



Republic of the Philippines  
Province of Cebu  
Municipality of Medellin  
Barangay Daanlungsod



**OFFICE OF THE PUNONG BARANGAY  
BARANGAY CLEARANCE**

**Hon. FEDERICO B. LABRADA**  
Punong Barangay

**Hon. Marites S. Bontilao**  
Barangay Kagawad

**Hon. Remeljon A. Tumalak**  
Barangay Kagawad

**Hon. Emma V. Dela Peña**  
Barangay Kagawad

**Hon. Joey M. Descatamento**  
Barangay Kagawad

**Hon. Ramie I. Saberon**  
Barangay Kagawad

**Hon. Wilbert G. Veloso**  
Barangay Kagawad

**Hon. Ernesto R. Juevesano**  
Barangay Kagawad

**Hon. Emman P. Montesclaros**  
SK Chairman

**Jam Bridgette Axlrose N. Arigo**  
Barangay Secretary

**Alfredo C. Conde**  
Barangay Treasurer


**TO WHOM IT MAY CONCERN:**

This is to certify that RESHIEL R. NICOLAS is a bonafide resident of Daanlungsod, Medellin, Cebu. And is therefore within my jurisdiction and ministerial function.

This certifies further that he/she is of good moral character and according to this office he/she has no criminal record in connection with his/her application for:

- Employment
- Police Clearance
- Postal ID
- Loan
- Others:

Issued this 7<sup>th</sup> day of JUNE, 2024 at Daanlungsod Barangay Hall, Daanlungsod, Medellin, Cebu.

  
**HON. FEDERICO B. LABRADA**  
Punong Barangay



Republic of the Philippines  
**CEBU NORMAL UNIVERSITY**  
Medellin Campus



Purok NMES, Poblacion, Medellin, Cebu, 6012, Philippines  
University Charter: Republic Act No. 8688  
Institutional Code: 7024b

Accredited State University: Accrediting Agency of Chartered Colleges & Universities of the Philippines, Inc. (AACUP)

# Qualifications Statement

TO ALL PERSONS TO WHOM THIS QUALIFICATIONS STATEMENT MAY COME

Be it known that

## RESHIEL R. NICOLAS

Student Identification Number: 20-000819

*having satisfactorily completed the prescribed four-year full-time Program of Instruction, PQF Level 6 per Republic Act No. 10968, using English as medium, upon recommendation of the Academic Council of Cebu Normal University, duly confirmed by the Board of Regents, and by the Authority of the Republic of the Philippines, is hereby granted the degree of*

**BACHELOR OF SCIENCE IN TOURISM MANAGEMENT**  
**MAJOR IN SUSTAINABLE TOURISM MANAGEMENT**  
**CUM LAUDE**

*with all the Rights, Honors, and Privileges thereunto appertaining.*

*In testimony whereof the Seal of the Cebu Normal University and the Signatures of the President, the Campus Director, and the Registrar are hereunto affixed.*

*Given in Medellin, Cebu, Philippines this 28th day of May, 2024.*



**DONNA GRACE I. COTEJO, DALC**  
OIC-Campus Director

**JASON P. SABEQUIL, LPT**  
University Registrar

**DANIEL A. ARIASO, SR., PhD, CESO II**  
University President

REFERENCE NO.: 00000929 DATE OF ISSUE: 28 MAY 2024

SDF-URO-105-013-01





Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



40003269

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.  
N242JR2L10-LO776543

FAMILY NAME  
NICOLAS

MIDDLE NAME  
RAMO

ADDRESS  
SITIO CANSANG DAANLUNGSOD MEDELLIN CEBU

DATE OF BIRTH  
October 28, 2001

CITIZENSHIP  
FILIPINO

PURPOSE  
MULTI-PURPOSE CLEARANCE

REMARKS  
NO RECORD ON FILE

VALID UNTIL  
June 07, 2025

FIRST NAME  
RESHIEL

HUSBAND'S SURNAME

PLACE OF BIRTH  
VALENCIA CITY, BUKIDNON

CIVIL STATUS  
SINGLE



SIGNATURE  
*RESHIEL NICOLAS RAMO*

GENDER  
FEMALE



Date Printed: Friday, June 07, 2024 11:27 AM



N242JR2L10-LO776543

*Medardo G. de Lemos*  
ATTY. MEDARDO G. DE LEMOS  
Director

Agency	LO	DATI	verallor
CASID	verallor	BIOID	verallor
O.R. No.	MP4MURDOWX	RECID	
O.R. Date	06/07/2024 11:23:54 AM	BITID	
DST PAID		PRTI	laborf



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



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O.R. Date	06/07/2024 11:23:54 A	BITID	
DST PAID		PRTI	laborf

PERSONAL COPY

NATIONAL BUREAU OF INVESTIGATION



BPS Form 1003

Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH				REMARKS/ANNOTATION
Philippine Form No. 100 Revised January 1999 (To be accomplished in quadruplicate)				
Province: <u>Valencia</u> City/Municipality: <u>Valencia City</u>		Registry No.: <u>2001-0516</u>		
1. NAME First: <u>Renzel</u> Middle: <u>Arce</u> Last: <u>Nicolas</u>		3. DATE OF BIRTH Day: <u>05</u> Month: <u>10</u> Year: <u>2001</u>		For OTHER USE ONLY: Preposition Initials No.
2. SEX Male: <u>X</u> Female: <u></u>				
4. PLACE OF BIRTH Name of Hospital/Clinic/Institution: _____ City/Municipality: _____ (Province) <u>Route 2, Bagumbayan, Valencia City</u>				TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR  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
5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Other (Specify)		5b. IF MULTIPLE BIRTH CHILD WAS 1 First 2 Second 3 Other (Specify)		
6. BIRTH ORDER (Give birth and fetal orders including those delivered) 5th (First, second, third, etc.)		d. WEIGHT AT BIRTH 3775 grams		
7. CITIZENSHIP Filipino		8. RELIGION Roman Catholic		
9a. Total number of children born: <u>5</u>		9b. No. of children still living (including this birth): <u>5</u>		
9c. No. of children born alive but are now dead: <u>0</u>				
10. OCCUPATION <u>Businessman</u>		11. Age of the child at the time of birth: <u>23</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) <u>Route 2, Bagumbayan, Valencia City</u> (Province)				
13. NAME First: <u>Apollina</u> Middle: <u>Teña</u> Last: <u>Simolina</u>		14. RELIGION Roman Catholic		
15. OCCUPATION <u>Lawyer</u>		16. Age of the time of marriage: <u>30</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS: (If not married, exemption Affidavit of Automaticity/Annulment/Validity of the Marriage) <u>17 March 1999 - Badellin, Cebu</u>				
19a. ATTENDANT 1 Physician _____ 2 Nurse _____ 3 Midwife _____ 4. Midwife (Traditional Healer) _____ 5. Others (Specify) _____				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born above at _____ o'clock on/upon the date stated above.				
Signature: <u>[Signature]</u> Name in Print: <u>APOLLINA T. TENA</u> Title or Position: <u>REGISTERED MIDWIFE</u>		Address: <u>Bagumbayan, Valencia City</u> Date: <u>05 November 2001</u>		
20. INFORMANT Signature: <u>[Signature]</u> Name in Print: <u>RENZEL A. ARCE</u> Relationship to the child: <u>Child</u> Address: <u>Bagumbayan, Valencia City</u> Date: <u>05 November 2001</u>				
21. PREPARED BY: <u>[Signature]</u> Signature: <u>[Signature]</u> Name in Print: <u>RENZEL A. ARCE</u> Title or Position: <u>REGISTERED MIDWIFE</u> Date: <u>05 November 2001</u>				

05274-1G-400VGf-00223-BI016

BEST POSSIBLE IMAGE



05274-1G-400VGf-00223-BI016

BRN  
01321-001V03-7Documentary  
Stamp Tax Paid

*Lisa Grace S. Bersales*  
 LISA GRACE S. BERSALES, PH.D.  
 National Statistician and Civil Registrar General  
 Philippine Statistics Authority



## MEMBER'S DATA FORM (MDF)

HQP-PFF-039  
(V19, 04/2023)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121343306939
REGISTRATION TRACKING NO.	924159262493

OCCUPATIONAL STATUS    UNEMPLOYED/NOT YET EMPLOYED					
MEMBERSHIP CATEGORY <span style="float: right; font-size: x-small;">Please specify</span>					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	NICOLAS	RESHEL		RAMO	<input type="checkbox"/>
FATHER	NICOLAS	APOLNAR		SELIG	<input type="checkbox"/>
MOTHER (Maiden Name)	RAMO	JILLY		TRICO	<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	NICOLAS	RESHEL		RAMO	<input type="checkbox"/>
DATE OF BIRTH 10/09/2001		MARITAL STATUS Single/Unmarried		TAXPAYER IDENTIFICATION NUMBER (TIN)	
PLACE OF BIRTH VALENCIA CITY, BUKIDNON		CITIZENSHIP FILIPINO		SSS NUMBER 0648747725	
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 <i>For AFP/PAF Employee, Serial/Badge No.</i> <i>For DepEd Employee, Division Code-Station Code</i>					

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	Cell Phone +63 (0961) 1325687
Subdivision		Barangay DAANLUNGSOD			Business (Direct Line)
Municipality/City MEDELLIN		Province/State/Country CEBU, PHILIPPINES			Business (Trunk Line)
ZIP Code 6012					Email Address
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name			Phase No.
House No.	Street Name		Subdivision		Barangay DAANLUNGSOD
Municipality/City MEDELLIN		Province/State/Country CEBU, PHILIPPINES			ZIP Code 6012
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

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	Advances/Others 0.00
Subdivision		Barangay		Total Mo. Income 0.00	
Municipality/City		Province		OFFICE ASSIGNMENT	
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	
<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, view, correct/delete, block, erase or 'delect' 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>	
	<p>04/15/2024</p>
SIGNATURE OF INFORMANT	DATE
FOR Pag-IBIG FUND USE ONLY	
<p>RECEIVED BY: <u>[Signature]</u></p> <p>Date: <u>04/15/2024</u></p> <p>Signature over Printed Name</p>	<p>DATE</p> <p>Designation/Position</p> <p>Branch/Unit</p>

**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



**12-026056462-0**

**NICOLAS, RESHIEL RAMO**

OCTOBER 28, 2001 - FEMALE  
DAANLUNGSOD MEDELLIN, CEBU - 6012



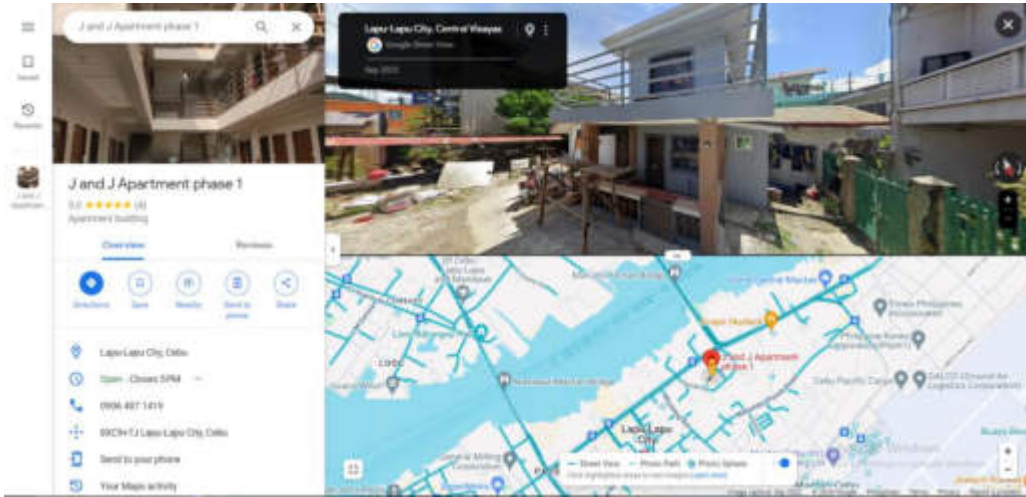
1 2 0 2 6 0 5 6 4 6 2 0

## CERTIFICATION

The person whose name and signature appear on this card is a beneficiary of the National Health Insurance Program. He/She, including his/her qualified dependents, are entitled to the benefits and privileges of the Program by virtue of Republic Act No. 7875, as amended.

**ATTY. DANTE A. GIERRAN, CPA**  
**President and Chief Executive Officer (CEO)**

# J&J Apartment- Room 8





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

MO0599IW202406078646 Date/Time Generated: 07 June 2024 10:12:35 AM

SS NUMBER <b>06-4874772-5</b>					
NAME					
(LAST NAME) <b>NICOLAS</b>	(FIRST NAME) <b>RESHIEL</b>	(MIDDLE NAME) <b>RAMO</b>	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) <b>10282001</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>CITY OF VALENCIA</b>	(PROVINCE/STATE) <b>BUKIDNON</b>	(COUNTRY) <b>PHILIPPINES</b>	SEX <b>FEMALE</b>	
FATHER'S NAME (LAST NAME) <b>NICOLAS</b>	(FIRST NAME) <b>APOLINAR</b>	(MIDDLE NAME) <b>SELIG</b>	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) <b>RAMO</b>	(FIRST NAME) <b>JILLY</b>	(MIDDLE NAME) <b>TRICO</b>	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION)					
(BARANGAY/DISTRICT/LOCALITY) <b>DAANLUNGSOD</b>	(CITY/MUNICIPALITY) <b>MEDELLIN</b>	(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6012</b>	COUNTRY CODE <b>0063</b>	
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) <b>155</b>	WEIGHT (IN KILOGRAMS) <b>60</b>	DISTINGUISHING FEATURE/S	NATIONALITY <b>FILIPINO</b>	RELIGION <b>ROMAN CATHOLIC</b>
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER <b>(0961) 132-5687</b>	EMAIL ADDRESS <b>nicolasreshiel@gmail.com</b>			
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		Foreign Address		SS No./Common Reference No. of Working Spouse	
Year Prof./Business Started				[ ]	
Monthly Earnings		Monthly Earnings Are you applying for membership in the Fund Program?		Monthly Income of Working Spouse (P) [ ]	
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
PURPOSE OF APPLICATION					
PURPOSE <b>FOR EMPLOYMENT / PRIOR REGISTRANT</b>		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:					
<ul style="list-style-type: none"> <li>the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updates of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits;</li> <li>sharing of these data with SSS service providers to carry out the purposes stated above; and</li> </ul>					

**INSTRUCTIONS**

1. Fill out this form in one (1) copy.
2. 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.
3. Place a checkmark on the applicable box.
4. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
5. 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.
6. 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
7. 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".
8. 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.
9. For all types of card replacement, pay the required fee at any SSS branch office/credited 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 documents and proof of payment to the nearest SSS branch office.
10. For card replacement due to unclaimed UMID cards beyond five (5) years, a replacement fee and biometric data re-capture is required.
11. Submit this form to the nearest SSS branch with the following required documents (use the table Documentary Requirements Guide).

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

12. Observe proper attire when applying for a UMID card.

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



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
BUREAU OF INTERNAL REVENUE

**NICOLAS, RESHIEL RAMO**

**TIN: 506-597-232-000**

**DAANLUNGSOD**

**MEDELLIN CEBU**

**BIRTH DATE : 10/28/2001**

**ISSUE DATE : 09/27/2021**



*Nicolas Reshiel Ramo*  
SIGNATURE

\* 011829831 \*

- This card bears your permanent Taxpayer Identification Number (TIN). Always indicate your TIN on all returns / documents filed with the BIR.
- Report immediately to your Revenue District Officer, the loss of this card and change of name or address.
- Any person who secures and / or uses more than one TIN shall be criminally liable and shall be punishable by fine and imprisonment.