputhaw, Cebu City, Cebu
Name in Print MARGARITA P. DUHAOC
Title or Position P.R.M. Date January 28, 2002

84 87
1 1

20. INFORMANT
Signature Roberto C. Genelza Jr. Address Inayagan, Naga, Cebu
Name in Print ROBERTO C. GENELZA JR.
Relationship to the child Father Date January 28, 2002

88 91
9 8 5 8 0

21. PREPARED BY
Signature Margarita P. Duhaoc
Name in Print MARGARITA P. DUHAOC
Title or Position P.R.M.
Date JANUARY 28, 2002

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature LOVELLA N. DE AT
Name in Print LOVELLA N. DE AT
Title or Position REGISTRAR
Date FFF 0 5 2002

93
1 000307

94
1

07699-8B-400ASB-00190-BI009

BEST POSSIBLE IMAGE



T 400076999000019001292021009

00700488709

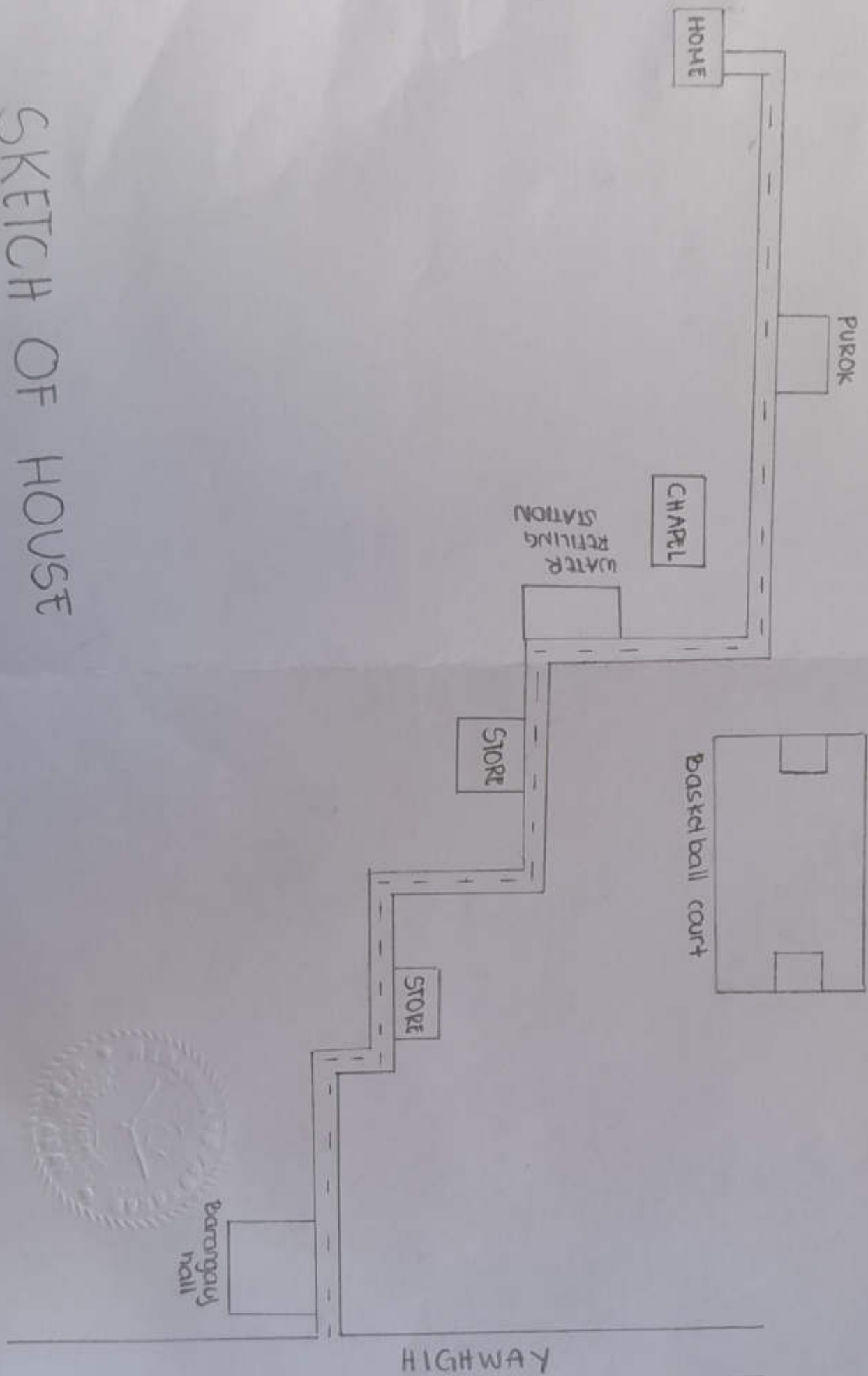
BReN
02217-B02BUOL-8

Documentary
Stamp Tax Paid

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



SKETCH OF HOUSE





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

TIN: 650-853-704
LAST NAME: Cantiveros
FIRST NAME: Dianne
MIDDLE NAME: Genelza
DATE OF BIRTH: January 28, 2002
RDO: 083
TAXPAYER CLASSIFICATION: Local Employee

RECEIVED
30 MAY 2002
BIR Authorized Signature

NOTE: PLEASE READ: **PALIHUG BASAHA**
Please present BIRTH CERTIFICATE or ID or any
Document showing NAME and BIRTHDATE