



Republic of the Philippines  
Pagpapalit ng Pansamantalang  
Katawan ng Rentes Internat

# Application for Registration

# 1902

July 2018 REVISED

For Individuals Earning Purely Compensation Income, and Non-Resident Citizens/Resident Alien Employees

390 341 000 0000  
160 10110 00 101100 00 0000000 00 0000000 00 0000000

1. Taxpayer Type  Local Employee  Resident Alien Employee 2. Date of Registration 03/26/2021 3. ROR Code 047

### Part I Taxpayer / Employee Information

4. TIN \_\_\_\_\_ Sex  Male  Female

5. Citizenship **FLIPINO**

6. Date of Birth **05/26/2002**

7. Taxpayer's Name **EBARITA, JUDE ELEAZAR GABUNAGA**

8. Local Residence Address **NA MODESTA ST. GUADALUPE**

9. **CEBU CITY, CEBU**

10. Telephone No. \_\_\_\_\_

11. Zip Code **6000**

12. Municipality Code \_\_\_\_\_

13. Foreign Residence Address \_\_\_\_\_

14. Tax Type Form Type  601 June 1999 - (For Individual Earning Compensation Income/Resident Alien Employee) 1.111

### Part II Personal Exemptions

15. Civil Status  Single  Married  Widew/Widower  Legally separated  with qualified dependent children  without qualified dependent children

16. Employment Status of Spouse  Unemployed  Employed Locally  Employed Abroad  Engaged in Business/Practice of Profession

17. Claims for Additional Exemptions/Previous Deductions for husband and wife whose aggregate family income does not exceed P200,000 per annum  Husband claims additional exemption and any premium deduction  Wife claims additional exemption and any premium deduction (Attach Waiver of Husbandly)

18. Spouse Information

18A. Spouse Taxpayer Identification Number \_\_\_\_\_ 18B. Spouse Name \_\_\_\_\_

18C. Spouse Employer's Taxpayer Identification Number \_\_\_\_\_ 18D. Spouse Employer's Name \_\_\_\_\_

### Part III Additional Exemptions

19. Name of Qualified Dependent Children (children in a legitimate, illegitimate, or legally adopted blood directly dependent upon & living with the taxpayer, not more than 21 years of age, unmarried, and not gainfully employed, or regardless of age, is incapable of self-support due to mental or physical defect)

Last Name	First Name	Middle Name	Sex	Date of Birth (MM/DD/YYYY)
19A	19B	19C	19D	19E
20A	20B	20C	20D	20E
21A	21B	21C	21D	21E
22A	22B	22C	22D	22E

### Part IV For Employees With Two or More Employers (Multiple Employments) Within the Calendar Year

23. Type of multiple employment  Succession employment (with previous employer's) within the calendar year  Concurrent employment (with two or more employers at the same time within the calendar year)

(If succession, enter previous employer's; if concurrent, enter secondary employer's)

Previous and Concurrent Employments During the Calendar Year

TIN	Name of Employer

24. Declaration: I declare, under the penalties of perjury, that this form has been made in good faith, verified by me and to the best of my 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.

TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT  
Signature over printed name

### Part V Employer Information

25. Type of Registered Office  HEAD OFFICE  BRANCH OFFICE

26. Taxpayer Identification Number **205304448**

27. ROR Code **126**

28. Employer's Name (Last Name, First Name, Middle Name, if Individual/Registered Name, if Non-Individual) **PEPPH-FHCS, INC**

29. Employer's Business Address **PEOPLESUPPORT CTR AYALA AVE CD SAN LORENZO NCR, FOURTH DISTRICT CITY OF MAKATI**

30. Zip Code **1223**

31. Municipality Code \_\_\_\_\_

32. Effectivity Date **03/26/2021**

33. Date of Certification \_\_\_\_\_

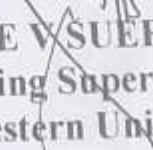
## CERTIFICATION

To Whom It May Concern:

This is to certify that **EBARITA, JUDE ELEAZAR G.** who is enrolled in **Acad- Humanities and Social Sciences Strand ( HUMSS) - 12** with **ID# 05-1819-04095** has an existing balance of **2,925.00** for the 2<sup>nd</sup> Semester S.Y. 2019-2020.

This certification is issued upon the request of **Mr/Ms. EBARITA** for whatever legal purpose it may serve.

Issued this **15<sup>th</sup>** day of **March 2023** at Southwestern University PHINMA, Cebu City, Philippines.

  
**JUSTINE V. SUERTE**  
Accounting Supervisor  
Southwestern University, Inc.

Not Valid  
W/o seal



Copy to OCRG

(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 <u>CEBU</u>		Registration No. <u>2002 12302</u>	REMARKS/ANNOTATION
City/Municipality <u>CEBU CITY</u>			
1. NAME (First) (Middle) (Last) <u>JUDE SREAZAR GABUNADA EBAYITA</u>			For OCRG USE ONLY: Population Reference No.
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female			
3. DATE OF BIRTH (Day) (Month) (Year) <u>26 APRIL 2002</u>			TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>CEBU PUER. CENTER &amp; MATERNITY HOUSE, INC., CEBU CITY, CEBU</u>			
5a. TYPE OF BIRTH <input type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others Specify	41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94
c. BIRTH ORDER (live births and fetal deaths including live delivery) <u>THIRD</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3,200</u> grams	
6. MAIDEN NAME (First) (Middle) (Last) <u>LIMA ZAPRA GABUNADA</u>		8. RELIGION <u>ROMAN CATHOLIC</u>	95 96 97 98 99 00
7. CITIZENSHIP <u>FIL.</u>		10. OCCUPATION <u>TEACHER</u>	
9a. Total number of children born alive: <u>3</u>		b. No. of children still living including this birth: <u>3</u>	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00
10. OCCUPATION <u>TEACHER</u>		c. No. of children born alive but are now dead: <u>0</u>	
11. AGE AT THE TIME OF THIS BIRTH: <u>31</u> years		12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>MOROSTA ST., GUADALUPE, CEBU CITY, CEBU</u>	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00
13. NAME (First) (Middle) (Last) <u>JAIMIE VILLARIN EBAYITA JR.</u>		15. RELIGION <u>ROMAN CATHOLIC</u>	
14. CITIZENSHIP <u>FIL.</u>		17. AGE AT THE TIME OF THIS BIRTH: <u>25</u> years	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00
16. OCCUPATION <u>TRICYCLE OPERATOR</u>		18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment (Admission of Paternity at the back)) <u>MAY 3, 1998 CEBU CITY</u>	
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)			01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>9:14</u> o'clock arriving on the date stated above.			
Signature <u>GENEVIEVE DONATACION, M.D.</u> Name in Print <u>GENEVIEVE DONATACION, M.D.</u> Title or Position <u>PHYSICIAN</u>		Address <u>CEBU PUER. CENTER &amp; MATERNITY HOUSE, INC., CEBU CITY</u> Date <u>APRIL 26, 2002</u>	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00
Signature <u>LIMA G. EBAYITA</u> Name in Print <u>LIMA G. EBAYITA</u> Relationship to the child <u>MOTHER</u>		Address <u>MOROSTA ST., GUADALUPE</u> City/Municipality <u>CEBU CITY, CEBU</u> Date <u>APRIL 26, 2002</u>	
21. PREPARED BY Signature <u>MARIANITA O. BERNARDES</u> Name in Print <u>MARIANITA O. BERNARDES</u> Title or Position <u>CLERK</u> Date <u>APRIL 26, 2002</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>LOVELLA N. DE JIL</u> Name in Print <u>LOVELLA N. DE JIL</u> Title or Position <u>REGISTRATION OFFICER II</u> Date <u>APRIL 26, 2002</u>	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

07754-20-400ARM-00612-BI001



BReN  
02217-B02GS0G-8

Documentary  
Stamp Tax Paid

*CSG*  
CLAIRE DENNIS  
National Statistician and  
Philippine Statistician General

000102

Open with Google Docs



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

Transaction Number: MO0461W202103250021 Date/Time Generated: 25 March 2021 05:59:13 PM

<b>SS NUMBER</b>					
35-0356216-5					
<b>NAME</b>					
<b>LAST NAME</b>		<b>FIRST NAME</b>		<b>MIDDLE NAME</b>	
EBARITA		JUDE ELEAZAR		GABUNADA	
<b>FACTS OF BIRTH</b>					
<b>DATE OF BIRTH (MMDDYYYY)</b>	<b>PLACE OF BIRTH (CITY/MUNICIPALITY)</b>	<b>PROVINCE/STATE</b>	<b>(COUNTRY)</b>	<b>SEX</b>	
04262002	CEBU CITY (CAPITAL)	CEBU	PHILIPPINES	MALE	
<b>FATHER'S NAME</b>		<b>MOTHER'S NAME</b>		<b>RELIGION</b>	
EBARITA		ELMA		CHRISTIAN	
JAIME		GABUNADA		JR	
<b>DEMOGRAPHIC DATA</b>					
<b>HOME ADDRESS (PRA-PUL/UNIT NO. &amp; BLDG. NAME or HOUSE/LOT NO. &amp; BLK. NO.)</b>		<b>(STREET NAME)</b>		<b>(SUBDIVISION)</b>	
N/A N/A		GUADALUPE		88 HILLSIDE	
<b>BARANGAY/DISTRICT/LOCALITY</b>		<b>(CITY/MUNICIPALITY)</b>		<b>POSTAL CODE</b>	<b>COUNTRY CODE</b>
GUADALUPE		CEBU CITY (CAPITAL)		6000	0063
<b>CIVIL STATUS</b>	<b>HEIGHT (in centimeter/feet)</b>	<b>WEIGHT (in kg./pounds)</b>	<b>DISTINGUISHING FEATURE(S)</b>	<b>NATIONALITY</b>	<b>RELIGION</b>
SINGLE	155	78		FILIPINO	CHRISTIAN
<b>OTHER CARD APPLICANT DATA</b>					
<b>TELEPHONE NUMBER (area code + no. ext.)</b>		<b>MOBILE NUMBER</b>		<b>EMAIL ADDRESS</b>	
		(0966) 286-4785		judeebarita9@gmail.com	
<b>DEPENDENT(S)/BENEFICIARY(IES)</b>					
<b>SPOUSE</b>	<b>(LAST NAME)</b>	<b>(FIRST NAME)</b>	<b>(MIDDLE NAME)</b>	<b>(SUFFIX)</b>	<b>DATE OF BIRTH (MMDDYYYY)</b>
<b>CHILDREN</b>	<b>(LAST NAME)</b>	<b>(FIRST NAME)</b>	<b>(MIDDLE NAME)</b>	<b>(SUFFIX)</b>	<b>DATE OF BIRTH (MMDDYYYY)</b>
1					
2					
3					
4					
5					
<b>OTHER BENEFICIARY(IES) (if without spouse &amp; child and parents are both deceased)</b>					
<b>(LAST NAME)</b>		<b>(FIRST NAME)</b>		<b>(MIDDLE NAME)</b>	<b>(SUFFIX)</b>
<b>RELATIONSHIP</b>			<b>DATE OF BIRTH (MMDDYYYY)</b>		
<b>FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE</b>					
<b>SELF-EMPLOYED (SE)</b>		<b>OVERSEAS FILIPINO WORKER (OFW)</b>		<b>NON-WORKING SPOUSE (NWS)</b>	
Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings _____		Foreign Address _____ _____ Monthly Earnings: <small>Are you applying for membership in the Pension Fund Program?</small> _____		SS No./Common Reference No. of Working Spouse _____ Monthly Income of Working Spouse (P) _____	