



Republic of the Philippines

Cebu City

Barangay Suba

Office of the Barangay Captain

Tel. No. 231-4069

BARANGAY CERTIFICATION

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY that COLITA, NIÑA MAE ALCOVER of legal age, single/married/widow, Male/Female, Filipino, born on JANUARY 20, 2002, and born at CEBU CITY, is a bona fide resident of M. DELA CONCEPCION Street, Barangay Suba, Cebu City, Philippines for 22 years.

TO CERTIFY FURTHER that the subject person has a good moral standing and a law-abiding citizen of the community and I know him/her well. That he/she has **NO CRIMINAL or IMMORAL RECORD** found in the BARANGAY BLOTTER BOOK.

THIS CERTIFICATION is being issued for LOCAL EMPLOYMENT requirement purpose.

ISSUED this 31ST day of MAY 20 24 at Barangay Suba, Cebu City, Philippines.

Left Thumbmark Right Thumbmark



Signature



HON. JEMCKERSON T. SABLE
BARANGAY CAPTAIN

Barangay Seal



10th Floor, Glorietta 1 BPO Office Tower
Ayala Center, Makati City 1226 Philippines
Tel. +63 2 8817 8781
Fax. +63 2 8849 9390
www.sykes.com
ph.sykes.com

C E R T I F I C A T I O N

April 27, 2022

This is to certify that **Ms. NIÑA MAE ALCOVER COLITA** was a REGULAR employee of SYKES Asia, Inc. from August 30, 2021 to April 25, 2022. She held the position of CUSTOMER SERVICE AGENT.

This further certifies that she has not completed the clearance processing. As such, as of date, she has not been cleared from liabilities/accountabilities from the company, if any.

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

This certification is being issued to be used for **whatever legal purpose this may serve**.

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

Mae E. Blanco
Senior Manager, Site Human Resources



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO	121287133776
REGISTRATION TRACKING NO	921235856950

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED	
MEMBERSHIP CATEGORY		Please specify	
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	NO MIDDLE NAME
MEMBER	COLITA	NIÑA MAE	<input type="checkbox"/>
FATHER	COLITA	ROGELIO	<input type="checkbox"/>
MOTHER (Maiden Name)	ALCOVER	MARIA NOEMI	<input type="checkbox"/>
SPOUSE (if Married)			<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	COLITA	NIÑA MAE	<input type="checkbox"/>
DATE OF BIRTH	01/20/2002	MARITAL STATUS	Single/Unmarried
PLACE OF BIRTH	CEBU CITY, CEBU	CITIZENSHIP	FILIPINO
SEX	FEMALE	HEIGHT (cm)	154.00
		WEIGHT (kg)	52.00
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT	
		TAXPAYER IDENTIFICATION NUMBER (TIN)	
		3509474202	
		SSS NUMBER	
		GSIS NUMBER	
		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.	+63 (032) 5058498
	House No.	Street Name	Cell Phone
		PUROK 1	+63 (0961) 4492625
Subdivision	Barangay		Business (Direct Line)
	NANGKA		Business (Trunk Line)
Municipality/City	Province/State/Country		Email Address
CONSOLACION	CEBU, PHILIPPINES		ninacolita@gmail.com
ZIP Code	6001		
PRESENT HOME ADDRESS			
Unit/Room No. Floor	Building Name	Lot No.	Block No.
			Phase No.
House No.	Street Name	Subdivision	Barangay
	M DELA CONCEPCION		SUBA
Municipality/City	Province/State/Country		ZIP Code
CEBU CITY	CEBU, PHILIPPINES		6000
PREFERRED MAILING ADDRESS		PRESENT HOME ADDRESS	

PRESENT EMPLOYMENT DETAILS					
OCCUPATION			EMPLOYMENT STATUS		TYPE OF WORK
EMPLOYER/BUSINESS NAME				COUNTRY OF ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS				MONTHLY INCOME	
Unit/Room No. Floor		Building Name		Basic 0.00	
Lot No.	Block No.	Phase No.	House No.	Street Name	Allowances/Others 0.00
				Total Mo. Income 0.00	
Subdivision		Barangay		OFFICE ASSIGNMENT	
Municipality/City		Province			
State/Country(if abroad)			ZIP Code		DATE EMPLOYED:

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

HEIRS					
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME RELATIONSHIP	DATE OF BIRTH
()					

CERTIFICATION

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)

MUM / *[Signature]* / 5/30/24
 SIGNATURE OF INFORMANT DATE

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY ORIGINAL DOC SEEN <small>WITH PROPER AUTHORITY, RECEIVED BY</small> <i>[Signature]</i> <small>Signature over Printed Name</small>	Designation/Position	Branch/Unit	DATE MAY 30 2024
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DISCLAIMER

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





Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Corporate Action Center Hotline - (02) 441-7442

www.philhealth.gov.ph



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **12-051632722-2** PhilSys Number :
Member Category : FORMAL ECONOMY - PRIVATE -
Sub-Category : PERMANENT/REGULAR NHTS Coverage : N/A
Validity Period : N/A - N/A

COLITA, NIÑA MAE ALCOVER

M DELA CONCEPCION STREET SUBA POB. (SUBA SAN NICOLAS), CEBU CITY CEBU

Foreign Address : N/A Sex : FEMALE
Date of Birth : 01/20/2002
Place of Birth : CEBU CITY, CEBU
Contact No. (Foreign) : N/A Civil Status : SINGLE
(Local) : 032 5058498 / +639614492626 Tax Identification Number :

ENTITY INFORMATION

PhilHealth Number (PEN/POGN) : 210276000370
Name of Employer/Organized Group : FOUNDEVER ASIA INC (SYKES ASIA INC)
Business Address : 10 FLR GLORIETTA 1 BPO OFFICE TOWER AYALA CENTER, SAN LORENZO, MAKATI CITY FOURTH DIST.
Telephone Number : 8178781 Employment Status : EMPLOYED
Tax Identification Number : 005057181041 Date : 08/30/2021

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** 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 MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a Member Portal System generated report. Signature is not required.

May 30, 2024 07:35 PM



Republic of the Philippines
Department of Justice
National Bureau of Investigation



393980710

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 C430ANTE20-OU98340	VALID UNTIL May 30, 2025
FAMILY NAME COLITA	FIRST NAME NINA MAE
MIDDLE NAME ALCOVER	HUSBAND'S SURNAME
ADDRESS 62 M DELA CONCEPTION ST SUBA CEBU CITY	PLACE OF BIRTH CEBU CITY
DATE OF BIRTH January 20, 2002	CIVIL STATUS SINGLE
CITIZENSHIP FILIPINO	GENDER FEMALE

SIGNATURE

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE



Date Printed: Thursday, May 30, 2024 03:57 PM



ATTY. MEDARDO G. DE LEMOS
Director

Agency	OU	DATID	jadraqueg
CASID	jadraqueg	BIOID	jadraqueg
O R No	6AP9TVTZ	RECID	
O R Date	06/30/2024 3:55:39 PM	INTID	
DST PAID		PRTID	jadraqueg



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1995) (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. 2005 10067

City/Municipality CEBU CITY

1. NAME (First) (Middle) (Last)
WILFRED ALCOVER COLTER

2. SEX 1 Male 2 Female **3. DATE OF BIRTH** (day) (month) (year)
30 JANUARY 2005

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
Sanchez Compound, Bantak San Nicolas, Cebu City Cebu

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

c. BIRTH ORDER (five births and fetal deaths including this delivery) 2nd (first, second, third, etc.) **d. WEIGHT AT BIRTH** 2,722 grams

6. MAIDEN NAME (First) (Middle) (Last)
Ms. ROSELI ALMORISTO ALCOVER

7. CITIZENSHIP Filipino **8. RELIGION** Roman Catholic

9a. Total number of children born alive: 2 **b. No. of children still living including this birth:** 2 **c. No. of children born alive but are now dead:** 0

10. OCCUPATION Housekeeper **11. Age at the time of this birth:** 20 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Bantak San Nicolas Cebu City Cebu

13. NAME (First) (Middle) (Last)
RICHELTO ABRICO COLTER

14. CITIZENSHIP Filipino **15. RELIGION** Roman Catholic

16. OCCUPATION SECURITY GUARD **17. Age at the time of this birth:** 30 years

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

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

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 12:00 P.M. o'clock am/pm on the date stated above.

Signature cannot be located Address N.A.
Name in Print _____
Title or Position DRUGS Date _____

20. INFORMANT
Signature [Signature] Address Bantak San Nicolas, Cebu City
Name in Print MA ROSELI ALCOVER
Relationship to the child Mothers Date March 31, 2005
CIVIL REGISTRAR GENERAL

21. PREPARED BY (Signature) (Name in Print) (Title or Position) (Date)
[Signature] MA ROSELI ALCOVER DRUGS March 31, 2005

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR (Signature) (Name in Print) (Title or Position) (Date)
[Signature] OSCAR S. MOG REGISTRAR GENERAL 01 APR 2005

REMARKS/ANNOTATION
DELAYED REGISTRATION

06465-D6-400JPP-01039-BI001

BEST POSSIBLE IMAGE



T400064654000103909132017001

ML500929854

BREN

02217-B02BL17-5

Documentary Stamp Tax Paid

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority





For births before 3 August 1988/on or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We, ROSELIO A. COLINA and parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/my knowledge and belief.

ROSELIO A. COLINA (Signature of Father)

(Signature of Mother)

Community Tax No. 13798954
Date Issued 1-18-05
Place Issued Cebu City

Community Tax No. 11101074
Date Issued 3-30-05
Place Issued CEBU CITY

SUBSCRIBED AND SWORN to before me this 31st day of March, 2005 at Cebu City, Philippines.

RODRIGUES R. ROSINA (Signature of Administrative Officer)

(Title/Designation)

UNTIL DECEMBER 31, 2005

PIR 3856468

CEBU CITY, PHILIPPINES 2005 (Address)

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

I, RA. MARIE COLINA of legal age, single/married and with residence and postal address at Sanchez Compound, Isak San Nicolas, Cebu City after having been duly sworn to in accordance with law, do hereby depose and say:

- 1. That I am the applicant for the delayed registration of my birth/of the birth of MARIE ALCOVER COLINA
2. That I/he/she was born on January 20, 2002 at Sanchez Corp., Isak San Nicolas CB
3. That I/he/she was attended at birth by Hilot who resides at cannot be located
4. That I/he/she is a citizen of Filipino
5. That my/his/her parents were [] married on [] at [] [] not married but was acknowledge by my/his/her father whose name is ROSELIO A. COLINA
6. That the reason for the delay in registering my/his/her birth was due to loss of info
7. That a copy of my/his/her birth certificate is needed for the purpose of registration/personal record
8. [] (For the applicant only) That I am married to [] [] (For the father/mother/guardian) That I am the [] of the said person.

RA. MARIE COLINA (Signature of Affiant)

(Signature of Affiant)

Community Tax No. 11101074
Date Issued 3-30-05
Place Issued Cebu City

SUBSCRIBED AND SWORN to before me this 31st day of March, 2005 at Cebu City, Philippines.

RODRIGUES R. ROSINA (Signature of Administrative Officer)

(Title/Designation)

UNTIL DECEMBER 31, 2005

PIR 3856468

CEBU CITY, PHILIPPINES 2005 (Address)

06465-D6-400JPP-01039-BI001

BEST POSSIBLE IMAGE



T400064654000103909132017001

ML200929855

BRen 02217-B02BL17-5

Documentary Stamp Tax Paid

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D. National Statistician and Civil Registrar General Philippine Statistics Authority





COLITA, NIÑA MAE ALCOVER

SS Number: 35-0947420-2

i Your password will expire on Nov 27, 2024

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