



Municipal Form No. 102  
(Revised January 2007)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

**CERTIFICATE OF LIVE BIRTH**

Province **CEBU** Registry No. **2017 11387**  
City/Municipality **CEBU CITY**

**CHILD**

1. NAME (First) (Middle) (Last)  
**ZINNA YASHASHREE CABINAS EBIN**

2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) (Month) (Year)  
**18 APRIL 2017**

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)  
**CEBU PUER. CENTER & MATERNITY HOUSE, INC., CEBU CITY, CEBU**

5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **NOT APPLICABLE** 5c. BIRTH ORDER (Order of this child to previous live births including fetal death) (First, Second, Third, etc.) **FIRST** 6. WEIGHT AT BIRTH **2,650** grams

**MOTHER**

7. MAIDEN NAME (First) (Middle) (Last)  
**NEYR QUESTRYK MABITAD CABINAS**

8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**

10a. Total number of children born alive **1** 10b. No. of children still living including this birth **1** 10c. No. of children born alive but are now dead **0** 11. OCCUPATION **NONE** 12. AGE at the time of this birth (completed years) **20**

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
**CAMP 7, MINGLANILLA CEBU, PHILIPPINES**

**FATHER**

14. NAME (First) (Middle) (Last)  
**JIELWEN JUAREZ EBIN**

15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **NONE** 18. AGE at the time of this birth (completed years) **20**

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)  
**MAMPIS, TALISAY CITY, CEBU, PHILIPPINES**

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year) 20b. PLACE (City / Municipality) (Province) (Country)  
**NOT MARRIED NOT MARRIED**

21a. ATTENDANT  
1. Physician 2. Nurse 3. Midwife 4. HBot (Traditional Birth Attendant) 5. Others (Specify)

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, etc.)  
I hereby certify that I attended the birth of the child who was born alive at **8:48 PM** am/pm on the date of birth specified above.

Signature \_\_\_\_\_ Address **CEBU PUER. CNTR & MATERNITY HOUSE, INC., CEBU CITY**  
Name in Print **MAY FLOR R. CAHAYAG, M.D.**  
Title or Position **PHYSICIAN** Date \_\_\_\_\_

22. CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature \_\_\_\_\_  
Name in Print **NEYR QUESTRYK M. CABINAS**  
Relationship to the Child **MOTHER**  
Address **CAMP 1, MINGLANILLA, CEBU**  
Date **18 APRIL 2017**

23. PREPARED BY **18 APRIL 2017**  
Signature \_\_\_\_\_  
Name in Print **ROXANNE D. MATILOS**  
Title or Position **CLERK**  
Date **18 APRIL 2017**

24. RECEIVED BY  
Signature \_\_\_\_\_  
Name in Print **LUZ N. CUGAY**  
Title or Position **ADMINISTRATIVE AIDE III**  
Date **09 MAY 2017**

25. REGISTERED BY THE CIVIL REGISTRAR  
Signature \_\_\_\_\_  
Name in Print **PHILIPP A. MEGADON**  
Title or Position **REGISTRATION OFFICER IV**  
Date **09 MAY 2017**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

**top 50's**

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

8 9 11 13 15 16 17 19

08271-7A-400GQC-01107-BI001

BEST POSSIBLE IMAGE



T400082714000110708242022001

XP900696735

BRen

02217-B17HJ0T-6

Documentary  
Stamp Tax Paid

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



**AFFIDAVIT OF KNOWLEDGMENT/ADMISSION PATERNITY**

(For births before 3 August 1986) (For births on or after 3 August 1986)

I, We, NEYR QUESTRYK MABITAD CABINAS and JIELWEN JUAREZ EBIN  
of legal age, am/are the natural mother and/or father of ZINNIA YASHASHREE CABINAS EBIN, who was  
born on 18 APRIL 2017 at CEBU PUER, CENTER & MATERNITY HOUSE, INC., CEBU CITY, CEBU

I/We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of  
acknowledging my/our child.

JIELWEN JUAREZ EBIN  
(Signature Over Printed Name of Father)

NEYR QUESTRYK MABITAD CABINAS  
(Signature Over Printed Name of Mother)

MAY 02 2017

CEBU CITY

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ by  
NEYR QUESTRYK M. CABINAS and JIELWEN JUAREZ EBIN who exhibited to me (his/her)  
Community Tax Cert. No. VINW2250-0077D-B01975JE10 issued on 25 APRIL 2017 at  
TALISAY CITY, CEBU, PHILS.

JOC No. 01  
Page No. 01  
Book No. 42  
Series of 2017

Signature of the Administering Officer

Name in Print

ATTY. EDWINO B. BESARIO  
Notary Public For City and Province of Cebu  
100, JAKDSALEM ST., CEBU CITY  
Not. Comm. No. 113-11, Until December 31, 2018  
RULL NO. 37430 NOV 1991  
MCLE NO. V-0005346-1/8/15, PASIG CITY  
Address

**AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH**

(To be accomplished by the hospital/clinic administrator, father, mother, or guardian or the person himself if 18 years old or over.)

\_\_\_\_\_, of legal age, single/married/divorced/widow/widower, with  
residence and postal address at \_\_\_\_\_

after having been duly sworn in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of:

- my birth in \_\_\_\_\_ on \_\_\_\_\_
- the birth of \_\_\_\_\_ who was born in \_\_\_\_\_  
on \_\_\_\_\_

2. That she/he was attended at birth by \_\_\_\_\_ who resides at \_\_\_\_\_

3. That I am/she is a citizen of \_\_\_\_\_

4. That my/his/her parents were  married on \_\_\_\_\_ at \_\_\_\_\_  
 not married but she/he was acknowledged/not acknowledged by my/his/her  
father whose name is \_\_\_\_\_

5. That the reason for the delay in registering my/his/her birth was \_\_\_\_\_

6. (For the applicant only) That I am married to \_\_\_\_\_  
(If the applicant is other than the document owner) That I am the \_\_\_\_\_ of the said person.

7. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this \_\_\_\_\_ day of \_\_\_\_\_  
at \_\_\_\_\_ Philippines.

VIKTORIANO M. GARCIA  
ADMINISTERING OFFICER

(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
Philippines, affiant who exhibited to me his Community Tax Cert.  
\_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address

08271-7A-400GQC-01107-BI001

BEST POSSIBLE IMAGE



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BRen  
02217-B17HJ0T-6

Documentary  
Stamp Tax Paid

*CDM*

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





102240705\_Cab...



Republic of the Philippines  
Department of Finance  
Bureau of Internal Revenue

For BIR BCS/  
Use Only Item:

BIR Form No.

**2316**

January 2018 (ENC5)

### Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 01/18/ENC5

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

1 For the Year (YYYY) <b>2 0 2 3</b>		2 For the Period From (MM/CC) <b>0 5 2 2</b> To (MM/CC) <b>1 0 1 9</b>	
<b>Part I - Employee Information</b>			
3 TIN <b>3 7 6 - 0 5 4 - 3 6 1 - 0 0 0 0</b>			
4 Employee's Name (Last Name, First Name, Middle Name) <b>Cabinas, Neyr Questryk, Mabitad</b>		5 RDO Code	
6 Registered Address		6A ZIP Code	
6B Local Home Address		6C ZIP Code	
6D Foreign Address			
7 Date of Birth (MM/DD/YYYY) <b>0 5 1 8 1 9 9 6</b>		8 Contact Number	
9 Statutory Minimum Wage rate per day			
10 Statutory Minimum Wage rate per month			
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax			
<b>Part II - Employer Information (Present)</b>			
12 TIN <b>2 0 5 - 3 6 6 - 9 2 1 - 0 0 0 0</b>			
13 Employer's Name <b>CONCENTRIX CVG PHILIPPINES, INC.</b>			
14 Registered Address <b>GF 14th to 25th Fir 6798 Ayal</b>		14A ZIP Code <b>1 2 2 6</b>	
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer			
<b>Part III - Employer Information (Previous)</b>			
16 TIN			
17 Employer's Name			
18 Registered Address		18A ZIP Code	
<b>Part IVA - Summary</b>			
19 Gross Compensation Income from Present Employer (Sum of items 27 and 30)	<b>126,610.52</b>		
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 36)	<b>33,975.01</b>		
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From item 36)	<b>92,635.50</b>		
22 Add: Taxable Compensation Income from Previous Employer, if applicable	<b>0.00</b>		
23 Gross Taxable Compensation Income (Sum of items 21 and 22)	<b>92,635.50</b>		
24 Tax Due	<b>0.00</b>		
25 Amount of Taxes Withheld	<b>0.00</b>		
25A Present Employer	<b>0.00</b>		
25B Previous Employer, if applicable	<b>0.00</b>		
26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B)	<b>0.00</b>		
<b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b>			
<b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b>			
		Amount	
27 Basic Salary (including the exempt P250(BB)low) or the Statutory Minimum Wage of the MWE			
28 Holiday Pay (MWE)			
29 Overtime Pay (MWE)			
30 Night Shift Differential (MWE)			
31 Hazard Pay (MWE)			
32 13th Month Pay and Other Benefits (maximum of P90,000)		<b>18,201.52</b>	
33 De Minimis Benefits		<b>8,275.86</b>	
34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)		<b>7,497.63</b>	
35 Salaries and Other Forms of Compensation		<b>0.00</b>	
36 Total Non-Taxable/Exempt Compensation Income (Sum of items 27 to 35)		<b>33,975.01</b>	
<b>B. TAXABLE COMPENSATION INCOME REGULAR</b>			
37 Basic Salary		<b>78,175.73</b>	
38 Representation			
39 Transportation			
40 Cost of Living Allowance (COLA)			
41 Fixed Housing Allowance			
42 Others (specify)			
42A			
42B			
<b>SUPPLEMENTARY</b>			
43 Commission			
44 Profit Sharing			
45 Fees Including Director's Fees			
46 Taxable 13th Month Benefits		<b>0.00</b>	
47 Hazard Pay			
48 Overtime Pay			
49 Others (specify)			
49A <b>OTHER TAXABLE INCOME</b>		<b>14,459.77</b>	
49B			
50 Total Taxable Compensation Income (Sum of items 37 to 49B)		<b>92,635.50</b>	

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 (R.A. No. 10173) for legitimate and lawful purposes.

51 EDENREY RAMOS Date Signed \_\_\_\_\_  
Present Employer/Authorized Agent Signature over Printed Name  
**Cabinas Neyr Questryk Mabitad**

52 \_\_\_\_\_ Date Signed \_\_\_\_\_  
Employee Signature over Printed Name

CTC/Valid ID No. \_\_\_\_\_ Place of Issue \_\_\_\_\_ Date Issued \_\_\_\_\_ Amount paid, if CTC \_\_\_\_\_  
of Employee

**To be accomplished under substituted filing**

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.

53 EDENREY RAMOS 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 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 (BIR Form No. 1700) shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 14-12.

54 Cabinas Neyr Questryk Mabitad   
Employee Signature over Printed Name

\*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)





Republic of the Philippines  
Province of Cebu  
City of Talisay  
BARANGAY MANIPIS



OFFICE OF THE BARANGAY CAPTAIN

*Barangay Officials*

ANTONIO J. JABERINA  
Punong Barangay

SANGGUNIANG BARANGAY  
MEMBERS

*Barangay kagawad*

HON. AMADOR S. NABLE JR.  
HON. EDWIN O. EBIN  
HON. EMMA N. CABILINA  
HON. CHERRY O. SILVA  
HON. JUDE A. ABALO  
HON. MARIANO O. EBIN JR.  
HON. EDUARDO N. DADULA  
HON. JOSUE S. FAJARDO

*Barangay Secretary*  
JUNE DAVE R. AMBAGAY

*Barangay Treasurer*  
LEMUEL O. DABLO

## BARANGAY CLEARANCE

To whom it may concern;

This is to certify that **Neyr Questryk Cabinas**, legal age is a bona fide resident of Barangay Manipis, Talisay City, Cebu.

This is to certify further that the above-mentioned name is known to us personally as a person of good moral character and no criminal record in this Barangay.

This certification is being issued upon the request of the above-mentioned name for his/her application for **Employment** purposes.

Issued this 16<sup>th</sup> day of May 2024.

Issued by:

  
**JUNE DAVE R. AMBAGAY**  
Barangay Secretary

  
**HON. ANTONIO J. JABERINA**  
Barangay Captain



**Concentrix CVG Philippines, Inc.**

6798 Ayala North Exchange Tower 2,  
Ayala Ave. cor Amorsolo Salcedo St. Brgy. San  
Lorenzo  
Makati City 1200, Philippines  
84238700 loc 351092  
hr.autoresponse@concentrix.com

**CERTIFICATE OF EMPLOYMENT**

This is to certify that Ms. NEYR QUESTRYK MABITAD CABINAS was an employee of Concentrix CVG Philippines, Inc. Ms. CABINAS was employed as Advisor I, Technical Support under Operations from May 22, 2023 up to October 20, 2023.

Ms. CABINAS is cleared from any accountability from the company.

This certification is being issued upon the request of Ms. CABINAS for whatever legal purpose it may serve

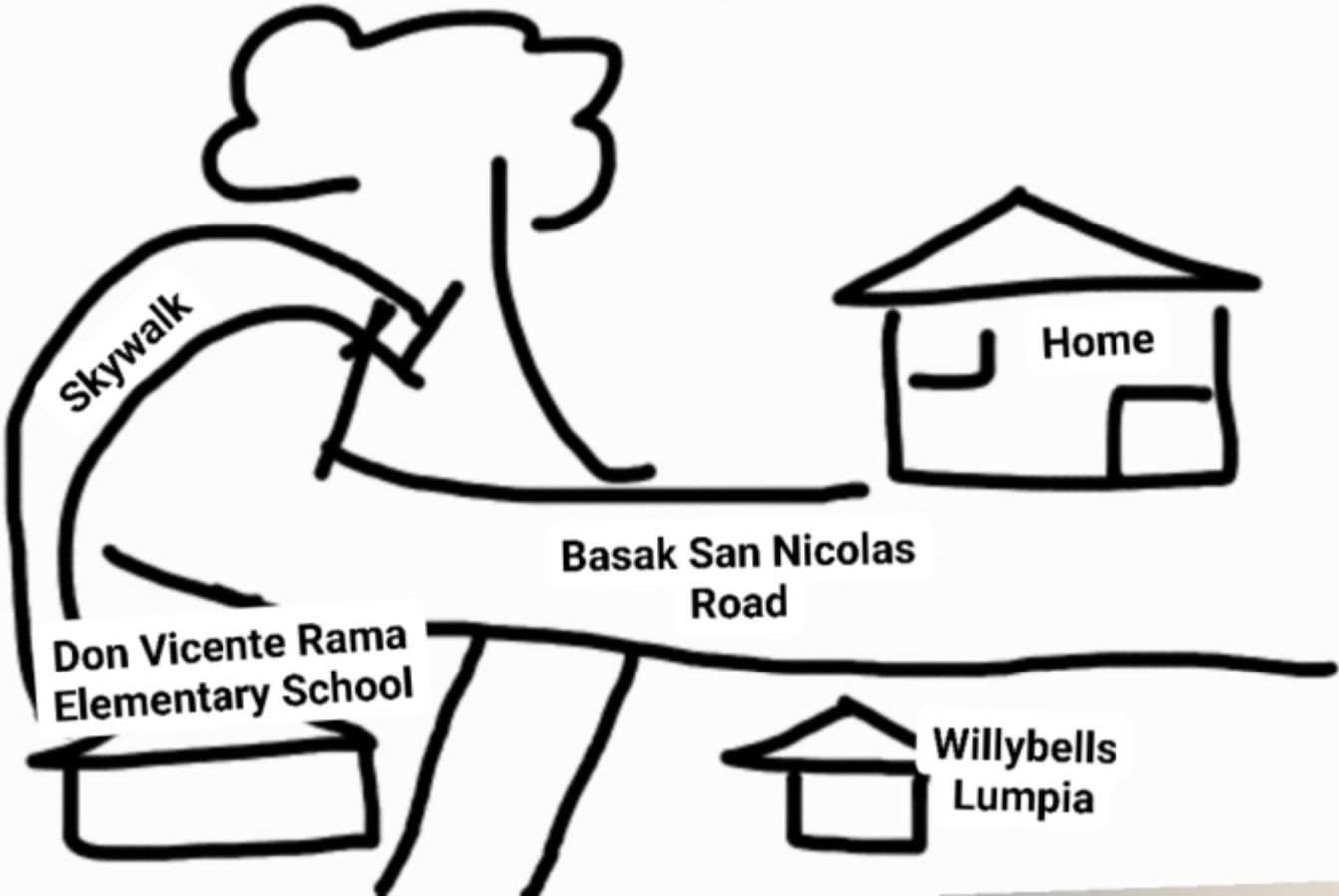
Should you have a clarification on the foregoing, you may contact 84238700 loc 351092.

Issued on November 10, 2023.

This document is a system generated printout and does not require a signature

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**CONCENTRIX CORPORATION**



Skywalk

Home

Basak San Nicolas Road

Don Vicente Rama Elementary School

Willybells Lumpia



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)	: 12-051633947-6	PhilSys Number	:
Member Category	: DIRECT CONTRIBUTOR -		
Sub-Category	: EMPLOYED PRIVATE	NHTS Coverage	: N/A
		Validity Period	: N/A - N/A

**CABINAS, NEYR QUESTRYK MABITAD**

PUROK 7 CAMP 7, MINGLANILLA CEBU

Foreign Address	: N/A	Sex	: FEMALE
		Date of Birth	: 05/18/1996
		Place of Birth	: CEBU CITY, CEBU
Contact No. (Foreign)	: N/A	Civil Status	: SINGLE
(Local)	: +639452806936	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	: 10/25/2021

**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 31, 2024 12:18 PM



# Pag-IBIG Fund

"Lingkod Pag-IBIG: Tapat na Serbisyo, Mula sa Puso"

Pag-IBIG MID NO. : 121288895029

NAME : CABINAS, NEYR QUESTRYK MABITAD

DATE OF BIRTH : MAY 18, 1996

T. I. N. :

PRESENT HOME ADDRESS : CAMP 7 PUROK 4, MINGLANILLA, CEBU,  
MINGLANILLA, CEBU 6046

MOBILE PHONE NO. :

HOME TEL. NO. :

EMAIL ADDRESS : neyr63@gmail.com



## CABINAS, NEYR QUESTRYK MABITAD

SS Number: 35-113+700-0

Your password will expire on Nov 28, 2024

- HOME
- MEMBER INFO
- INQUIRY
- BENEFITS
- LOANS
- SERVICES
- PAYMENT REFERENCE NUMBER (PRN)
- LOGOUT

### Member Details

#### Address & Contact Information

Local Home Address	PUROK 4 CAMP 7 MINGLANILLA CEBU 6048
Local Mailing Address	PUROK 4 PUROK 4 CAMP 7 CAMP 7 MINGLANILLA CEBU 6048
Landline	
Mobile	0945280 88 38
Email Address	neyrE3@gmail.com
Foreign Home Address	
Foreign Mailing Address	

SS Number Status:	0 - ACTIVE
Document Compliance:	APPLICATION THRU SSS WEB/MOBILE APP - WITH NO SUBMITTED DOCUMENT (5)
Membership Status:	TEMPORARY
Prior Registrant:	NO
Date of SS Number Issuance:	10/05/2021
Sex:	FEMALE
Reporting Date:	11-11-2021
Reporting ID:	0340989129
Latest ER ID:	0341479353
Latest ER Name:	CONCENTRIX CVG PHILIPPINES, IN
Claim Flag Status:	0 - NO FINAL/FUNERAL CLAIM
Transferred to: (New SS Number):	